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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.

*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 may also be oriented to the teaching of clinical sociology. Shorter articles discussing teaching techniques or practice concepts may be submitted to the Teaching Notes Section or Practice Notes Section. Manuscripts will be reviewed both for merit and for relevance to the special interests of the *Review*. Full length manuscripts should be submitted to the Editor, David Watts, Vice President of Academic Affairs, Jacksonville State University, 700 Pelham Road N, Jacksonville, Alabama 36265; (205) 782-5540.

Manuscript submissions should follow the latest American Sociological Association style guidelines, including reference citation style, and should include an abstract. Suggested length for full length manuscripts is 20 pages double spaced, and for Teaching or Practice Notes, eight pages double spaced. There is a $15.00 processing fee which is waived for members of the Sociological Practice Association. Send four copies of the manuscript to the appropriate editor. Final copies of manuscripts should be sent on an IBM compatible disk, either in ASCII or a standard word processor text.

Books for consideration for review in the *Clinical Sociology Review* should be sent directly to the book review editor: Harry Cohen, Department of Sociology, Iowa State University, Ames, IA 50011; (515) 294-3591.

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Editor’s Preface

Susan Brown Eve
University of North Texas

This issue of the *Clinical Sociology Review* includes articles on a range of topics of interest to clinical sociologists and sociological practitioners. These topics include concerns for the discipline itself and its place in the broader field of sociology; the development of a unique body of sociological practice theory; the application of research methods to practice; and the application of sociological practice and clinical sociology at the individual, organizational, and community levels. The book reviews also cover a wide range of applications of sociological concepts at the micro-, meso-, and macro-levels of society, from individual to organization to societies.

The historical article selected for inclusion by the Historical Section Editor, Jan M. Fritz, is “Some Remarks about the Dyad Observer-Observed and the Relationship of the Observer to Power,” by Jacques Van Bockstaele, Maria Van Bockstaele, and Martine Godard-Plasman. The authors explore the historical roots of clinical sociology for the past two centuries in Europe and the United States. These examples range from the founding of the Royal Medical Society in France to improve the health of the population for the good of the economy, to Saul Alinsky’s work in community organization in Chicago.

Joseph A. Ruggiero and Louise C. Weston report on the results of their survey of a sample of 178 members of the ASA’s Sociological Practice Section and the Sociological Practice Association in their article, “Results of a Practitioner Survey and Comparison with the Themes of Articles Published in ASA Footnotes: Major Issues Facing the Discipline of Sociology.” The three issues that ranked highest in concern among those sampled were (1) dealing with specific social problems or issues at the macro or micro level; (2) dealing with issues specifically pertinent to the discipline of sociology; and (3) dealing with career or professional concerns. The authors conclude that these are concerns that the members of the discipline must address if the discipline is to thrive.
Manuscript submissions for this issue which treated methodological issues were unusually numerous and strong. As practicing sociologists have worked to adapt basic social research methods to applied social problems and issues, they have learned lessons that can be instructive to others following their example. Rosalind J. Dworkin and Anthony Gary Dworkin report on their research on the interviewer preferences which can affect the quality of data collected in “Interviewer Attitudes about the Mentally Ill.” They discovered that potential interviewers were least likely to want to interview these research subjects, and that their attitudes toward the mentally ill were most strongly influenced by prior contact with mentally ill people and by the perception of the mentally ill as dangerous. The second and third articles in the research section report on research projects in which the researchers found themselves forced into a clinical role. Stephen M. Ortiz reports on his research on the wives of professional athletes in “Clinical Typification of Wives of Professional Athletes: The Field Researcher as Therapist.” The wives in this research live in a highly competitive world where rumor can ruin professional careers. They found in the researcher a safe confidant, someone to listen to their problems who would not sell the information to the media or report problems to the coaching staff. Similarly, Mary C. Sengstock reports on her inadvertent role as a clinician in her article, “Researching an Iraqi Community in the midst of the U. S.-Iraq War: The Researcher as Clinician.” The project was originally designed to study the needs of elderly Arabs, but the researchers soon found themselves advising and counseling with community members about their concerns about their role in the U. S. after the outbreak of the war. In “Methodological Observations on Clinical Organization Research,” J. J. Ramondt discusses the linkages among the production of new organizational knowledge, the practical role of practice research in organizations, and the research methodology used. In “The Integration of Intervention and Evaluation: Avoiding Theoretical Pitfalls,” Kees Mesman Schultz argues that practitioners and researchers in innovative studies must work closely together to ensure that the program that is evaluated is the one that was actually implemented. Her article is based on her research experience with youth welfare programs in The Netherlands.

Two articles were concerned primarily with sociological practice theory and clinical settings at the microlevel. Janet Billson argues for an expanded use of the interactionist principles of emergence, voluntarism, and process as a basis for clinical sociology, in her article, “Self and Society: A Symbolic Interactionist Framework for Sociological Practice.” She argues that psychology has adopted these principles as principles of psychological theory. Kimberly A. Folse and
Dennis L. Peck present a new model of suicide they developed based on their study of suicide notes and supporting materials held in two Medical Examiner's Offices, in their article, “Toward a Three Dimensional Model of Suicide.” In “Terminating Addiction Naturally: Post-Addict Identity and the Avoidance of Treatment,” William Cloud and Robert Granfield report on their interviews with twenty-five former addicts who terminated their addictions without formal treatment or self-help group assistance and consider the implications of their findings for clinical treatment and social policy.

In the first of five articles on clinical sociology in formal organizations, “Evaluation Research and the Psychiatric Hospital: Blending Management and Inquiry in Clinical Sociology,” George W. Dowdall and Diane M. Pinchoff, report on their perceptions of the multiple roles practicing sociologists play in evaluation research in psychiatric hospitals. In addition to strong training in research methods and statistics, and knowledge of public policy relevant to mental health, the researchers recommend developing a mindset that would allow sociologists to work comfortably as team members with other professionals.

The remaining four articles in this section reflect concerns with diversity in American culture. In “Diversity: A Managerial Paradox,” Karen Stephenson argues that women and minorities are less likely to “climb the corporate ladder” than their white, male counterparts because women and minorities are likely to have weaker and sparser ties than white males. Stephenson further argues that this situation results in costly turnover in “targeted groups” within corporations. Strategies that corporations can use to counter these trends include anti-discrimination training among managers, succession planning, mentoring of targeted groups, and using diversified team approaches to work tasks. Nita L. Bryant, David W. Hartman, and Dexter Taylor report the results of three years of field work in a predominantly African American, inner city elementary school in their article, “Educational Policy and Training Implications of Social Science Research: Lessons from an Inner City Elementary School.” Based on their findings that the school systems continue to be unable to effectively prepare these children for the society in which they must live and work, the authors present a series of recommendations for changes in teacher training as well as in macrolevel social policy. In “Health and Social Services, Formal Organizations and the Mexican American Elderly,” Norma Williams examines the barriers that elderly Mexican Americans encounter in obtaining health and social services to which they are legally entitled. Based on interviews with a sample of sixty older Mexican Americans in Dallas, Texas, Prof. Williams found that a major barrier to service was that older Mexican Americans lacked an adequate “stock of knowledge” of effective ways of working with organizational personnel. Factors affecting this
lack of knowledge include low levels of education and an inability to read, write and speak English. Jennie R. Joe and Dorothy Lonewolf Miller report on a study of the factors which affect success of Navajo clients in a vocational rehabilitation program in the article, “Field Initiated Research to Predict Work Related Motivation among Navajo Vocational Rehabilitation Clients.” Socio-economic factors and attitudes toward work were found to have been the most predictive of success at work.

In “Latina Immigrant Women and Paid Domestic Work: Upgrading the Occupation,” Pierrette Hondagneu-Sotelo reports on her research among Mexican immigrant women in a community in San Francisco. Through her research, she was able to aid in the development of a community based advocacy program for these women.

Harry Cohen has assembled a very stimulating collection of book reviews. Harris Chaiklin reviews The Power of the Clan: The Influence of Human Relationships on Heart Disease, in which John C. Bruhn reports on a replication of a study between heart disease and family and community networks in a small town in Pennsylvania. L. John Brinkerhoff reviews Quantum Psychology: Steps to a Postmodern Ecology of Being by Stephen T. DeBerry, in which the author explores the “schizoid” condition of postmodern culture. Trouble on Board: The Plight of the International Seafarers, written by Paul K. Chapman and reviewed by Charles S. Green III, documents the mistreatment of workers in the commercial cargo maritime industry and makes specific recommendations for reforms. Ramona Ford reviews the highly touted The McDonaldization of Society: An Investigation into the Changing Character of Contemporary Social Life by George Ritzer, concluding that Ritzer’s thirty suggestions that individuals can use to resist a dehumanized society are sure to be thought provoking in class discussion. In Occupational Subcultures in the Workplace, by Harrison M. Trice and reviewed by Rosemarie Livigni, the author discusses occupations as subcultures, and the effects of their basic ideologies of unionism and professionalism on the organization. Ruth Harriet Jacobs reviews What’s a Mother to Do? by Michele Hoffnung, in which the author examines the dual role of mother and career woman and its attendant stresses. As the Workforce Ages, edited by Olivia S. Mitchell and reviewed by Mary C. Sengstock, is a collection of papers presented at a conference at Cornell University. Jan Wilkerson Weaver reviews Making Gray Gold, Narratives of Nursing Home Care by Timothy Diamond, in which the author reports on his participant observation study of a nursing home. Analyzing Psychotherapy: A Social Role Perspective by Melvyn L. Fein, reviewed by Nancy A. Naples, is recommended reading for graduate classes on evaluating clinical practice.
In this, my last issue as Editor of the Clinical Sociology Review, I would like to thank the previous Editor of CSR and current President of the Sociological Practice Association, David Kallen, for his continued advice and support. I also wish to thank the new CSR Editor, David Watts, for his assistance in the transition. I also wish to the Dr. James Ward Lee, Director of the Center for Texas Studies at the University of North Texas, and his staff for their excellent work in publishing the journal. I am especially grateful to Jane Tanner, who performed miracles by transforming the messy texts I gave her into a polished journal. I thank the members of the Editorial Board, who are listed elsewhere, for all their assistance over the past three years. I especially wish to thank the reviewers whose time consuming and thorough reviews have made the journal what it is. Finally, I owe a final “merci beaucoup” to Veronique Ingman for her painstaking translation of the English abstracts into French.

I could not have served as editor without the generous financial assistance of the University of North Texas. Blaine A. Brownell, Provost and Vice President for Academic Affairs, and Daniel M. Johnson, Dean of the School of Community Service, have been especially supportive. As with the previous issues, I could not have produced the journal without the dedicated assistance of the Secretary of the Department of Sociology and Social Work, Fonda Gaynier; the Department student worker, Stephanie Lamy; my Editorial Assistant, Jennifer Wilson; and Betty Griese, Rachel Dowdy, and the staff in Data Entry in the Computing Center who helped with the word processing.

Finally, I thank you, the readers and members of the Sociological Practice Association, for this wonderful opportunity to fulfill a life long goal to be an editor.
About the Authors

In addition to teaching and administrative work, Janet Mancini Billson has a private practice in group facilitation training and focus group research. Editor of Volume II of The Clinical Sociology Review, she was certified as a clinical sociologist in 1984. Billson’s publications include Cool Pose: Dilemmas of Black Manhood in America (with Richard Majors, 1992, 1993); Strategic Styles: Coping in the Inner City (1981); and numerous articles on identity and marginality. She is currently writing a book about Canadian women, The Tapestry of Women’s Lives: Culture and Power in a Changing World, and recently completed Inuit Women: A Century of Change.

Nita Bryant has an MA in sociology from Virginia Commonwealth University and is completing a Ph.D. in Sociology at the University of Virginia. Her research interests are in race and ethnic relations. Among other honors she was a recipient of a Social Science Research Council award to study aspects of the urban underclass.

William Cloud is an assistant professor in the Graduate School of Social Work at the University of Denver. Much of his social work practice has been in the area of drug and alcohol treatment. He is currently director of the Faculty Development Program in Drug Dependency and chair of the drug dependency concentration in the MSW program at the Graduate School of Social Work.

George W. Dowdall is visiting professor of community health at Brown University. He also serves as a consultant to the College Alcohol Studies project at the Harvard School of Public Health. His current research deals with social and organizational factors associated with binge drinking among college students. From 1980 to 1982 he was director of program evaluation at the Buffalo Psychiatric Center, and from 1982 has been professor of sociology at St. Joseph’s University in Philadelphia.
Rosalind J. Dworkin is research supervisor at the Institute for Child and Family Services, an affiliate of DePelchin Children's Center in Houston, Texas. She has worked several years doing applied social research, particularly program evaluation. Her published work has included many articles about chronic mental illness and a recent methodology book, *Researching Persons with Mental Illness*.

Anthony Gary Dworkin is professor and chair of the Department of Sociology and director for research of the Texas Center for University School Partnership at the University of Houston. His recent books have included *When Teachers Give Up, Female Revolt: Women's Movements in World and Historical Perspective* (with Janet Chafetz), *Teacher Burnout in the Public Schools*, and *Giving Up on School* (with Margaret LeCompte). He and Rosalind J. Dworkin are completing a third edition of their text, *The Minority Report*. He is currently editor of a book series entitled "The New Inequalities," published by the State University of New York Press.

Kimberly A. Folse is an assistant professor at Southwest Texas State University in San Marcos.

Robert Granfield is assistant professor of sociology at the University of Denver. In addition to his scholarly interests in the sociology of drugs, he is widely published in the area of law and professional socialization. He is the author of *Making Elite Lawyers: Visions of Law at Harvard and Beyond*, as well as several additional articles on product liability, legal education, and social theory. He is presently conducting research on legal ethics and Italian drug policy.

David Hartman is associate professor of anthropology and associate dean of the School of Community Service at the University of North Texas. He is the editor of *Immigrants and Migrants: The Detroit Ethnic Experience*, as well as numerous articles. His research interests include poverty issues in North American cities.

Pierrette Hondagneu-Sotelo is assistant professor in the Department of Sociology at the University of Southern California. She is author of *Gendered Transitions: Mexican Experiences of Immigration*, (University of California Press, 1994). She is currently involved in efforts to form a domestic workers' association in Los Angeles, and she is also conducting research on the employers of domestic workers.

Dorothy Lonewolf Miller is a researcher with the Native American Research and Training Center, Tucson, Arizona.

Steven Ortiz is currently a Ph.D. candidate at the University of California, Berkeley. He held an American Sociological Association Minority Fellowship. He has presented research papers at annual meetings of the American Sociologi-
cal Association, the Society for the Study of Symbolic Interaction, the North American Society for the Sociology of Sport, the Philosophical Society for the Study of Sport, and the Pacific Sociological Association.

Dennis L. Peck is professor of sociology at The University of Alabama where he teaches in the area of theory, criminology, juvenile delinquency, and social problems. His two recent books, published by Charles C. Thomas (1989) and Praeger Press (1993), and recently published research articles deal with a variety of topics including divorce, motor vehicle accidents, suicide, hazardous toxic waste disposal, and democracy. At present Dr. Peck is working on a co-edited book on demographic change.

Diane M. Pinchoff founded and is currently the director of the Program Evaluation Unit at Buffalo Psychiatric Center Buffalo, New York. Her most recent publications have appeared in Hospital and Community Psychiatry and Psychiatric Quarterly. Present areas of research focus on neuroleptic medication prescribing and dispensing practices associated with 30-day readmission rates; selection of indicators to monitor the quality of pressure ulcer care; overtime management of special treatment procedures; and management of a state hospital closure.

J. J. Ramondt is a professor with the Rotterdam Institute for Sociological and Public Administration Research at Erasmus University in Rotterdam.

Josephine Ruggiero is a professor at Providence College.

Kees Mesman Schultz, social psychologist, is director of the Research Center for Youth Welfare of the University of Leiden, The Netherlands.

Mary C. Sengstock is professor and former chair of the Department of Sociology at Wayne State University in Detroit, Michigan. She holds a Ph.D. in sociology from Washington University in St. Louis, Missouri. She is also a Certified Clinical Sociologist. Dr. Sengstock’s areas of specialization include several areas with a strong clinical aspect, including applied sociology, family violence, and gerontology. She not only teaches courses in these areas, but also conducts in-service training for professional working with clients in those areas.

Karen Stephenson is a corporate anthropologist, assistant professor, and the president of the Human Resources Roundtable (HARRT) at the Anderson Graduate School of Management at UCLA. She consults with Fortune 1000 firms in the area of organizational communication and social networks.

Dexter Taylor has a B.A. in psychology from Virginia Commonwealth University and is completing a Ph.D. in psychology at the University of Maryland, College Park. He is interested in applied sociology. Among other honors he was a recipient of a Social Science Research Council award to study aspects of the urban underclass.
Louise C. Weston is affiliated with Environmental Strategies, Inc.

Norma Williams is currently associate professor of sociology at the University of North Texas. She is the author of *The Mexican American Family: Tradition and Change* (1990). In addition, Dr. Williams has published articles and chapters in books on bureaucracy, ethnicity and gender, and the Mexican American elderly.
Some Remarks About the Dyad
Observer-Observed and the Relationship of the Observer to Power

Jacques Van Bockstaele

Maria Van Bockstaele

Martine Godard-Plasman
Centre de socianalyse (Paris, France)*

The historical research that has accompanied the reappearance of the term of clinical sociology in the United States\(^1\) and its wider acceptance, marked by the creation of a research committee within the International Sociological Association, has revealed, above and beyond a use of the term that goes back to the thirties, roots that go outside of the academical and sociological fields as such.

Publications and bibliographies would seem to show that the term itself has not been used in Europe, at last not until very recently. We ourselves proposed the term of clinical sociology in the sixties, as a means of describing the field work we began in 1956.\(^2\) Yet, if clinical sociology is defined as the study of the functional problems of society with the goal of social change and help to populations in difficulty, the question may cover a wide and complex field. Empirical studies are many and varied, but their relation to theoretical developments is largely unknown or ignored.

\(^*\)We thank Gladys Bournique and Joseph Bournique for their major contribution to the translation of this text.
This is what this article will attempt to show, basing its demonstration on several examples that seem to us to be authentic episodes in the history of clinical sociology. These examples reveal similarities despite differences in the approaches, diversities in the objects of investigation and varied historical contexts.

We have chosen to describe three European examples and three examples taken in the field of American sociology. These examples seem to show that a double question, both implicit and explicit, is permanent in this type of investigation. There is first the question of the relation of the observer to the power that requests, facilitates, or favors the observation, and second that of the relationship between the observer and the object he observes.

It is easily seen that the dyad observer-observed is usually separated; the relationship between the two terms is not taken into account explicitly. The object observed is treated from the point of view of its own characteristics, which make it a specific domain or population. Until most recently, theoretical reflection did not much consider the observer. Growing demand for evaluation brought forth the questions of formation and deontology; but the question of the practical and technical conditions under which a relationship between the observer and the observed can be established has not yet become a central issue for sociologists.

The relationship of the observer to power is usually implicit or hidden. It nevertheless plays an essential role in the determination of the limits and accessibility of the objects of observation. The choice of these objects is made within a field of forces, the constraints of which can be explored. This exploration may even be the condition, if not of complete liberty in, at least of control of the sociologist’s intervention.

It seems probable that the permanence of both questions is an indication of difficulties inherent in observation and intervention. These difficulties are perhaps more visible in a clinical approach than in areas where quantifying tools can mask them. If this is so, it is worthwhile to study these difficulties more closely, since the clinical field seems called to a new development. This is precisely the approach that we plan to take.

I. Experiences from two worlds and through two centuries

We will first recall, without excessive comment, six moments in the history of clinical sociological work. Some of them are already familiar to most readers. Two of them are most likely unknown.
I. In Europe

1a. The Royal Medical Society

Louis XV died of smallpox in 1774. Turgot, his general comptroller of finance, noticed that tax revenue decreased during the years of the epidemic. He also realized that the medical schools, saddled with rigid doctrines, were unable to put the newest discoveries to use for the general good. It seemed to him of first importance to increase the quality and quantity of medical services available in rural areas; to do this, he conceived the idea of a medical society which would put its knowledge at the disposition of the economy. Vicq d'Azir, physician and member of the Académie des Sciences, made this idea reality.

The Royal Medical Society, once founded, recruited physicians as correspondents. They were requested to send in their observations and descriptions regularly. These missi dominici doctors, like most educated people at the time, thought at first that rural populations, who lived more naturally than urban populations, would be healthier. In fact, they discovered populations not only in worse health but with disorders not found in the cities. It was all the more scandalous in that it was unexpected.

So these physicians, as they cared for these populations, studied and accurately described symptoms, illnesses, and epidemics as they appeared; they also observed and described living conditions at work and discovered, to their surprise, that representations of the body and of illness existed, and they thought about and discussed the repercussions of all these elements.

The abundant correspondence (Peter 1967) between the Society and its correspondents covers all France, and it builds a detailed picture of the sanitary situation in each place, month by month. This generalized system of medical information modified the very nature of medicine and its practice:

Doctrine recedes into the background, and observation is given first priority. It is observation which gives contact with reality. . . . They want to see and record everything: collective diseases and individual cases, beliefs, the influence of surroundings, climate, resources. It is authentic rural sociology, based on the standard of living, medical practice and its associates, assistance institutions, ideas and feelings about life, sickness and death. (Peter 1967, 748)

The descriptions of these physicians modified the classification of diseases and transformed clinical observation; even their language changed during this experience as their perception of causes and consequences was transformed. They
thus helped develop a new medical practice, based on different criteria of 
interpretation of symptoms. And their work was one of the reasons mortality 
decreased in the following years.

1b. Beatrice Webb (1858–1943)

Beatrice Webb's written contribution to clinical sociology is a half-century 
of social observation presented in autobiographical form (Webb 1938); it may 
seem to be a compromise between literature and science. Her project was to gather 
on the spot precise descriptions of social facts about human reality; her goal was 
political reform. Research on society constituted in her mind a major lever for 
such reform. Halfway between philanthropy and politics, between human com-
passion and social militantism, Beatrice Webb’s research was influenced both by 
Herbert Spencer and by Charles Booth. It was through the comparative physiol-
ogy of the former that she grasped the bases of scientific sociology and through 
the monumental surveys on “The life and labor of the People of London,” which 
the latter partially financed, that she discovered the importance of field work. She 
did surveys herself, often under an alias; in fact one could say she practiced 
spying, somewhat like an ethnologue or a detective.5

Three important facts color Beatrice Webb’s global project. She had a social 
position, in the sense of status and political influence; Sidney Webb founded the 
Fabian Society, a group of socialist reformers, and he was (Labor) Prime Minister 
twice. She made an explicit decision to produce a scientific work, based on 
observation of men and facts, and indicates some elements of her methodology; 
for her, observation requires a sympathetic link with the object of research, and 
all research notes must be carefully filed. She was involved in public institutional 
activity, as cofounder of the London School of Economics, intended to provide 
training in the basic disciplines necessary for the collection and classification of 
societal data, as cofounder of The New Statesman, and as coelaborator of a report 
on the law on poverty. After 1917, however, she concentrated on her autobiog-
raphy and abandoned the project of a learned work in sociology. The less formal 
mode was, she thought, more appropriate to her experience and her knowledge.

1c. Marienthal unemployed

In 1931, Paul Lazarsfeld, Marie Yohada, and Hans Ziesel studied the effects 
of unemployment in Marienthal, a small town in Austria.6 The stated goal of the
survey was to "fill the gap between official statistics and the random impressions of social journalism, and define a methodology which combines the use of quantification and participant observation" (Lazarsfeld 1981, p. 23). The only important employer in the town, a textile factory, had closed two years before the survey began, and the entire community had been affected. At that time there was no sociology department at the University of Vienna. The research was subsidized by the party in power, the Austrian social-democratic party, which was anxious to prove its capacity for governing and to "prepare the working class for its historical role" (Lazarsfeld 1981, p. 19).

The research team decided that a complete inventory of life in Marienthal was necessary in order to face reality truthfully and completely. Their first object was the village itself, and the major fact to be faced was massive unemployment. All kinds of data were collected: biographies, personal data (including a diary kept by an unemployed man), schedules, accusations and complaints, essays written in school or for competitions, menus, historical information, demographic statistics, information about family budgets; in fact any information, formal or informal, which promised to be relevant was included.

One methodological principle was constantly imposed: "no one . . . could be simply journalist or observer, . . . everyone was to enter into the life of the community as naturally as possible, if possible by fulfilling some useful function" (Lazarsfeld 1981, p. 28). Among these "useful functions" were the distribution of clothing, political work, sewing lessons, medical consultations, gymnastics for girls, educational counseling. The researchers collected information while fulfilling the roles from December 1931 to mid-January 1932. Some 60 lbs. of documents were produced, and they gave birth to a small book which attempted to cover the ground opened by the question of how, and how long, people and communities are able to resist when faced with this kind of adversity.

2. In the United States

2a. The Community Surveys

The first major Community Survey, that of Pittsburgh, was carried out in 1907. Since the 1870s, philanthropic and social reform movements, following Ch. Booth, undertook sociological surveys integrating the search for ways to provide social help. A department of sociology had existed at the University of Chicago since 1892. A notice presenting the university said that "the city is one of the most complete social laboratories in the world." Philanthropic groups
furnished the possibility of field work to university students. Field sociologists were often priests or pastors. The respective weight of sociology and philanthropy, however, changed progressively in favor of the former; ethnology and sociology developed together, with no strict academic separation between them. Social workers, journalists and sociologists combined their efforts and contributed toward social control.

2b. The Yale School of Medicine project

The next example is the story of a failure. Winternitz was a physician; in the late twenties he was named dean of the Yale School of Medicine. His experience had convinced him that traditional medical training alone was insufficient for complete analysis of patients and proper understanding of the origin and evolution of disease. Doctors, he felt, should be able to evaluate the importance of social influences on health, and, if possible, be prepared to suggest appropriate remedies. He wanted to enlarge the medical point of view and open a new field of data which he felt indispensable if practice were to be better adjusted to social reality. He was therefore determined to provide Yale medical students with training in clinical sociology, so that they would be able to apply its techniques in their medical practice. However, when, in 1929, he tried to found a department of clinical sociology in the medical school, he encountered opposition. His perseverance during his whole term as dean failed to convince the administrators, and his project was stillborn. Some later analysts attributed this failure to the 1929 depression, but this explanation is certainly not sufficient.

2c. Alinsky

Saul Alinsky trained at the University of Chicago, where he took Burgess's courses in clinical sociology. It is therefore not surprising that he should be primarily interested in sociology as a means toward social change. One of his early publications in 1934, an article titled "A Sociological Technique in Clinical Criminology," indicates that this orientation was present in his work from the beginning.

For Alinsky, power is the central dynamic element in society. He believed it to be constitutive of social relations, and therefore felt it essential to teach those who have no power to win some. Far from being given, or linked to a situation, power, he maintained, is conflictually won. Persons and groups have their own individual interests to defend and to promote. Those interests are fundamentally
the only social motor. Change is produced when power is seized by previously uninfluential groups who then impose the promotion of their interests. Sociological intervention which aims at change must therefore be forceful, intentional, and public. He considered himself a social leader, if not exactly a social agitator.

Alinsky proclaimed that, as sociologist, his goal was to point out and explain the contradictions present in the current political system and to help those who suffer from these contradictions to change political structures. His method was to create community groups among the marginalized minority groups of the major cities and to help them organize their self-defense. His interventions were deliberately provocative. Some have become famous. They aimed at forcing those who hold the keys of change to satisfy the demands of populations' victims of poverty and discrimination.

II. Characteristics and epistemological problems

In spite of their small number, these examples are quite typical not only of the way practice of clinical sociology grew, but of the way it was and is exercised. We will try to show that they indicate some of the major aims and constraints in the field.

1. The clinical function

*The French Royal Medical Society* physicians present a particularly revealing example of a movement that appeared in the second half of the 17th century in England, Germany, and France and continued until the beginning of the 19th century.

Physicians were the first to gather concrete data on the society they lived in. Their purpose—explicit or not—was to find out new criteria that they could offer to the Princes for a better way of governing their people.\(^9\)

All of these doctors made systematic observations that were qualitative as well as quantitative and aimed at solving what we would call "problems of society." They proved unexpectedly capable in the accomplishment of the task of counting, observing, predicting, curing, and reforming individuals and groups. All were convinced that the results of their exploration were transmissible, and that this transmission participated in the construction of science and the transformation of medical practice. They found part of the resources necessary for their exploration in the problems normally encountered in medical practice: living conditions, conditions of death, demography, epidemic flow, etc.
The physicians' clinical way of looking at society's functioning and dysfunctioning and the tools they invented were passed on later to the men of science who replaced them (Condorcet, Laplace, Lavoisier, Quetelet). Engineers came next, who were engaged in industrial development and promoted practice of statistics and surveys. They would withdraw only at the beginning of the 20th century. Philosophers and historians would then hold the first rank.

Yet, in the last period, physicians have pursued clinical work and some of them figure among those frequently cited as having conducted interventions aimed at social change, such as J. L. Moreno (1934), E. Jacques (1951), W. R. Bion (1961) and F. Tosquelles (1966).

In all the examples that we have considered in the first part of the paper, we find the desire to help—linked to that of reform or of change. The desire to increase knowledge, to promote science in order to reach these goals, is everywhere present and fundamental. That group of goals, linked in that particular fashion, is characteristic of the way clinical function—whether applied to the human body or the social body—has been, and is, defined in most cases. But this definition remains incomplete because it does not include the conditions in which the defined goals have been or can yet be reached.

2. Legitimacy and the link to power

The doctors' exploration was first of all legitimate because of their therapeutic competence. Yet this professional legitimacy would not have sufficed to permit them to accomplish their task of observation and intervention. Official recognition and mission were necessary. And, in fact, we observe that all of these doctors as well as the men of science later on were close to political power, either because they personally exercised a political function or because they had special relationships with those in power.

It is this political legitimacy that gave them the right to observe, count, and advise the prince. Without this intention and recognition of the loyalty and competence of the emissaries of power, they would have been able neither to count people, places, and things, nor to observe customs and material and moral living conditions, nor even to treat sick people not specifically confided to their care.

Beatrice Webb and her husband were politically engaged social scientists, institutional innovators, members of official Committees. At the time they were working at Marienthal, Paul Lazarsfeld, as well as Marie Yahoda and Hans Zeisel,
were active members of the Austrian Social-Democratic Party and the party was subsidizing the survey. S. Alinsky was not working on behalf of an established power but he viewed his intervention as a way of counter-acting this power and wrote, "If Machiavelli wrote The Prince to tell the wealthy how to preserve their power, I write Rules for Radicals to tell the poor how to get hold of it" (Alinsky 1971, p. 67).

Epidemiology and vaccination favored a certain type of health control; the modes of social control slipped progressively into this model. Clinical social action became a governmental assistant as industrial and scientific development changed society. The medico-political initiative of study of the human body as the source of life and death became a technico-political initiative of study of the social body as source of wealth and poverty.

Postrevolutionary France was marked by philosophers, such as Saint-Simon (1760–1825) or Fourier (1772–1837), who had been brought up by the ideas of the Enlightenment and had witnessed the Revolution upheaval.

Both were in search of new social rules and new ways of government. Part of the systems they had conceived of were put into action by their followers, the "Saint-Simoniens" and "the Fouriéristes." Part of these systems gave birth to new theories, either by philosophers or politicians. One should remember that Auguste Comte who coined the term "Sociologie" was secretary to Saint-Simon for some time and was working on the editing of the latter's writings.

Reform and change no longer belong exclusively to established power. 19th-century Europe produced a wide gamut of remedies systems, theories, and surveys with strong institutional repercussions. Europe has passed through a century of doctrinal hegemony. The resultant political ideologies separate observers according to whether they seek consensus or social struggle, are religious or anti-religious, believe or not in the possibility of a science of society.

The link to power remains necessary; it is a condition for financing and access to publicity, but it splits observers even more than it divides the regions of observation. The specifications, financing, and destination of investigations are determined within a field of forces in which the powers that control resources, admission, and constraints concerning the object play a large role.

3. The image and status of the observer

The physicians from the Société Royale acted openly as observers. They had therapeutic competence and they could lay on official recognition. Yet they came from the big city and were viewed with a distrust of which they were conscious. People feared taxes and unusual cures.
Indeed, an individual who is aware of being observed reacts: he builds an image of his observer by identifying social signs and thus locates him in a field of forces. He tries to identify his own possible gain or loss from feedback. A community, family, town, or particular social category in the same situation similarly responds by putting into action its structure, communication modes, and defenses.

All sociological observers, clinical or not, are involved in the question of their status. In each of our examples, the question is evident, whether or not it is raised explicitly.

Beatrice Webb conducted her surveys under aliases; the researchers in Marienthal disguised themselves. Priests and pastors helped survey work in problems areas of Chicago and observers worked under cover of charitable organizations. Alinsky presented himself as an activist, not an observer, building situations in which he encouraged groups to assume responsibility for themselves by actively facing power relationships. He held a power apt to challenge current established powers.

Winternitz was acting as dean of the School of Medicine and as such wanted to broaden the training and view of the physicians. There may be a number of reasons why he failed, among which are the difficult time and the depression. But there was resistance on the part of medical school senior faculty due to the novelty of his idea and to its underlying conception of the medical profession’s social responsibility, and above all a conflict between academic disciplines.

The history of the medical clinic is also the history of the growth of institutions—legal, scientific, pedagogical, and therapeutical—which make possible its practice and progress. For Foucault (1963), all social sciences have much the same architecture, from medicine to sociology.

Both in Europe and in America, the universities have gradually established their prerogative in the determination of professional legitimacy in sociology. The link to power has thus been masked to a certain extent. Yet the specifications, financing, and destination of investigations are determined within a field of forces which usually remains uninvestigated.

4. The object of observation and status of who is observed

The Société Royale physicians were mandated by a royal institution which chose and delimited their field of study. The choice was motivated by the perception of a need, and the need was certainly real. And, since dysfunction is likely to be most visible among poor and marginal populations, it is not surprising
that for a long time empirical studies, whether aimed at knowledge or at change, were dedicated to working men and peasants. Other categories of poor and marginal people formed a complementary group which was gradually included in the investigative field (Leclerc, 1979).11

This is, however, the same as to say that the field of observation or intervention was limited to those categories judged most accessible or least equipped to resist investigation. If to some extent this choice was justified, it remains true not only that those in situations of power, and those holding the purse-strings, could resist being subjected to this kind of inspection, but that this opposition was occult, usually unsuspected even by would-be observers. Interest for the study of power-holders is a relatively recent phenomenon, and the possibility to impose or negotiate its possibility even more so.

At first, the persons and groups studied, insofar as they were studied, were considered more or less ethnologically as object. But as the observational field widened, two influences worked in the same sense. When individuals or groups observed occupied positions or ranks that forbad considering them as simple objects of investigation, the observers felt the need to consider them as subjects; those observed, and the relationship with those observed, help the observer discover to what extent it is a relationship of domination which permits the investigation. As consciousness of the autonomy of all subjects emerged, this need extended to all persons and groups. The practice of feedback of survey results12 illustrates one response to this need, and all clinicians face the problem, which is intimately connected with the observer’s link to power.

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This rapid trip through two centuries and two worlds of sociological observation and intervention has shown that the reality of clinical approach has been active for a long time and that it exists and flourishes even where the name “clinical sociology” is not honored.

But even more important is the light it throws on some of the questions which are at the center of present developments in clinical sociology.

Alfred McClung Lee in 1979 stated some of these questions in the following terms: “Is clinical sociology merely another name for applied sociology, for practical sociology, or sociological practice? . . . Is not the use of “clinical” another example of scientism, of trying to give an impressive “scientific” appearance or repackaging to stock sociological research techniques, theories and consultation?” (McClung Lee 1979, p. 487). How can the examples sketched
above help to answer some of these questions and give some indications for further developments?

To clarify this point, we will first advance a tentative definition of clinical research: for us, clinic research requires the conjunction of several components:

- a subject asking or agreeing to be observed;
- an observer, well defined and responsible, with a defined object and a tool for observation;
- the simultaneous presence of the specified subject and the observer, contracting for an obligation of “diligence.”

We have seen in our examples that some observers announced, others hid their position as observer. We do not think this difference of attitude is determined by the characteristics of the persons and the situations involved; we feel that it is each observer’s way of adapting to a constraint that is universal in clinical sociology. If some legitimate power, be it political, scientific, or academic, does not impose, or justify the observation, it can only be undertaken in a concealed manner. It is certainly not an accident that recent clinical sociology is above all present in the field of medicine, or health in a large sense. It would seem that clinical sociologists have, to a certain extent, been able to profit from the right to clinical observation that doctors have.

If a clinical approach is to be extended to other areas, however, and if clinical sociology is not to be defined by specific fields in which it can easily be exercised, it would seem necessary to define the conditions that can make clinical approach possible at a sociological level.

In clinical research, indeed, what we are seeking to understand eludes direct inquiry, because of both the observer and the observed status. Can we yet bypass resistance and have access to what both demander and the intervening clinician endeavor to know? Our conviction is that a possible recourse is to elaborate a specific mode of approach in which the link contracted with the object of observation, a social entity, gives the observer the right to observe, intervene, and interpret, and enables the entity to start an analysis of its action. Indeed, our conviction is that such an instrument cannot just aim at assessment, but is part of the process of change from the very beginning, and as such is a tool for active intervention.

We have developed over twenty years such a technical instrument that we call socianalyse and the socianalytical task. We were interested in the examples we mentioned in the beginning of this paper because they typified, whatever the period or the object, a permanent
challenge of clinical approach: exploring the limits, constraints, and accessibility of observation.

NOTES


2. Before publishing an article on Socioanalysis in *L'année Sociologique* in 1963, we discussed with the editor under what group title it should appear. We agreed on "Work in Clinical Sociology." Five years later, our second article appeared under the group title "Problems in Clinical Sociology." Between the two there was no mention of clinical sociology, and the use of the term had disappeared. In 1952 René Clémens published an article in *Cahiers internationaux de sociologie* entitled "Sociologie et applications cliniques de la sociologie." The author pleads the cause of the recognition of empirical clinical studies.

3. A chapter of the *Handbook of Clinical Sociology*, Howard Rebach and John Bruhn, ed s. (1991), is dedicated to "Communication and relationship with clients." The central question is developing an effective working relationship with clients. McClung Lee (1966) offers a description of the relationship between a clinician and his observed object:

   1) Through critical discussion with practical observers of spontaneous social behavior in problematic situations
   2) Through scientific utilization of available clinical data
   3) Through participation directly in clinical situation.

   However, the conditions necessary for this participation are not discussed in the article.

4. J-P. Peter has analyzed 20 years of the archives of the *Société royale de Médecine*. Quotations are taken from his 1967 paper. Lécuyer (1977) drew a plan of the stages of empirical social research in France, beginning in the middle of the 17th century with the Instructions of Colbert, Louis the XIV's minister for a large description of the French "Provinces," including military, church, judicial, and financial topics. At the same period Vauban, who intended to build fortified places on all frontiers of France and needed precise information about the population, proposed "a simple and general method for taking a census."

5. That is, at least, how W. Lepenies (1985) describes her survey work.

6. The small book that presents this research was published in Germany in 1932; it was published in Great Britain only in 1970 and in France in 1981. It has been little cited, even by Lazarsfeld himself.

7. Winternitz's attempt has been presented several times. For more information, see in particular, *Clinical Sociology Review* (1989, 7).

8. In 1932, Alinsky used the term "clinical" to define his approach to criminology: "A Sociological Technique in Clinical Criminology" (in proceedings of the Sixty-Fourth annual Congress of the American Prison Association). He was at the time part of the staff of the Illinois State Penitentiary.
9. In addition to the Société Royale physicians, a more complete study would mention Hermann Conring (1606–1682), Sir William Petty (1623–1687), François Quesnay (1694–1774), J-P. Süßmilch (1707–1767), Louis Villerme (1782–1836), and many others. Prior to other functions, all these men had been physicians or surgeons. They produced meaningful advances in demography, economics, and surveys which have been most beneficial to further development of social observation (Lazarsfeld 1961).

10. At the end of the 18th century in France, chemists, agricultural engineers (Lavoisier, Turgot), or mathematicians (Laplace, Condorcet, later on Fourier or Quetelet) would pursue the project of systematically describing the country. Using the results of mathematical progress, they would develop social statistics that physicians had began in their time to gather—pragmatically—by counting deaths and births. The idea of reform was never absent from their work. Lavoisier wrote for the French Revolutionary Assembly, a treaty on population and economic situation in which he recommended the creation of a central bureau for statistics.

11. The French sociologist Halbwachs declares in La classe ouvrière et ses niveaux de vie (1913) (The working class and its levels of life): “We are going to study the working class because we have abundant data, because we have data available which we do not have about other classes. It would be quite impossible to study, at the moment, with the same methods, the needs and expenses of other groups. The facts about the working class are the most simple.” What had been at first a consequence of the historical development of sociology is there described as a technical constraint. This alleged constraint is political rather than methodological and suggests above all the current legitimacy of social control over lower social classes.

12. The practice of feedback of survey results has been introduced by Floyd C. Mann and his co-researchers of the Survey Research Center at Michigan University (Floyd Mann 1954). By reporting through the line personnel of the organization, the data collected in the initial exploration, the researcher can have the people he addresses to react, asking for more data or giving more. People are incited to propose changes in their services, inferred from the diagnosis proceeding from the initial exploration. In Applied Sociology, edited in 1965 by A Gouldner and S. N. Miller, the practice of survey with feedback of results is presented as the main available approach for a clinical sociology.

13. It is most striking when looking at the Clinical Sociology Section of the Sociological Abstracts.

14. To our knowledge, there has been little or no attempt to develop specific tools, adapted to the particular constraints imposed on the field of clinical sociology. The last 10 years have been marked by a growing interest in biographies and life stories. Another trend can be found in William Foot Whyte’s PAR (Participatory Action Research): a powerful strategy to advance both science and practice involving practitioners in the research process from the initial design of the project through data gathering and analysis to final conclusions and actions arising out of the research (W. F. Whyte 1991: 7).

15. We cannot develop here the construction of our work. For more information see Van Bockstaele, Van Bockstaele et al. (1959, 1963, 1966, 1968, 1971, 1992). An English version of some of these papers is available.
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Results of a Practitioner Survey and Comparison with the Themes of Articles Published in the ASA Footnotes: Major Issues Facing the Discipline of Sociology* **

Josephine A. Ruggiero
Providence College

Louise C. Weston
Environmental Strategies, Inc.

ABSTRACT

This article reports on the results of a recent practitioner survey in which respondents were asked to identify the three most important issues facing the discipline of sociology at that time and five years into the future. Respondents were drawn primarily from the Sociological Practice Association and the Sociological Practice section of the American Sociological Association. Responses are discussed both within and across membership affiliations. The authors also compare practitioners' responses to the content of articles published in the ASA Footnotes during a comparable period of time. Implications are drawn for the discipline of sociology and for practitioners' involvement in the American Sociological Association as a vehicle for making contributions to the future directions of the discipline.

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Introduction

Sociology is no stranger to change or controversy. As a discipline born in the social and political changes of the French Revolution and its aftermath, sociology has continued to struggle with issues of identity, visibility and future direction. A recent article in *The Chronicle of Higher Education* claims that sociology is at a vulnerable crossroads, confronting questions about its identity, central focus and where it is headed (Coughlin 1992). Focusing on a major source of tension in the discipline, the emphasis on “basic” knowledge vs. “useful” knowledge, Gollin (1990) contends that the future of sociology as a profession will be very much tied to its perceived social utility rather than its academic standing. He considers the second major issue confronting the profession to be employment opportunities for sociologists. Work outside of academe seems to be viewed as less desirable, thus resulting in practitioners viewing themselves and being viewed by academic sociologists as a “marginal minority.” Gollin (1990) believes that the major issues confronting the discipline in the near future are the continuing process of differentiation of interests in the field, the prospect of new interdisciplinary partnerships linking sociologists and other social scientists, and pressures toward becoming a more practice-oriented profession. Focusing on a broader scale, Eitzen (1991) identifies three structural changes in society that, he believes, will result in a “bright” future for sociology and sociologists in the coming decades. These structural changes are the changing racial and gender characteristics of sociologists in academe, resulting in greater diversity; increasing constraints on research funding with the net effect of producing better quality (i.e., more critical and more qualitative) work; and societal and global changes which include the end of the “cold war,” ecological crises on a global level, and the transformation of the economy.

In view of the timely interest in these issues, this manuscript reports on an examination of sociological practitioners’ views on the most important issues confronting the discipline and compares the issues they identified with the themes of articles published in *Footnotes*, the official “newspaper” of the American Sociological Association. As sociologists whose work is concerned with change, we believe that practitioners are an especially interesting population to ask about the discipline and future directions.
Method and Sample Selection

Two hundred twenty seven respondents, primarily members of two practitioner groups—the Sociological Practice Association (SPA) and the Sociological Practice Section of ASA (SP/ASA)—responded to a questionnaire survey containing the following question:

... could you give us your ideas about what you see as the three most important issues within the discipline of sociology now [1988] and five years into the future [1993]? (If you think they will be the same in the future, please note that.)

Questionnaires were mailed to sociological practitioners who resided in the United States and Canada, using as a sampling frame the directories or membership lists of these different groups available in the Spring of 1988. We sent out a total of 773 surveys between April and August of 1988. Because some of the addresses changed between updates of the directories, we estimate that about seven hundred questionnaires were actually received. The response rate from a single mailing of the survey was 32 percent.

The Coding Process

The background information for respondents and nonrespondents was derived from the Sociological Practice Association and Sociological Practice/ASA membership directories available in the Spring and Summer of 1988 and from any information which respondents provided about themselves on or along with the questionnaire. The fact that they were asked to include their names at the end of the questionnaire made it possible for us to identify respondents and nonrespondent members of these associations.

The authors were primarily responsible for coding all data for respondents and the content of the Footnotes articles. Some assistance in tallying background information for nonrespondents in regard to sex, region and highest degree was provided by two student assistants.

Coding categories for the open-ended survey question and the Footnotes articles were developed by sampling the content of both data sources and examining the range and relatedness of the responses. The authors developed the coding categories together. Coding was generally done by one author with checks for agreement done by the other. Although no measure of inter-coder reliability
was calculated, we feel that the coding categories and the counts reflect well the content of both the survey question and the Footnotes articles identified as relevant.

Description of Respondents and NonRespondents

In terms of sample characteristics, nearly two-thirds (64%) of our respondents are male. Most (60%) live in either the Northeast or the South—about three in 10 respondents in each region. About three fourths (78%) of the respondents list a doctorate in sociology as their highest degree; thirteen percent list an MA in sociology.

In terms of membership affiliation, 42 percent of our respondents are members of the SPA, and 36 percent, the SP/ASA. Fifteen percent are members of both groups. The remaining respondents include independent practitioners (4%) and some members of the Sacramento Applied Sociology Association (3%).

Just over one half (53%) of the respondents work in academic institutions. About 12 percent work for the government—state/local (8%) or federal (4%), one in ten work for nonprofit organizations (11%) or in business/industry (10%). The rest are self-employed practitioners (9%), are employed in “other” settings (2%) or are retired (3%).

An analysis of the nonrespondents indicates they are very similar to the respondents in terms of key demographic characteristics. That is, they are more likely to be male than female; to live in the Northeast or the South; and to list a doctorate in sociology as their highest degree. They are also similar in their work setting with the majority employed in academic institutions. Membership affiliation among nonrespondents is skewed somewhat more toward the SPA than is true among respondents, with 49% of nonrespondents belonging to the SPA, 41% to the SP/ASA, and 10% to both groups.

Results

Practitioners’ Views

More than three-fourths (78%, N=178) of the respondents gave codable responses to the question about the major issues confronting the discipline into the 1990s. The large majority of those who provided codable answers either said
their answer would be the same for 1993 (58%) or did not provide a response for 1993 (18%). We interpreted the latter to be equivalent to the former. The practitioners we surveyed provided 482 codable responses to the question about the three most important issues confronting the discipline, or an average of 2.7 responses per respondent. In coding, we considered all answers to be of equal importance and did not distinguish them by order of mention.

In order to draw some comparison between practitioners’ views and those of the ASA Executive staff, we examined the content of articles published in *Footnotes* between January, 1988 and May, 1992. *Footnotes* is the only ASA publication received by all members. As such, one might hypothesize that it would address issues of general interest to the membership at large, including questions about sociology’s identity, image/visibility and future direction, as well as issues of interest to specific segments of its audience (e.g., practitioners). We chose these beginning and end points because our survey was conducted in the Spring and Summer of 1988, and because we asked respondents to project their answers into the early 1990s. Our end point for the printed medium was the most recent issue of *Footnotes* available at the time of our analysis.

To examine the data from both sources, the survey and the ASA *Footnotes*, we identified 35 possible coding categories. To facilitate analysis, we combined these coding categories into seven groupings for the survey responses and nine for the articles in *Footnotes*. These groupings and the categories which comprise them are identified in Tables 1 and 2 respectively. The complete list of coding categories is given in the Appendix table. The Appendix table should be used in conjunction with Tables 1 and 2 for a fuller explanation of the contents of each grouping. The numbers in parenthesis under each grouping in the tables refer to codes identified in the Appendix table.

Table 1 contains data for all 482 codable survey responses. The data in this table are organized both by response and by the percentage of practitioners in each membership group mentioning the response. Responses are listed in rank order in the total column, from the most to the least popular based on the number of mentions each response category received by practitioners overall. The remaining table headings display the data separately by practitioner membership in the SPA, the SP/ASA, in both groups, or in neither (an “other” category containing members of the Sacramento Association of Applied Sociologists and any practitioners referred to us, upon request, by other survey respondents).

As Table 1 indicates, three groups of issues rank highest overall. The most popular one was the mention of dealing with some specific social issue or problem either at the macro or micro level (29% of responses). Included here
are responses such as reversal of the arms race, the trend of drug abuse and dropping out of school; using sociological principles to protect the environment, dealing with the problems of homelessness, AIDS, the need for services for our aging population; health policy and the delivery of health care services; and the usefulness of sociology in organizational contexts and in daily life.

The second most popular grouping focused on issues pertinent to the discipline (20.5% of responses). Mentioned were the issues of survival, funding, public awareness/credibility of sociology, status/prestige/pay of sociologists, doing relevant research, and defining the discipline with greater clarity. The third most popular grouping included a variety of career or professional concerns such as job skills and opportunities, attracting new sociologists, marketing sociologists and sociology, the issue of certification/licensure of sociologists, education/training of students and identity as sociologists (19.5% of mentions). The percentages of the remaining four categories of mentions were considerably lower, varying from a high of approximately 12% to 3%. (See Table 1.)

When the results are broken down by respondents' practice affiliation(s), the order of the top three issue groupings identified by members of the SPA and the SP/ASA matches that of the sample as a whole just described, although the pattern varies somewhat. The clear leader issue for SPA respondents was dealing with problems at the macro or micro level (38%), followed, at some distance, by issues pertinent to the discipline (17%) and career or professional concerns (17%). For members of the SP/ASA, the same three groupings ranked highest and were virtually indistinguishable as choices (23%, 23% and 22% respectively).

The top mentioned groupings vary somewhat from the patterns described above when we consider the responses given by members of both groups or by other practitioners. Those who are members of both the SPA and the SP/ASA were most likely to mention dealing with disciplinary issues (30.5%). This was followed by career or professional concerns (27%), how sociological work is/should be done and the expansion of practice and the relationship between academic sociology and practice (12% each). As indicated, respondents who are members of both SPA and SP/ASA (as opposed to membership in one group only) are different in that their primary concern is with issues pertinent to the discipline of sociology and their secondary concern is with career or professional issues. It might be hypothesized that their membership in both groups, as well as their responding to a survey of this nature, reflects their somewhat more active day-to-day involvement with topics and issues relevant to the discipline of sociology and to its future.
For the practitioners in the “other” category, “dealing with problems” commanded 40% of the mentions, followed by how sociological work is/should be done (20%) and mention of specific areas of sociology/theoretical perspectives (13%). However, the small number of practitioners who fell into these membership categories does not make a strong basis for comparison with the Footnotes articles.

Comparison with Footnotes Articles

In the second part of this investigation, we compare practitioners' responses with those issues thought to be important enough to be included as articles in Footnotes between January, 1988 and May, 1992. We identified 126 articles or themes as relevant to the discipline and its future from 44 issues of Footnotes.

As Table 2 indicates, the majority (73%) of these articles reflect five of the seven groupings of issue categories identified by practitioners in Table 1, with 56% of the Footnotes articles falling under only two headings: disciplinary concerns (29%) [second mentioned by practitioners overall] and career or professional concerns (28%) [third mentioned by practitioners overall]. The most popular category of concerns identified by practitioners, dealing with societal and other issues or “problems,” was discussed in only four percent (N=5) of the articles.

Approximately 27% of the articles we examined fell into one of four other categories: issues related to the status of women or other minorities (10%), international issues (7%), organizational trends within sociology (4%), and “other” issues (6%). This last category includes sociologists as activists and the quality/influence of journals and sociological networking/interaction. (See Table 2.)

Summary

As a discipline and profession, sociology has experienced changes as changing circumstances and new challenges have captured the attention of the ASA Executive staff and the membership. Just as the character of the ASA membership has changed—by gender, race, ethnicity and career choices/paths (academic vs. practice)—so have some of the issues confronting the discipline now and in the future.
Several areas of concern emerged as the three issues practitioners saw as most important within the discipline in the late 1980s into the 1990s. These included the discipline’s need to 1) use sociological principles and theories to help solve a variety of societal and organizational problems, 2) deal with a variety of disciplinary concerns, and 3) work on matters pertaining to jobs, marketing sociologists, licensure/certification, and training. These three groups of issues comprised more than two thirds (69%) of the codable responses given by respondents overall.

The majority of discipline-relevant issues covered in *Footnotes* over the four-and-one-half-year period we investigated matched five of the seven coding groups identified from practitioner responses. Two of these received the most attention in *Footnotes*: issues pertinent to the discipline and career or professional concerns. As noted earlier, the most common issue identified by practitioners as needing disciplinary concern—dealing with social problems—was mentioned in only five of the 126 articles/themes selected as relevant. To its credit, however, *Footnotes* did contain other relevant issues the discipline must deal with now and in the future: the status of women and other minorities, the internationalization of sociology and membership/organizational trends.

Conclusions and Implications

1. The vitality and future directions of sociology will involve its coming to terms with some important issues of both a disciplinary (internal) and a societal (external) nature.

2. The practitioners who responded to our survey keyed in rather accurately to both categories of important issues, although the number of times these issues were mentioned varied somewhat by practitioner affiliation.

3. Since *Footnotes* is focused primarily on the discipline, one would not expect a high degree of congruence on all issues identified by practitioners. When comparisons were made between the two sources on disciplinary or career concerns, the data showed *Footnotes* to be higher on both: 57% of *Footnotes* articles [disciplinary - 29%, career - 28%] as compared to 40% of the practitioner mentions [disciplinary - 20.5%, career - 19.5%]. In regard to the percentage of mentions about dealing with social issues, the match was poor: *Footnotes* articles - 4.0% vs. practitioners’ mentions - 29%.

If the editors and contributors to *Footnotes* want to better reflect the range of issues many practitioners and academicians feel are the most important ones
confronting the discipline into the 1990s, there must be a notable increase in effort (and the percentage of articles) directed toward external, societal or global concerns.

4. This research also has ramifications for retaining and increasing membership in ASA and for increasing practitioner involvement in ASA activities—especially of those practitioners who work completely outside of academe. Currently, only 22% of ASA membership is comprised of people who identify themselves as sociological practitioners. For many of these practitioners, the connection to ASA is probably tenuous, since their primary loyalty is often the field of day-to-day work (business, health care, etc.) rather than the discipline of sociology. This reality makes it difficult to attract practitioners to the ASA and to involve those who are members in its activities, e.g., the annual meeting.

Paying more attention to social problem and practice issues in Footnotes and other “mainstream” journals and increasing the number of practice-relevant/practice-oriented sessions at the annual ASA meeting could help to retain practitioners who are already members of ASA. Changes in both of these areas as well as a reduced introductory membership rate for new (or returned) practitioner members could also be an effective incentive for attracting more practitioners to the ASA.

At the same time, as the national association of sociologists, the ASA can be an increasingly effective vehicle for practitioners to have an impact on the image and direction of the discipline in the future as well as on social problems/issues on a broad level. We believe that increased practitioner involvement in the ASA would also have the effect of reducing the perception of practitioners as a "marginal minority" and increasing the potential for sociological knowledge to become useful knowledge.

REFERENCES


Table 1.
The Three Important Issues Facing the Discipline of Sociology: Practitioners' Responses Overall and by Practice Group Affiliation

<table>
<thead>
<tr>
<th>Response Groupings</th>
<th>Total</th>
<th>SPA</th>
<th>SP/ASA</th>
<th>Both</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Dealing with problems at macro or micro level (5)</td>
<td>29.3</td>
<td>37.9</td>
<td>23.0</td>
<td>10.2</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>(141)</td>
<td>(83)</td>
<td>(40)</td>
<td>(6)</td>
<td>(12)</td>
</tr>
<tr>
<td>Dealing with issues pertinent to the discipline of sociology (7a-1,8)</td>
<td>20.5</td>
<td>17.4</td>
<td>23.0</td>
<td>30.5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(99)</td>
<td>(38)</td>
<td>(40)</td>
<td>(18)</td>
<td>(3)</td>
</tr>
<tr>
<td>Career or Professional Concerns (1,2,3)</td>
<td>19.5</td>
<td>16.9</td>
<td>22.4</td>
<td>27.1</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>(94)</td>
<td>(37)</td>
<td>(39)</td>
<td>(16)</td>
<td>(2)</td>
</tr>
<tr>
<td>How sociological work is/should be done (9, 11, 12, 13, 14, 15)</td>
<td>11.8</td>
<td>12.3</td>
<td>9.8</td>
<td>11.9</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(57)</td>
<td>(27)</td>
<td>(17)</td>
<td>(7)</td>
<td>(6)</td>
</tr>
<tr>
<td>Expansion of applied sociology, relationship between academic and applied sociology (4, 10)</td>
<td>8.3</td>
<td>10.5</td>
<td>5.2</td>
<td>11.9</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>(40)</td>
<td>(23)</td>
<td>(9)</td>
<td>(7)</td>
<td>(1)</td>
</tr>
<tr>
<td>Specific areas of sociology, theoretical perspectives (6)</td>
<td>7.9</td>
<td>3.2</td>
<td>14.4</td>
<td>3.4</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>(38)</td>
<td>(7)</td>
<td>(25)</td>
<td>(2)</td>
<td>(4)</td>
</tr>
<tr>
<td>Other Mentions (16,19)</td>
<td>2.7</td>
<td>1.8</td>
<td>2.3</td>
<td>5.1</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>(13)</td>
<td>(4)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
</tr>
<tr>
<td>Total codable answers</td>
<td>100.0</td>
<td>100.0</td>
<td>100.1</td>
<td>100.1</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>(482)</td>
<td>(219)</td>
<td>(174)</td>
<td>(59)</td>
<td>(26)</td>
</tr>
<tr>
<td># of Respondents</td>
<td>178</td>
<td>83</td>
<td>58</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td>No response DK</td>
<td>22% of total (49)</td>
<td>13% of SPA (12)</td>
<td>29% of SP/ASA (24)</td>
<td>24% of both (8)</td>
<td>31% of other (5)</td>
</tr>
</tbody>
</table>

*This category includes members of the Sacramento Association of Applied Sociologists and referrals.
Table 2.
Articles Reflecting Concerns Within the Discipline Published in *Footnotes*, January, 1988–May, 1992

<table>
<thead>
<tr>
<th>Coding Categories(^{a,b})</th>
<th>%</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey Groupings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disciplinary Concerns</td>
<td>28.6</td>
<td>(36)</td>
</tr>
<tr>
<td>(7a,b,c,e,g,h,k,m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career or Professional</td>
<td>27.8</td>
<td>(35)</td>
</tr>
<tr>
<td>Concerns (1, 2, 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How sociology is or</td>
<td>9.5</td>
<td>(12)</td>
</tr>
<tr>
<td>should be done (includes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ethical issues)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7n, 11, 14)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems at the macro-</td>
<td>3.9</td>
<td>(5 )</td>
</tr>
<tr>
<td>and micro levels (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expansion of applied</td>
<td>3.2</td>
<td>(4 )</td>
</tr>
<tr>
<td>sociology, relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>between academic and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>applied sociology (4, 10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>73.0</td>
<td>(92)</td>
</tr>
<tr>
<td><strong>Other Mentions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women or Minority Status</td>
<td>9.5</td>
<td>(12)</td>
</tr>
<tr>
<td>Issues (16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Issues (17)</td>
<td>7.1</td>
<td>(9 )</td>
</tr>
<tr>
<td>Organizational Trends (18)</td>
<td>4.0</td>
<td>(5 )</td>
</tr>
<tr>
<td>Other Issues(^{c}) (19)</td>
<td>6.4</td>
<td>(8 )</td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td>27.0</td>
<td>(34)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>(126)</td>
</tr>
</tbody>
</table>

\(^{a}\)Only those coding categories reflecting themes/content in *Footnotes* are noted here.

\(^{b}\)Two articles were coded into more than one category because they contained two (N=1) or three (N=1) relevant themes.

\(^{c}\)This category includes sociologists as activists, quality/influence of journals, sociological networking/interaction.
## Appendix Table

### Codes for Practitioner Survey—

Three Most Important Issues Facing the Discipline

<table>
<thead>
<tr>
<th>1. Oriented toward career</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Skills and job opportunities</td>
</tr>
<tr>
<td>b. Marketing sociologists and sociology</td>
</tr>
<tr>
<td>c. Attracting new sociologists</td>
</tr>
<tr>
<td>d. Licensing/certification</td>
</tr>
</tbody>
</table>

| 2. Oriented toward identity as sociologists |
| 3. Oriented toward education/training students |

| 4. Communication (or lack of it) between basic and applied sociology/sociologists. |
| 5. Mention of dealing with issues/problems (micro and macro) |
| 6. Mention of specific focuses in Sociology (areas of concentration, theories) |

<table>
<thead>
<tr>
<th>7. Mention of discipline-related issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Survival of discipline/sociology—(including membership and visibility</td>
</tr>
<tr>
<td>b. Funding</td>
</tr>
<tr>
<td>c. Scientific rigor/defining scholarly work</td>
</tr>
<tr>
<td>d. Informing sociologists about sociology’s relevance</td>
</tr>
<tr>
<td>e. Public awareness/public relations/image problems/credibility</td>
</tr>
<tr>
<td>f. Status/Prestige of discipline/pay</td>
</tr>
<tr>
<td>g. Defining the discipline with greater clarity</td>
</tr>
<tr>
<td>h. Disciplinary “failures” or “lacks”</td>
</tr>
<tr>
<td>i. Doing relevant research</td>
</tr>
<tr>
<td>j. Professionalization of field</td>
</tr>
<tr>
<td>k. Growth of sociological practice</td>
</tr>
<tr>
<td>l. Social policy issues</td>
</tr>
<tr>
<td>m. Strengthening sociology’s position in the university</td>
</tr>
<tr>
<td>n. Ethical issues/standards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Irrelevance of academic sociology to real world problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>(links of basic research with real world)</td>
</tr>
</tbody>
</table>

| 9. Integration of theory/concepts/research/practice |
| 10. Recognizing/accepting/expending applied sociology |
| 11. Over-quantification, de-emphasis on quantification |
| 12. Developing useful methodology/qualitative methods/models |
| 13. Updating/applying theory |
| 14. Multi-disciplinary |
| 15. Better analyses |
| 16. Minority issues |
| 17. International issues |
| 18. Organizational trends |
| 19. Other |
Interviewer Attitudes About the Mentally Ill

Rosalind J. Dworkin, Ph.D.
Institute for Child and Family Services
Houston, Texas

Anthony Gary Dworkin, Ph.D.
University of Houston

ABSTRACT

Interviewer attitudes and expectations about respondents are known to influence data quality. When respondents are from deviant groups, such as the mentally ill, special problems could develop. Questionnaires were completed by 188 individuals from a potential pool of employable interviewers. Preferences for interviewing targets and locations, prior experience, and perceived dangerousness of the mentally ill were measured. The mentally ill are among the least preferred targets. Locations implying higher levels of control and cooperation were desired. Using a path analysis, preference for interviewing the mentally ill was most affected by diversity of prior contact and the perception of dangerousness.

Introduction

In recent years there has been an increased interest among social scientists in studies of mental illness (Dworkin 1992). The deinstitutionalization of the seriously mentally ill has meant that an increasing percentage of that population
are encountered by the general public. Moreover, national concern regarding the homeless, a sizable proportion of whom are purported to be mentally ill (Arce and Vergare 1984), has further intensified public interest and sociological research in mental health and mental illness. This paper addresses a methodological issue which will become of increasing importance as applied sociologists focus upon the attitudes and behaviors of the mentally ill, and the reactions of the public toward that population. As sociologists focus on populations that include the mentally ill and study their attitudes and actions, public biases toward that population will affect the quality of data collected. The present research examines factors which can affect interviewer preferences for interviewing the mentally ill, and hence the quality of data collected from them.

In sociological methodology, there is a long, albeit somewhat sporadic, history of examining the interview process as social interaction, and the ways in which subject and/or interviewer characteristics impact the quantity and quality of collected data (Stouffer 1954; Dijkstra 1987). Best known is the research into interviewer-respondent pairing (Dohrenwend, Colombotos, and Dohrenwend 1968; Landis 1973; Freeman and Butler 1976; Schaeffer 1980; Groves 1985). Generally, significant interviewer effects are found when questions deal with some visible characteristic of the interviewer (Bradburn and Sudman 1979), especially when that trait is a topic of questioning in the interview (Weeks and Moore 1981).

We must recognize the possibility that characteristics of the interview dyad other than race, sex and other visible traits may influence the quality of the data collected, and impact the ability of the researcher to find and recruit suitable interviewers. Perceived group characteristics that may systematically elicit differential or pejorative attitudes and behavior during routine social interaction may be characteristics to which interviewers will respond in ways that may impact data quality. It has been demonstrated that when interviewers expect difficulty in obtaining responses, the non-response rates increase (Singer and Kohnke-Aguirre 1979; Singer, Frankel, and Glassman 1983), and target behaviors are under-reported (Bradburn and Sudman 1979). Moreover, respondents perceived as biased or intimidating may cause the interviewer to record in a biased or incorrect manner (Hyman 1954).

The interaction of interviewer and respondent traits becomes especially important when the study involves the interviewing of deviant or otherwise unusual samples. Interviewers may reflect attitudes and biases current in their society and/or in their sub-culture. Indeed, if interviewing is a special case of social interaction (Bailey 1987), it is subject to the same processes and pressures of any social interaction. Thus, if respondents have characteristics that are
negatively defined in a culture and that elicit differential treatments and negative attitudes, interviewers may react toward them in pejorative ways that impact the interviewing process and the data quality (Cosper 1969; Cleary, Mechanic and Weiss 1981; Tucker 1983; Mishler 1986). Respondent-interviewer interaction effects have been noted in the recording of alcohol consumption (Mulford and Miller 1951; Cosper 1969) and in responses to psychological symptom scales (Cleary, et al. 1981). As Tucker (1983) and Mishler (1986) have pointed out, the effects of interviewer characteristics, attitudes, and preferences will vary according to the population sampled in any specific study.

As the specific case in point, there is evidence that attitudes held by the general population toward the mentally ill tend to be negative (Zavalloni and Askensay 1974; Rabkin 1980; Link and Cullen 1986; Link, Cullen, Struening, Shrout and Dohrenwend 1989), as are the attitudes of the mentally ill about themselves (Link, et al. 1989; Link, Mirotznik and Cullen 1991). In particular, the public often believes the mentally ill to be dangerous, unpredictable, and/or intimidating (Nunnally 1961; Link and Cullen 1986; Socall and Holtgraves 1992). Admittedly, interviewers are often trained in the social sciences and/or health professions where there is greater understanding of mental illness and a greater need to work with the mentally ill in applied settings. Nevertheless, there still exists the possibility of negative interviewer attitudes, preferences, and experiences that may enter into the process of the interview.

The purpose of this study is to examine the preferences that interviewers have regarding whether they would want to interview respondents who are mentally ill. In particular, preferences for interviewing the mentally ill will be compared with preferences for other types of respondents. Preferences for interviewing sites will also be considered, as site location may affect one’s willingness to interact with the mentally ill. Moreover, a model of the sources of interviewer preferences will be created and tested.

Hypothesized Model

The model advanced in this paper combines experiential, attitudinal, and structural constructs to explain preferences for future interviewing interactions with the mentally ill, a stigmatized group. The theory posits that experiences with stigmatized groups affects the perception of the risk involved in such experiences and the willingness to engage in interactions with such groups in the future. Structural variables, which affect the breadth of one’s perspective (Warshay 1962), facilitate the likelihood of experiences which test conventional wisdom,
and the probability that one will accept commonly held attitudes about the stigmatized group. In turn, acceptance or rejection of these attitudes affect the preferences for future interactions with stigmatized populations.

Although attitudes are not highly predictive of actual behavior (Deutscher 1973; Ajzen and Fishbein 1977; Rajecki 1982), the reverse relationship may have more validity (i.e., past behavior is predictive of attitudes), at least when the targets are the mentally ill (Rabkin 1975). Indeed, there is evidence that prior personal experience with the mentally ill influences attitudes toward that target (Trute and Loewen 1978; Brockman and D'Arcy 1978; Link and Cullen 1986). Therefore, it is hypothesized that prior experience interviewing the mentally ill will directly impact preferences for subsequent interviewing them. Furthermore, experience with mentally ill persons that is not specifically in an interview situation may also impact interviewers' preferences. However, it is expected that the interviewing experience will be more strongly related to interviewing preference than other types of experience. Similarly, interviewing other subjects who are perceived by interviewers as sharing traits similar to the mentally ill (Dworkin 1989) is also hypothesized to be related to preferences regarding interviewing mentally ill persons.

Thus, three types of experience are posited as having direct impacts upon preference for interviewing persons with mental illness: having already interviewed mentally ill persons in the past; having had other types of contacts with mentally ill persons; and having interviewed persons who are seen in some ways as similar to those who have a mental illness.

In addition to direct effects of prior experience upon preferences, it is hypothesized that these experiences will also be related to an intervening attitudinal variable: degree of acceptance of a cultural image of the mentally ill as threatening or dangerous (Link and Cullen 1986). In turn, the perception of danger is hypothesized to be associated with interviewing preference. Perceptions of threat are of particular interest in this study because perceived intimidation has been found to affect the interview process (Hyman 1954; Bradburn and Sudman 1979). Thus, the experiential variables are predicted to impact perceived dangerousness, as Link and Cullen (1986) found to be the case among a more general sample. Furthermore, perceptions of the mentally ill as dangerous will be associated with a preference not to interview them. Hence, the two experience variables will also have indirect effects upon behavioral preference in addition to their direct effects.

Three structural variables are also included in the model. The first, education, represents a breadth of perspective. Although Dohrenwend and Chin-Song (1967), Laine and Lehtinen (1973), and others have found that more education is
associated with more positive attitudes toward the mentally ill, Nunnally (1961) and Brockman and D'Arcy (1978) found only minimal effects. In light of inconclusive findings, education is entered into the model as an exogenous variable, impacting perceptions and prior experiences, but no hypothesis is offered for a direct effect on preferences for interviewing.

A second structural variable is gender. Substantial evidence suggests that women are more conscious of physical threat than are men (Clemente and Kleiman 1977). In turn, the greater fear of physical threat by women will decrease both their contact with the mentally ill and increase the likelihood that the mentally ill will be seen as dangerous.

Race represents a structural variable that has two indirect paths leading to preferences. The first path links race with preference through the variety of contacts with persons who are mentally ill. Although the Epidemiological Catchment Area (ECA) Project found no racial differences in the prevalence of most mental illnesses (Robbins, Helzer, Weissman, Orvaschel, Gruenber, Burke, and Regier 1984; Leaf, Weissman, Myers, Tischler, and Holzer 1984), the ECA Project as well as Link, Dohrenwend, and Skodol (1986) demonstrated that mental illness is still negatively associated with social class. The combination of higher rates of mental illness among lower classes, and the class heterogeneity of black neighborhoods due to segregation (Dworkin and Stephens 1980; Massey and Denton 1987), increases the likelihood that black interviewers may have greater exposure than do whites to mentally ill persons of any race in a variety of contexts. As noted above, greater experience is expected to be positively related to preferences.

The second path links race with preferences through perception of danger. To the extent to which inner-city neighborhoods are more dangerous, Black Americans are more likely to be victimized and subjected to violence than are whites (U. S. Bureau of the Census 1991; Blau and Blau 1982; Sampson 1987). Given the higher rates of victimization in minority communities, blacks, like women, may perceive more danger from the mentally ill than do whites. The complete hypothesized model is diagrammed in Figure 1.

Methodology

Sample Sources:

The conceptual population for this study were those persons who form a pool of potential interviewers for behavioral science research projects. Operationally, there were two sources of subjects for this study. The first source consisted of
working interviewers and persons with known work histories of interviewing. Lists of interviewers and former interviewers were obtained from six different ongoing research projects involving applied settings in Houston, Texas. These sources were both academic and nonacademic in affiliation and involved a range of areas from market research and political polling to basic studies on substance abuse. Questionnaires were mailed to all persons listed.

As a second source of subjects, questionnaires were administered to eight classes at two urban universities. The selected classes were in research methodology and statistics courses in departments of sociology and/or social work. Social work classes were chosen as a source of potential interviewers because their clinical interests contrast with sociology's more basic research orientation. Using student samples is justifiable in the context of this study. Examining the lists obtained from the six research projects, it became apparent that a large
number of employed interviewers were, in fact, graduate and undergraduate students. Indeed, project managers who provided the lists described the usual mechanism for recruiting interviewers: call nearby academic departments and post advertisements there to attract students to the jobs. Students are already partly trained and provide a relatively cheap part-time labor force.

Effective response rate (Dillman 1978) was 72.4 percent. However, it should be noted that while the response rate of the classroom sample was 100 percent, the response rate from the list-based mail out sample was 45.9 percent. Approximately 72 percent of the respondents were obtained from classes, while the other 28 percent came from the interviewer lists. However, 83 percent of all respondents were enrolled in school at the undergraduate college level or higher. That is, over sixty percent of the respondents obtained from interviewer lists reported being students at the time, with one half of them majoring in one of the social sciences. This further legitimates the use of classes as a source of data.

There were some differences between the subjects obtained from the two sources. The mean age of the students was four years younger than the “list” subsample (t=2.44; d.f.=75.9; p=.02). Furthermore, those drawn from interviewer lists reported more interviewing experience than those drawn from classrooms (t=2.72; d.f.=43; p<.01). However, there were no significant differences in how much each group reported that they enjoyed interviewing (t=.23; d.f.=138; p=.82).

Measurement:

Respondents were asked to complete a fifteen-minute self-administered questionnaire. In addition to socio-demographic items, respondents were asked questions regarding their preferences and experience interviewing eighteen different respondent groups (people with serious mental illness, college students, middle managers, children, people of a different race, people of a different religion, people of a lower social class, convicted felons, people of a higher social class, housewives, substance abusers, mentally retarded, terminally ill cancer patients, members of a religious cult, heart attack victims, people with the AIDS virus, those who are wheelchair bound with a physical handicap, and truck drivers). In addition, respondents were asked about their preferences for eight different locales for interviewing mentally ill subjects (by appointment in their homes, door-to-door without appointments, over the telephone, in an interviewing office, in their work place, in a doctor’s office or clinic, in a mental hospital, and in a public place).
Education (Educ) was measured in years of formal schooling. Gender was measured as a dummy variable (0=male; 1=female). Race was also measured as a dummy variable (0=not black; 1=black). Preference for interviewing the mentally ill (Prefer) was obtained using a five point Likert item. Perceived dangerousness (Danger) was measured using the Link and Cullen (1986) scale, coded such that a low score indicated a perception of dangerousness. Prior experience interviewing the mentally ill (MiExp) was measured simply as a dummy variable (0=no prior experience; 1=experience). Diversity of contact (ContactN) was operationalized using Link and Cullen's (1986) contact measure and consisted of the number of different types of contact (both directly and indirectly through an acquaintance) with the mentally ill and the environments in which they may be found (e.g., having visited a psychiatric hospital).

The measurement of prior experience interviewing similar groups (SimExp) was more complex. In the questionnaire, respondents reacted to the 18 different groups (see above) in terms of both preference and experience. When the 18 groups (of which the mentally ill was one) were factor analyzed, five factors emerged (Dworkin 1989). These factors were named: common folks, patients, dangerous folks, elites, and children. Interviewing the mentally ill was loaded significantly on two of the factors: patients and dangerous folks. Other groups making up the patient factor were the physically handicapped; heart attack victims; cancer patients; AIDS patients; and the mentally retarded. In addition to the mentally ill, groups falling on the dangerous folks factor were AIDS patients; substance abusers; convicted felons; and members of religious cults. Thus, there is evidence that interviewers perceive a similarity among mentally ill respondents and the other eight groups that were located on those two factors. Excluding the mentally ill from both factors, similar experience (SimExp) is simply the number of different groups with which the interviewer had prior experience and which were loaded on the two factors.

Results

Sample Description:

The final sample size is 188. The mean age of respondents is 30.9 years (s.d.=9.05). Seventy percent of the sample are female. Nearly two-thirds are white. Twenty-eight percent are black. Sixteen different academic majors (either current majors or majors when last in school) were reported. These include: sociology (31.9 percent) and social work (22 percent). Less common are those in
INTEVIEWER ATTITUDES ABOUT THE MENTALLY ILL

Psychology (13.2 percent), and the humanities (6.6 percent). No other major was named by more than 4 percent of the respondents. When the employed interviewers are examined, nearly half (48 percent) come from a social science background; especially psychology (28 percent) and sociology (16 percent).

Approximately sixty-eight percent of the sample reported having interviewing experience. The distribution of number of interviews conducted is skewed with a range from zero to "over ten thousand," and a mean of 384.8. When only those who have had experience interviewing are averaged, the mean rises to 548.3. The skewness is primarily due to eleven outlyers who are interviewers in a market research project. Since analysis that deleted these cases replicated the analysis that retained them, it was decided to retain them in the sample.

Preferences and Experience:

Only about sixteen percent of the respondents report experience interviewing the mentally ill. Furthermore, the mentally ill are among the least preferred interviewing targets. For the total sample, the mean mentally ill preference score ($X=3.18; \text{s.d.}=1.30$) is the second lowest: higher only than the mentally retarded as desirable interviewees, but lower than other targets comprising the patients and dangerous folk factors as well as the remaining seven groups that loaded on three other factors. Those who report experience interviewing the mentally ill tend to have somewhat higher preference scores ($X=3.69; \text{s.d.}=1.37$) than those with no such experience ($X=3.08; \text{s.d.}=1.27$). This was a statistically significant difference ($t=2.33; \text{d.f.}=182; p=.02$).

Respondents were also asked about their preferences for interviewing locale, specifically when interviewing the mentally ill. The rank order for preferences (see Table 1) implies that control in the interview site may be an important consideration for interviewers of the mentally ill. The locale items form a Guttman (1944) Scale in the pattern indicated in Table 1, with the Coefficient of Scalability at .72, and the Coefficient of Reproducibility at .88.

Since research projects that hire interviewers often conduct initial searches for personnel through university networks, respondents of differing academic majors were compared. Social science majors have fewer types of contacts with the mentally ill than do people with other majors ($F=33.6402; \text{d.f.}=1/180; p<.01$), but their attitudes toward interviewing the mentally ill are no different than are the attitudes of those from other majors, nor are their perceptions of dangerousness. Conversely, people who major(ed) in social work have significantly more types of contacts than people who are not social work majors ($F=16.150; \text{d.f.}=1/180; p<.001$), and they exhibit a greater preference for interviewing the mentally ill.
Table 1
Rank Ordering of Locale Preferences

<table>
<thead>
<tr>
<th>Rank</th>
<th>Locale</th>
<th>Percent Favorable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>In Special Interviewing Office</td>
<td>89.1%</td>
</tr>
<tr>
<td>2</td>
<td>In Doctor’s Office or Clinic</td>
<td>78.8</td>
</tr>
<tr>
<td>3</td>
<td>In a Mental Hospital</td>
<td>76.2</td>
</tr>
<tr>
<td>4</td>
<td>At the Respondent’s Workplace</td>
<td>69.7</td>
</tr>
<tr>
<td>5</td>
<td>At the Respondent’s Home by Appointment</td>
<td>61.2</td>
</tr>
<tr>
<td>6</td>
<td>In a Public Place</td>
<td>45.9</td>
</tr>
<tr>
<td>7</td>
<td>By Telephone</td>
<td>41.6</td>
</tr>
<tr>
<td>8</td>
<td>Door-to-Door Without an Appointment</td>
<td>13.0</td>
</tr>
</tbody>
</table>

ill than do others (F=3.874;d.f.=1/179/p=.05). However, the perceived dangerousness scores for social workers are no different than the scores of other respondents.

Test of the Proposed Model:

Table 2 presents the Pearson Product Moment Correlation Coefficients among the eight variables of the model: preference for interviewing the mentally ill (Prefer); perceived dangerousness of the mentally ill (Danger); diversity of contact with the mentally ill (ContactN); experience interviewing the mentally ill (MiExp); experience interviewing others on the sick and dangerous factors (SimExp); education (Educ); sex (Sex); and race (Race).

The variables were arranged as diagrammed in Figure 1 and a path analysis computed. Although the multiple R (.371) was statistically significant (F=6.745; d.f.=4/169; p<.001), several of the paths were not significant. Sex (Sex) had no significant paths, while the only significant path from education (Educ) went into experience interviewing similar groups (SimExp). Furthermore, the path from
mental ill interviewing experience (MiExp) to perceived dangerousness (Danger) was not significant either. In addition, the direct paths of the two experience variables (MiExp and SimExp) to preference (Prefer) did not reach the required probability level. This latter finding may have been due to the relatively high intercorrelation between MiExp and SimExp ($r=.52$) as well as their low toler-

Table 2
Correlation Matrix of Model Variables
$n=174$

<table>
<thead>
<tr>
<th></th>
<th>Prefer</th>
<th>Danger</th>
<th>ContactN</th>
<th>MiExp</th>
<th>SimExp</th>
<th>Educ</th>
<th>Sex</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger</td>
<td>.28*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ContactN</td>
<td>.29*</td>
<td>.32*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MiExp</td>
<td>.20*</td>
<td>.20*</td>
<td>.31*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SimExp</td>
<td>.18*</td>
<td>.10</td>
<td>.39*</td>
<td>.52*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educ</td>
<td>.00</td>
<td>.09</td>
<td>.19*</td>
<td>.08</td>
<td>.20*</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>.05</td>
<td>.12</td>
<td>.03</td>
<td>.10</td>
<td>-.05</td>
<td>-.08</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>-.11</td>
<td>-.31*</td>
<td>-.25*</td>
<td>-.16*</td>
<td>-.16*</td>
<td>-.27*</td>
<td>-.11</td>
<td>1.00</td>
</tr>
</tbody>
</table>

| Mean   | 3.17   | 3.71   | 3.70     | .16   | 1.19   | 15.88| .71  | .28  |
| S.D.   | 1.29   | .74    | 2.23     | .36   | 1.77   | 1.22 | .45  | .45  |

* $p<.05$
Due to these findings, the model was revised to the one diagrammed in Figure 2. As can be observed in the Decomposition Table (Table 3), perceived dangerousness (Danger) and contacts with the mentally ill (ContactN) contribute the greatest causal effect. Race and prior experience interviewing the mentally ill (MiExp) make much smaller contributions through indirect effects only. It must be noted that all path coefficients for race were in the direction opposite from that hypothesized. Specht's (1975) method was employed to determine if there was a significant difference between the two models. With no significant difference between the two models (chi square=4.968; d.f.=8; p>.05) one can conclude that the revised model reproduces the correlation matrix as adequately as did the original model, even though it is less complex in structure. Thus, the revised model would be preferred as the more parsimonious one.

Figure 2
Preference for Interviewing the Mentally Ill
Revised Model
n=174

*p < .05
Discussion

Theoretical Implications:

The model as originally presented posited an attitudinal variable and several experiential variables explaining behavioral preferences regarding a specific action with a specific target, i.e., the preference to interview the mentally ill. The predictor attitude was the degree to which the interviewer subscribed to a putative attribute of the target group, i.e., their dangerousness. Three experience variables were also used in the model. The first was an experience that was directly analogous to the preference variable. Both the action (interviewing) and the target

Table 3
Decomposition Table
Revised Model

<table>
<thead>
<tr>
<th></th>
<th>Total Covariance</th>
<th>Direct</th>
<th>Causal Indirect</th>
<th>Total</th>
<th>Non-Causal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger</td>
<td>.284</td>
<td>.212</td>
<td>-</td>
<td>.212</td>
<td>.072</td>
</tr>
<tr>
<td>ContactN</td>
<td>.293</td>
<td>.226</td>
<td>.057</td>
<td>.283</td>
<td>.010</td>
</tr>
<tr>
<td>MiExp</td>
<td>.202</td>
<td>-</td>
<td>.015</td>
<td>.015</td>
<td>.187</td>
</tr>
<tr>
<td>Race</td>
<td>-.114</td>
<td>-</td>
<td>-.110</td>
<td>-.110</td>
<td>-.004</td>
</tr>
<tr>
<td>Constant=</td>
<td>1.325</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Causal Indirect</th>
<th>R²= .127</th>
<th>F= 12.392</th>
<th>d.f.= 2/171</th>
<th>p&lt;.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ContactN</td>
<td>.317</td>
<td>.254</td>
<td></td>
<td>.254</td>
<td>.063</td>
<td></td>
</tr>
<tr>
<td>MiExp</td>
<td>.195</td>
<td>-</td>
<td>.070</td>
<td>.070</td>
<td>.125</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>-.313</td>
<td>-.250</td>
<td>-.052</td>
<td>-.302</td>
<td>-.011</td>
<td></td>
</tr>
<tr>
<td>Constant=</td>
<td>3.516</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Causal Indirect</th>
<th>R²= .159</th>
<th>F= 16.146</th>
<th>d.f.= 1/171</th>
<th>p&lt;.001</th>
</tr>
</thead>
<tbody>
<tr>
<td>ContactN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MiExp</td>
<td>.307</td>
<td>.274</td>
<td></td>
<td>.274</td>
<td>.033</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>.249</td>
<td>-.204</td>
<td></td>
<td>.204</td>
<td>-.045</td>
<td></td>
</tr>
<tr>
<td>Constant=</td>
<td>3.725</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
(mentally ill persons) were consistent between independent and dependent variables. The second experience was composed of different actions toward a consistent target. The third was composed of analogous actions with different targets.

It was found that the greatest effect on preference was by prior experience with the target. The greater the diversity of non-interviewing contacts with the mentally ill, the more positive the preference for interviewing them. This relationship operates both in a direct way, and in an indirect way, through a reduction of perceived danger or threat (see Table 3).

However, it must be pointed out that the most analogous experience did not directly affect preferences. That is, prior experience interviewing the mentally ill did not predispose one to seek repetition of that same type of experience. Nor did specific prior experience influence the perception of dangerousness. Clearly, the objective act of the experience is inadequate as an explanatory variable. One might speculate that an important mediating variable may be a subjective evaluation of the content of the prior experience. In this study, specific interviewing experience only influences another experience variable: diversity of contact. This suggests that interviewers may have included the interviewing experience in their responses to the general contact scale. However, the diversity of contacts with the mentally ill did have a significant effect upon preferences even without a subjective assessment as a mediator. Greater diversity of contacts may imply increased self-assurance when interacting with the target over a wide range of situations.

Analogous experience with a different target (i.e., action consistent experience) was entirely deleted from the model. Although there was a low positive association between SimExp and Prefer (Table 2), that relationship was found to be confounded with MiExp when the multivariate model was tested, and its regression coefficient dropped to nonsignificance. A test of the relative strength of the action consistent experience must await future research.

As anticipated by Nunnally (1961), education is not a significant component of the revised model. This may be due to the limited variation in education of the sample. Furthermore, the composition of the sample (i.e., college-educated social science and social work majors) may also be responsible for the null finding regarding sex.

The results concerning race are interesting and partially consistent with the theory we offered. We suggested that blacks would have greater opportunities to interact with people who are stressed and likely to display behaviors identified with the mentally ill, even though the prevalence of mental illness does not vary
by race. However, the findings indicate that black respondents had less diverse contacts with the mentally ill, and saw the mentally ill as more dangerous. It may be that while the number of contacts could be higher for blacks, the variety of contact is lower. Moreover, those contacts may involve more informal associations where danger is a more salient possibility than the more formal contacts measured by the Link and Cullen (1986) scale.

The results, nevertheless, are largely consistent with the findings of Link and Cullen (1986), Brockman and D’Arcy (1978), and Trute and Loewen (1978) that increased types of contact with the mentally ill does positively impact attitudes about them, at least with regards to perceived dangerousness. It is also noteworthy that this attitude has a significant effect upon behavioral preference.

Practical Implications:

The results indicate that interviewing the mentally ill is not a very attractive prospect for most potential interviewers. Out of the wide range of targets presented, interviewing the mentally ill ranked next to the last—above the mentally retard ed. Negative attitudes may impact the research even prior to data collection. Whereas it requires only routine hiring and training procedures to acquire a team to interview for a general survey or a college sample, difficulties should be anticipated when the subjects of study are drawn from unusual populations such as the mentally ill, criminals, substance abusers, or even the terminally ill. These difficulties may include: finding an adequately large pool of candidates from which to hire interviewers; inappropriate behavior or statements by interviewers which may alienate respondents and/or mental health staff at an interviewing site; reticence of interviewers to probe for fear of inducing an outburst; misinterpretation of respondents’ statements by interviewers; shortened or incomplete interviews. As such, the size and location of the potential interviewer pool, as well as the performance of the interviewers once hired, can become problematic when studies of the mentally ill or other deviant groups are implemented.

Academic major is only a minor factor to consider when recruiting interviewers. Social work majors have more contacts with the mentally ill than have others, and this is also reflected in their slightly stronger preference for interviewing them compared with people coming from other majors. However, there is no evidence to suggest that basic social science majors are inappropriate candidates for recruitment. Since they do not differ from others in their preferences, contacts, or attitudes, and since they are a ready labor supply for social science research, they remain a good source for acquiring interviewers of the mentally ill.
The path analysis suggests that past interviewing experience with the mentally ill does not predict an interviewer's preference for interviewing that target. Likewise, prior experience interviewing targets who are perceived as being similar to the mentally ill (i.e., other patients and/or dangerous folk) does not predict interviewing preferences either. Rather, factors specific to the target, but not specific to the interviewing situation—perceived dangerousness of the group and diversity of contacts with that group—appear to be stronger predictors. However, in a practical sense, even these variables are not particularly powerful. Realistically, perceptions of dangerousness may exist among potential interviewers and prior contacts may be nonexistent. However, these factors may both become important issues during training. In short, the researcher must be sensitive to the possibility that interviewers could be recruited who have beliefs or experiences about their prospective study respondents that could adversely affect the interview. Thus, training must be planned that will deal with general attitudes toward and behaviors with the mentally ill, as well as the administration of the specific interview protocol. Although thorough training is necessary when a structured instrument protocol is used, its importance is magnified in qualitative research when unstructured interviews constitute the data collection methodology. The more interviewer discretion that is required, the greater the need for training to overcome the potential problems discussed above.

To make working on such a project more desirable, the researcher may have to offer higher wages, greater benefits, or more pleasant working conditions. One facet of design affecting working conditions which may impact interviewer availability is the intended interviewing site. The analysis has clearly indicated that interviewers prefer to work with the mentally ill in environments that maximize control and cooperation. Such locales include special interviewing offices and treatment centers (inpatient as well as outpatient). Unfortunately, a special interviewing site may be unavailable or too expensive. Furthermore, access to clinical environments may be problematic and even methodologically inappropriate for some studies, given the implied a priori limitation to populations in treatment. Nevertheless, the researcher would best consider such sites when they are methodologically appropriate. Even if most favored environments are unavailable, the researcher should at least avoid expecting interviewers to arrive unannounced at a respondent's doorstep.

Finally, a caveat is appropriate. Since this study used a questionnaire only, and has no measure of actual interviewing behavior, conclusions cannot be drawn with regard to the quality of interviews and how these might be related to the attitudinal, experiential and preference variables measured in this study. How-
ever, the work of Hyman (1954), Singer, et al. (1983), and Bradburn and Sudman (1979) certainly suggests that such relationships may exist, and should be explored with regards to this target population.

Implications for Clinical Training:

Clearly, students training for a clinical practice in psychology, clinical sociology, or social work are likely to encounter the mentally ill. This is apt to be the case whether the student intends a career in applied research or in clinical intervention. Since many of the students recruited for the present study are drawn from the population of potential practitioners, it is prudent that their training address stereotypes and beliefs about the mentally ill, and how these may impact their professional work. Of equal importance will be the preparation and training of those clinical sociologists who practice in an organizational setting and apply organizational theory to understand the delivery of human services.

REFERENCES


Clinical Typifications by Wives of Professional Athletes:
The Field Researcher as Therapist*

Steven M. Ortiz
University of California, Berkeley

ABSTRACT

In addressing an often neglected aspect of qualitative research, this paper explores how our research identities are constructed by those we are studying. During my field research on wives of professional athletes, I gradually became aware of the ways in which I was typified as a “therapist.” Despite my attempts to deconstruct this research identity, and the therapeutic role I was placed in, their construction of a therapist self persisted. I examine how this serendipitous process emerged in the context of “sequential interviewing” by assessing specific characteristics, and certain conditions, which shaped their typification of a therapist. The ways in which our research identities are constructed by those we study can provide us with another important dimension of knowledge about those we study.

*I am indebted to Susan Brown Eve, Arlie Russell Hochschild, and two CSR reviewers for supportive suggestions and valuable comments on earlier drafts. This research was supported in part by grants from the American Sociological Association Minority Fellowship Program, and the Department of Sociology, University of California, Berkeley. All names have been changed to protect the privacy of the wives, husbands, and teams. However, their experiences have been preserved.
We know that qualitative research embraces a wide variety of methodological tools in the gathering of data. However, while the costs or benefits of these diverse methods are often discussed, there appears to be little discourse on how we, as field researchers, are defined by those we study. What can we learn from the typifications of those we study about ourselves, and our methods or strategies? The typifications we construct in the world of lived experience in our definitions of situations, and rely on in our interaction with others, enable us to interpret roles, identities, and presentations of self (Hewitt and Stokes 1975, pp. 2–3; Rogers 1983, pp. 40–1; Schutz 1971). As field researchers, we rely on our perception of those we study and of their world. But how do those we study see us?

My interest in this apparently neglected aspect of qualitative research was sparked by the recurring clinical typifications of me as a mental health professional, and of my research project, by the wives I was studying. My study examines how women experience their “career-dominated marriages” to professional athletes, how they cope with the stress induced by the sport careers of their husbands, and the mental health needs of this vastly under-researched group of women. It was during my field research that I gradually became aware of the ways in which I was being typified as a therapist. This analysis seeks to help us to understand how our research identities are constructed by those we study, and to contribute to both qualitative research and clinical sociology literature.

In this paper, I focus on this typifying process by exploring how I was typified as a therapist by the wives in the study. First, I describe the research background of the study. Second, I examine those characteristics which contributed to their typification of a therapist. Third, I analyze those conditions which were conducive to their typification of a therapist. Finally, I discuss the implications of their construction of my research identity as a therapist.

**RESEARCH BACKGROUND**

My three-year odyssey, covering 36 consecutive months in the closed world of the professional athlete’s wife, was a very intensive but enriching experience as I traveled thousands of miles, lived out of a suitcase, and visited roughly 40 different towns and cities (many on a regular basis) in different parts of the country. Over a four-year period (1989–1993), the final year of which involved intermittent interviewing as I gradually exited from the field (see Ortiz 1993a), I kept a journal of field notes documenting my observations, feelings, and
experiences. I also relied on a variation of “between-method” triangulation consisting of participant observation, in-depth interviews, personal documents, and print media accounts (Denzin 1989, p. 244). However, as the primary method of collecting data, I developed the technique of sequential interviewing (Ortiz 1989, 1990).

Since gaining access to this closed world is an extremely difficult process (Ortiz 1988), I implemented a preset sampling procedure of not limiting the selection of the sample to wives of active players. Despite the problems encountered in gaining access, and relying on two mailings and snowball sampling (Biernacki and Waldorf 1981), 48 women participated in the study. They included the wives of active players (N=39), the wives of retired players (N=8), and the divorced wife of a retired player (N=1). The sample of 47 wives, nearly half of whom are women of color, represents over 28 different teams in the four major professional sports: football wives (N=21), baseball wives (N=21), basketball wives (N=3), and hockey wives (N=2).

To clarify, corroborate, and supplement the data obtained from my structured open-ended interviews with the wives, I also conducted structured open-ended interviews with 8 peripheral and subordinate figures and the ex-wife, 1 and semistructured interviews with 10 husbands. My interviews with the husbands were very sporadic and were more in the nature of spontaneous conversations. They took into account specific aspects of their jobs, their sport careers, and their side of certain topics and issues. I conducted these interviews individually or jointly with their wives.

The interviews varied in length from 30 minutes to 7 hours. They took place at different times on weekdays and weekends, and I conducted them in a wide range of settings and circumstances. I also conducted a variation of the “group interview” with a few of the wives (Frey and Fontana 1991), during such “stressful occupational events” as the major league baseball lockout (Ortiz 1991a), and in other spontaneous fieldwork situations. I conducted a few telephone interviews when face-to-face interviews were no longer possible. I also conducted follow-up interviews with many of the wives.

The wives who finished the interview guide, consisting of roughly 450 questions, I defined as the “long-term participants.” They constitute the core and roughly a third of the sample. Those wives who were not able to finish the interview guide, or were able to do only a few interviews, I defined as “short-term participants.” The information acquired from my sequential interviews with long-term participants constitutes the primary source of data. The information gained from interviews with short-term participants, peripheral and subordinate figures,
husbands, and the ex-wife provide important additional data. The majority of short-term participants, and a few of the peripheral and subordinate figures, I also sequentially interviewed. Of the 47 wives, 15 are long-term participants, and 32 are short-term participants. Together, they combine for a conservatively estimated total of 920 hours of tape-recorded interviews.

Sequential Interviewing

In discussing the importance of immersion in the field, Blumer (1969) maintains that we must carefully scrutinize those we are studying in order to develop the intimate familiarity necessary to understand how they experience their world.\(^2\) To achieve this, I wanted to get to know the wives well enough to interpret, from their point of view, how they experience their world. In my effort to see their world through their eyes, and because participation in their closed world required more than marginal involvement, I attempted to conduct a series of interviews with each wife.\(^3\) This, and the longitudinal nature of my field research, required that I synchronize my reality with the wife’s reality of everyday life (Ortiz 1989). Learning to construct my reality to fit the realities confronting the wives was not only a gradual and cumulative process, but it became increasingly important as a sequential interviewer. Eventually, I was able to draw on my stock of knowledge of, and my engrossment in, their world as I carried out my field research (Goffman 1974; Schutz 1971).

As a longitudinal interviewing method, there were three distinct advantages of sequential interviewing. First, it provided a greater understanding of the ways in which the wives construct their seasonal lives, particularly their “seasonal clocks.”\(^4\) Throughout my field research, I not only followed the seasonal cycles of their lives, but I found myself deeply immersed in the simultaneous ebb and flow of many diverse seasonal clocks. Second, it provided the unusual opportunity to document emergent and spontaneous phenomena. I was able to simultaneously record their past experiences together with the events taking place in their lives as they unfolded. Through a series of intimate interviews, we explored sensitive topics and a wide variety of issues candidly. This, and our longitudinal interaction, greatly influenced my changing perception of the wives from participants to collaborators.\(^5\) Third, it provided the unique opportunity to obtain a more personal view of how women construct career-dominated marriages in the male-dominated world of professional sport. My rare backstage perspective would not have been possible without the sequential interviews.\(^6\) Consequently, I was
uniquely sensitized to the behind-the-scenes and taken-for-granted meanings and feelings of their lived experience in their world (Douglas 1976, pp. 84–7).

Sequential interviewing, however, was not without its risks and disadvantages. Aside from the wives who were unable to continue participating in the study for reasons not related to the sport careers of their husbands, the major disadvantage was primarily related to sustaining access. Some of the husbands acted as “internal gatekeepers” when they attempted to intimidate me, or when they discouraged their wives from participating further in the study (Ortiz 1988, 1991b). Much of the difficulty in sustaining access, and the disruption in the continuity of sequential interviewing, was attributed to the many occupational fluctuations occurring in the husband’s sport career (e.g., seasonal moving). Full participation was also difficult for other reasons. For example, as new data emerged from the personal changes, occupational fluctuations, and stressful occupational events (e.g., trades, cuts, free agency) taking place in the lives of the wives, additional research questions and new topics were generated in an effort to capture this spontaneous phenomena. This contributed to the length of the interview guide.

Since my primary focus was on the accumulation of data, and because of my immersion in their world, I was not initially cognizant of how I was being typified by the wives. Gradually, however, I became aware of their clinical typifications of me. In fact, much to my surprise, one of the unintentional consequences of sequential interviewing, and the nature of the research questions, was their typification of me as a “therapist.”

**THE ACCIDENTAL THERAPIST**

Certain “characteristics” and “conditions” were conducive to the wife’s typification of, and construction of my research identity as, a therapist. In the following, I examine those characteristics, and analyze those conditions, which played a part in how I was typified as a therapist.

**Characteristics of a Therapist**

When we speak of social types, we refer to those shared abstractions, or perceptions of roles based on familiar characteristics, which evoke certain images in our common-sense assessment of lived situations (Klapp 1962, pp. 9–11; Rogers 1983, pp. 38–9). The social type, then, is a result of the typing process
which gives life to a shared idea of what we expect from others (Klapp 1962). Although celebrities are often subject to social typing, and while there is a great diversity of popular social types in American society (Klapp 1962, 1964), the therapist (often a rubric for such mental health professionals as marriage counselors, psychotherapists, clinical psychologists, or psychiatrists) is perhaps one of the more widely recognized. Consequently, there were certain characteristics which were attributed to therapists, and contributed to the wives’ emergent typification of a therapist. Indeed, I did not typify or present myself as a family therapist, or a therapist of any kind. However, while I maintained my researcher self, and despite my attempts to deny the imputed therapist self—primarily through disclaimers (Hewitt and Stokes 1975)—throughout my field research, their typification of a therapist persisted. The wife’s typification also seemed to be based on what she expected from a therapist, or what she expected a therapist to say. The style of asking research questions, sympathy, listening, probing, empathy, confidentiality, and objectivity were some of the qualities referred to by the wives in their typification of a therapist.

The style of asking research questions, and related emergent questions, appeared to have a major influence on the way in which I was typified as a therapist. Initially, my method of asking research questions tried to convey my deep interest in, and gradually my stock of knowledge about, their world. In discussing this communication skill, Elizabeth reflects on having a sympathetic ear, and the ability to listen, as qualities she associates with a therapist:

You definitely are a therapist. You could have asked the questions, and just taken down the information. It’s not the nature of the interview, I don’t think. You just seem to impart a lot of yourself into this, and figure people out. You have the ability to get down into the whys, and wherefores, and “Have you considered this angle or that angle,” and draw parallels . . . . You want to know. Most people don’t want to hear it, and don’t believe it, but you do. You’re a good listener, you’re a sympathetic ear, and had good insight and input. I think a lot of that is intrinsic. It’s not something everybody would bring to the party. If I was doing the interviews I might, or might not, do that. You know what I mean? It’s something that’s you.

Therapists are frequently characterized as caring and sympathetic. However, it was important not to always stay with the wife’s point of view when probing during an interview. Beth notes:

Although you were sympathetic, you also gave us things to think about. You know, like, “On the other hand,” or playing the devil’s
advocate, or whatever, which I think is good for you because it really makes you look at the whole picture, and not just one part of it, and that helps. . . . Sometimes, when you’re expressing your feelings on a certain part of wherever you’re at interviewing, you might say something that makes us think about what kind of answer we just gave, that maybe we’re not really looking at whole picture. You know, we’re just feeling just part of what’s going on. We’re not really tuning into the whole thing.

Robyn also comments:

[Wives] can tell you things that they wouldn’t normally talk about . . . . You make good points, . . . and you ask questions that make you take a look at your situation, and . . . that make you think about things, and look at yourself. . . . I mean, in-depth, real intellectual questions.

The style used in asking research questions encouraged the wives to examine themselves, their marriages, their feelings, their husbands’ sport careers, and other aspects of their lives. This method not only allowed them to become more involved in the interview sessions, but encouraged them to open up and freely express their innermost feelings, thoughts, and opinions. For wives, this was consistent with their perception of therapists. Michelle observes:

A lot has to do with just being able to get people to talk. That’s all the therapists do. [They] get people to talk about their feelings, and once you can get it out, then you can deal with it. A lot of people just have everything so pent up because they’re scared to talk about things. . . . [You do] the same thing that a therapist would do in terms of just keeping the ball in their court, and making them find the answers, and you’re just directing them in the right direction in terms of the questions that you ask.

In discussing the capacity to be concerned, and as an “empathic other” to have an “empathic understanding” of (Rogers 1961; Thoits 1984, p. 231), or an “unconditional positive regard” for (Rogers 1961), what wives experience, Michelle makes a comparison to the comfort that ministers provide:

Having talked to a lot of different ministers, I felt as though it was similar, in that, the ones I have spoken to, that’s basically what they do. They want to hear you talk it out, and then they give you
advice based on what the Word says about a particular problem that you’re dealing with. But mostly, their function is just to be a listening ear, and to be able to offer comfort wherever they can. And I equated that [with] you because you seemed to be sympathetic to the problems that a lot of people are going through. It must be very comforting to them to talk to somebody that they feel understands. Because the hardest thing, in talking about the problems that athletes’ wives go through, is having somebody that can relate to their problems because it’s such a unique situation.

Feeling comfortable enough to unload their suppressed emotions, private thoughts, or deep-seated problems also took into account the salience of confidentiality. In being characterized as a “sounding board,” it was important to wives, such as Paula, that I not pass judgment on them. When defined in this way, I did not pose the same threat as others in their world, and as an outsider I was defined as “safe” to confide in. Paula reveals:

I hate to compare it to a problem because why else do people go see therapists or their ministers, . . . but it’s problematic if you can’t talk to anyone else. We can tell you everything, the good things and the bad things. . . . [The interviews] allowed me to unload with you, and tell you [my] problems. And then you could help me by giving me alternative ways to handle certain things, or [what] to do what in certain situations with wives on the team, other players on the team, or the organization itself instead of going to another wife. Because there are a lot of wives out there, and I may be one of them, that some may think gripe too much. So you’re like a sounding board. I can say things to you, and I don’t have to worry about you telling me I’m griping too much, [and] I don’t have to worry about what you think of me. You wouldn’t go and tell anyone else, “Do you know what Paula told me?” I feel like I can gripe all I want, or I can talk about silly little things as much as I want, nitpick. And I don’t have to worry about you telling somebody else, “Paula is a real nitpicker. She gripes all the time. They’re making this much money and she thinks they’re poor.” Things like that. You’re like a sounding board because I can tell you all these things, and I don’t have to worry about you repeating them. You take it in, and use it in your research, but you won’t betray that confidence that we’ve set up. I don’t have to worry about my reputation with you.
Therefore, while I was accepted as an insider, my status as an outsider made me safe to confide in. Like the therapist, Paula saw me as someone who was safe to open up to because I maintained confidentiality, and did not pass judgment on her. Also, like the therapist, I did not pose a threat to her because I did not have a vested interest in her world. She could speak quite freely and frankly. Elizabeth explains:

Because you’re so nonthreatening, [wives] tend to open up more. You’re not a football player or a wife. You’re doing something totally different. You know what I mean? Because you’re an outsider, wives aren’t threatened by you because there’s no competition, no similarities. You’re not going to steal so and so’s job next year. Plus, a lot of wives came to you voluntarily. They weren’t forced. I responded voluntarily. I thought it’d be interesting.

The significance of maintaining confidentiality, and withholding judgment, was also emphasized by Phyllis, the wife of a major league baseball trainer. In her discussion of confidentiality, as a crucial reason why wives were so willing to confide in me, Phyllis makes a comparison to a priest:

These women divulge marital problems, or whatever, to you and know that it’s not going to go any further. It’s like going to confession and going to a priest. You can’t talk about it because you can’t say who [it] is. It’s like a priest in confession. You see what I mean? Do you ever find it amazing, though, that these women have opened up that much to you? I’m amazed.

The wives also believed that it is also part of the therapist’s job to have some degree of objectivity. Elizabeth discloses:

This is not your life and death. This is your research. You do definitely care about what you’re doing. But you’re not involved, where it’s your life in deciding between the forks in the road [because] sometimes people can’t. It’s hard to make decisions because you can’t see. You’re objective and analytical because it’s not a personal experience for you. This isn’t your life. [You’re] like a therapist because it’s not their life, yet it’s their job. They’re involved in their job.
Although it was not my intention to be typified as a therapist, and while I was quick to deny any clinical training or semblance of being any kind of therapist, this serendipitous process continued and seemed to be facilitated by certain conditions which were conducive to the wife’s typification of a therapist.

**Conditions Conducive to a Therapist**

The development of trust and rapport, social isolation, and absence of social support were a few of the conditions which were conducive to the ways in which I was typified as a therapist. Wives often feel their trust is betrayed by those inside their world, such as team management, and particularly by those outside their world, such as members of the media. As Tanya puts it, “You become less trusting, and you hate to think that you can’t trust anybody, even your mother.” Tracy also admits, “I barely let people in that wanted to be my friend, just as [a] friend, because I don’t trust many people.” Consequently, not only are wives reluctant to trust those who approach them, because they are often taken advantage of, but their feelings of betrayal can contribute to their feelings of powerlessness (Ortiz 1991a). Although earning their trust was not without problems, sequential interviewing often provided the basis for earning trust and building rapport with the wives over an extended period of time. Surprisingly, however, in some cases, this was achieved during, or after, one interview session. The cultivation of trust and rapport allowed wives to feel comfortable. Susan confides:

I probably would have been fine after getting to know you, or finding out how you were going to conduct the interviews. But, initially, ... I may have been less trusting with you, or did I spill my guts the first time?

In discussing the importance of feeling comfortable, and in making a comparison to someone who is a spiritual force, Michelle reflects:

I was thinking, ... [because] you do talk to so many people, and the things they have shared with you, how it must be similar to when they are talking to somebody who is a spiritual force; or who they feel comfortable enough [with] to express intimate details of their lives without having really known you before. I mean you have people opening up to you on the first meeting.
According to Beth, I did not seem to be the type of person and the type of field researcher who who "just wanted the answers, but didn’t care about our feelings.” For Linda, feeling comfortable also took into account personality:

It was your personality, mainly. Being comfortable and being able to click. Until people prove me wrong, I just trust them. I probably shouldn’t be that way. I do keep my guard up, but people really have to prove themselves wrong in my eyes, and if they do then I’m not going to deal with him or her.

Management of a “professional self” involving specific lines of action, such as “attending” or showing deference and the right demeanor (Egan 1986; Goffman 1967), also contributed to the establishment of rapport. Paula explains:

You’re willing to listen, and take everything in, and analyze it, rather than just sluff off some things as being trivial. You’re professional about it. If you weren’t professional about it, I probably wouldn’t do the interviews.

Diane concurs:

You make the wives really look more into the situation. . . . They have to explain it, and once they explain it to you, they’re explaining it to themselves. And it makes more sense, to themselves, about what’s going on. And then, at that point, they have to deal with some things they probably didn’t want to deal with. Now if you were an arrogant, macho, male chauvinistic pig, we couldn’t talk. But you’re very professional with how you’re handling it, especially dealing with women.

In specific situations, trust and rapport were so firmly established that I was publicly referred to as a therapist. For example, in describing me and the study to other wives on her husband’s minor league baseball team, Paula told them I was “like a therapist.” I was once introduced by Beth as “my therapist” to a group of her friends, and she also referred to me as “my therapist” at a family dinner we attended at the home of her husband’s parents. When discussing her participation in the study with others, Beth refers to me as “my therapist.” Beth states:

When I talk to my friends, and anybody that I tell about the interviews I did, I usually do say that it’s like having a personal therapist for two years. I mean, I explain to them why I really feel
like it's therapy... It's like going to a therapist, because when you have problems, it's through questions that they ask you that they help you determine what's best for your life-style, and how to cope with it. That's why I call you my therapist.

On another occasion, I was talking with Lori in the hallway outside of her office when Phyllis walked by and stopped to chat. As we chatted, she told us another wife on the team often calls me her therapist, and that the interviews are her "therapy" (see Ortiz 1993c).

When wives are experiencing stressful occupational events in the sports careers of their husbands, I was told, "You can really understand what I'm going through." I was told, "Because you're interviewing other wives, you can see what I'm going through." Beth confides:

How can you explain to somebody what your life is all about if they have no clue what it's like to be married to a ballplayer, or what kind of life-style you really have? They only look at it from the point of view of what they see on the "Rich and Famous" [on TV]; and from the newspapers, or what they're led to believe from whoever tells them what it's all about. It's nice to talk to somebody who really knows where you're coming from, because at times even my husband's mom and dad don't even know where you're coming from, because they're not married to him.

Marsha also reveals:

I told my husband it's almost like having your own therapist because you talk about things that you've never been able to talk about. I mean, I tell you things that I wouldn't tell another wife. You know what I mean? I'm able to talk about things that I couldn't talk to anybody else about. Do you know what I'm saying? I mean, even like family members, they wouldn't understand. But you've been in the study. You've talked to wives, [and] you have an understanding of what we go through, even though you haven't lived our life.

What both Beth and Marsha are alluding to is the extent to which they feel isolated. Social isolation is not only a fact of life in the world of professional sport, but it plays a vital part in the wife’s typification of a therapist. The nature of the sport career contributes in many ways to the wife’s feeling of isolation. For example, unexpected moving (e.g., trades, cuts, injuries), and seasonal moving,
often create problems in maintaining relationships with acquainted and significant others. Constant moving (i.e., particularly in major league baseball when the husband is sent down to the minor leagues and called up, more than once, during the season) also makes it difficult for the wife to form friendships with others in the city where her husband’s team is located, and separates her from close friends and family members. Many nomadic wives also find it problematic to establish lasting friendships with other wives on the team. Moreover, wives who have relocated across the country, from where they were raised, find it difficult to form friendships outside of the wives on the team. Consequently, wives feel isolated, particularly when they are experiencing problems in the marriage. Linda maintains:

When you go to different places you feel so isolated. It’s like nobody knows you. You don’t even know the other wives on the team. You don’t know where the grocery stores are. You don’t know where to shop at. So when you get to a point where you don’t know anybody, how are you supposed to even deal with what’s happening to your husband, and the changes you see in him, when you don’t even know the first thing about the area? In so many ways you feel so isolated, and you might not give the attention to your marriage, and to your husband, that you would, ordinarily. Because, ordinarily, you might live in one area. You might have your folks down the road. You might have your folks available to you, and you could say, “Mom, something’s wrong with Don. He’s this or he’s that,” whereas, in the league you’re just by yourself. You’re just all by yourself in this, and you feel like—I don’t know—you just feel so isolated. And because of the isolation, you might not reach out to friends because they’re not there, . . . because the friends you have are new or brand new, or you haven’t known them that long. How can you confide in them in that kind of situation? So, in many ways, I think that you have been my, you know, “I went to see Steve today to get my help. I needed some help.” You know, that kind of situation, but not even realizing it.

Wives also feel isolated, and often experience a heightened feeling of vulnerability, when the husband is away from home on long or constant road trips during the season. Wives frequently feel isolated because of the consuming demands during the season, or because of the celebrity status of their husbands since they are in the public eye and the focus of media scrutiny. Friends, neighbors, or outsiders may take advantage of the wife’s friendship, reveal private details about
her marriage, or perhaps try to use such information to their advantages and entice the husband (Ortiz 1991b). The fear her trust will be violated further isolates her. As Olivia insists, "There're so many [people] that ask questions that we purposely don't open ourselves up to people around us." Linda tells us:

Even on the same team you don't form those kind of friendships, or the bonds, not in football. I don't know about baseball. That might be totally different. But you don't form those bonds in football that you ordinarily would because, I guess, there's a mistrust there. You just have to be careful of who you deal with. There is so much pettiness, sometimes among the wives, . . . [and] sometimes . . . [on] some teams it seems like there's a pettiness that exists, a jealousy. So that makes you even more withdrawn into a shell. . . . The neighbors, too, because they only want one thing. You feel like that's the only reason they want to be your friend. So why would you confide in them? You just deal with your problems by yourself.

Wives also experience isolation when they feel there is no one they can confide in, particularly when they are coping with the pressure of the sport careers of their husbands, or the stresses in their marriages. Since acquainted others know very little about what the wife experiences, she finds very few who fully understand her special circumstances. Indeed, many wrongly assume the wife lives in an exclusive world of glamor and celebrities. As a result, there are very few people wives can talk to about the emotional strain of a "sport marriage." Paula explains:

There's no one else to talk to . . . . Jason is so sensitive I can't tell him these things. I can't tell my friends these things because they don't understand. I can't tell the other wives because they think I'm bitching, or if I gripe about a certain person on the team, I don't want them to know it. I can't really tell my parents because they don't understand, and I can't tell his family because they don't understand. . . . So you are isolated . . . . There's no one, no one else to turn to, . . . unless you live in the city where you play, and you have a close friend like a neighbor, or someone that you can talk to, . . . or if there was somebody on the team that Jason was best friends with, and if I was best friends with the wife, and we could totally confide in each other. But there's no one. That's a rare thing, I think, unless there's two wives who have been on the same team for years, which is rare. But that's the main reason, for me, especially since we talked about his family, and the problems with them.
Therefore, as a field researcher who came into the isolated lives of many of these women, they not only found someone who they could trust and confide in, but someone who wanted to listen, who was not critical, and who was supportive.

The isolation that wives experience is often intensified by the absence of social support. In fact, the irony of many sport marriages is that while the wives are the primary source of social support for their husbands, particularly during the season or stressful occupational events, they appear to receive little social support in return (Ortiz 1991a, 1991c). Beth confides:

At times I think he doesn’t want to listen, or he’s the type of person that a lot of times he keeps everything in. So when I start talking to him about things that bother [me], and [he doesn’t] understand, ... it’s like he doesn’t get it because he doesn’t come to [me] with those kind of problems. So sometimes he looks at it like, “Why are you bothering me?” And, “You’re just blowing this out of proportion,” or something like that. So I think that at the time when we were going through a lot of different things, from not making the team out of spring training, the call-ups, the send outs, and stuff like that; it was great that you were there because I had somebody I could express [to] how I felt when I needed to really unload. ... That’s [when] I started to think, after a while, “Oh, it’s time for my therapist.” But it was good, and it did help because a lot of times when [I] was really frustrated, or something was happening, the interviews definitely helped [me] to release.

The husband’s sport career is not only demanding, but he knows it is comparatively temporary. Given the precarious nature of his occupation, the occupational realities of professional sport, and deep concern for his job, his wife may feel he is not as supportive as he could be. Consequently, while the wife provides emotional support and esteem support for her husband (McCubbin et al. 1980, p. 133), his support for her seems to be minimal, especially during the season or when she is coping with stressful occupational events, and she may feel emotionally abandoned. Marsha explains:

I guess that’s probably one of the wives’ biggest complaints. I guess that would probably be the biggest problem in a marriage because I don’t think we’re thought of as much. ... But I knew that coming into it. So I think I’m prepared, and I don’t really think about it. It doesn’t bother me as much. [But], now and then, I’ll try to get Glenn to be, ... I’ll say, “You know, I really need you to give me a break.” Like
when I was in school. I mean, I needed that emotional support as [much] as he did.

The wife’s feeling of isolation can be closely linked to her need for social support from her husband or significant others, and the absence of social support can deepen her feelings of isolation or powerlessness. Also, while wives can be a source of social support for one another, since they understand their special circumstances better than most, for various reasons they often are not. For wives, separation from their families can intensify the absence of social support. Linda contends:

If the family was there, they could take care of the kids, and you could do things together. But here we are, thrust in a situation where we don’t know anybody lots of times. You don’t have any family members. The sitters that you do have are the sitters that you have to pay. [It’s] a situation where it fosters, to me, an environment that pulls you apart, in a sense, because you don’t have the family there for you that ordinarily you might have. . . . We don’t have the support around us that we need. In other words, good support, surrounding yourself with the good people that you know you need to keep you on track. That’s what’s wrong. . . . With PAO you realize that sometimes you do need help, and going there, I think, is a recognition of the fact that we don’t get the support somewhere else. . . . You just have to know where you have to go to get your support, and to get it in the right places.

Whether it was one interview session, or several interview sessions, there was a tendency for the wives to open up, and confide in me. Their social isolation, and the absence of social support, may have influenced this tendency. In addition to these conditions, the wives also appeared to receive some kind of coping or emotion management assistance through the interview session(s) (Thoits 1984, 1986), particularly when they were coping with some form of emotional or psychological distress induced by “occupational stressors” in the sport careers of their husbands (Ortiz 1991a). Therefore, these conditions, and the degree to which trust, rapport, and support were established, seemed to have an influence on their emergent typification of a therapist.
CONCLUSION

As fieldworkers we are often preoccupied with formulating and testing hypotheses, developing interview guides, finding the right method of gathering data, collecting the data itself, or leaving the field. In this paper, I explored an often neglected aspect of qualitative research. Specifically, how do those we study construct our research identities? Perhaps the larger question is what effect do we, as field researchers, have on those we are studying?

During my field research on wives of professional athletes, I gradually became aware of the ways in which these women placed me in the role of a therapist. I did not view their clinical typification as a burden, or as a demand placed on my researcher self, but as a reflection of the degree to which I was accepted, and their need for support. I did not try to convey the impression I was a therapist in order to gain access, to sustain access, or to gain trust. It was not a planned fieldwork strategy, but a serendipitous process. Although my research identity as a therapist remained intact, I did not take advantage of their clinical typification. I de-emphasized the therapeutic role I was placed in primarily through disclaimers. I also avoided “becoming the phenomenon” (Adler and Adler 1987), and did not believe in the therapist self as their research identity for me. However, despite my denial of the imputed therapist self, and although I did not encourage this research identity, it was through specific characteristics and certain conditions that their typification persisted. Consequently, I not only found myself in the “accidental role” of therapist, but in the dual role of both field researcher and therapist.

Specific characteristics were instrumental in their typification. Moreover, certain conditions were not only instrumental, but they revealed much about the nature of their world. The method of sequential interviewing was also an important vehicle in this typifying process. Sequential interviewing involved what Egan (1986, pp. 212–19) refers to as “advanced empathy,” and relied on the establishment of working relationships, or the kind of interaction which facilitated trust, rapport, support, and personal growth.

The implications of the ways in which our research identities are constructed by those we study raise significant methodological questions. I have emphasized the importance of analyzing this typifying process because the insights of those we study can put us in a much better position to learn a great deal more about those we study. Future qualitative research using the method of sequential interviewing may move us toward a better understanding of ourselves in the field, of those we study, and of our presence in their world.
NOTES

1. Peripheral and subordinate figures are those participants who provide background data on wives of professional athletes (see Jonassohn, Turowetz, and Gruneau 1981, p. 187). They included two baseball coaches' wives, a baseball trainer's wife, a minor league baseball wife, an assistant director of community affairs for a major league baseball team, a community relations director for a professional football team, a public relations staff member for a professional football team, and a former general manager of a stadium complex for major league baseball and professional football teams. These participants had regular contact with, or access to, wives of professional athletes, many of whom are in the study.

2. For discussions on Blumer's (1969) methodological stance, which he refers to as "naturalistic investigation," see Athens (1984), Hammersley (1989), and Ortiz (1992).

3. Early in my field research, I discovered one interview with each wife was not yielding the type, or amount, of data necessary to adequately understand her past and present life experiences, her responses to occupational fluctuations in her husband’s sport career, and her styles of coping with the stresses in the marriage or her husband’s sport career.

4. When the wife adapts to, and follows, her husband's sport career, we can say she is adhering to a seasonal clock. According to this seasonal cycle, wives gear up for the approaching season, experience the highs and lows during the season, wind down after the season is over, and adjust to the off-season. The wife is often locked into a seasonal clock because it constitutes the everyday life of her husband's involvement in his sport career. Frequently, the lives of wives are so intertwined with their seasonal clocks that disruptions are often stressful (see Ortiz 1990).

5. See Duffy (1991) for a discussion on this collaborative dimension in feminist methodology. Also, see Acker, Barry, and Esseveld (1983), and Miller and Humphreys (1980), for accounts on friendships between field researchers and those they are studying. My establishment of what Egan (1986, pp. 136-40) refers to as "working relationships" in counseling, resulted in friendships with several of the wives. See Ortiz (1993b) for a discussion on my development of research relationships with the wives, or what Miller (1952, p. 98) calls "friend-to-friend relationships."

6. Indeed, as an insider, I was in a unique position to closely observe many of their dilemmas and anxieties as the wives guided me through the situations and events that shape their world. I also discovered that being "adopted" or "sponsored" (Daniels 1967; Jonassohn, Turowetz, and Gruneau 1981), by certain wives and Lori, the assistant director of community affairs for a major league baseball team, gave the study (which was often referred to as the "book," "report," "paper," or "survey") and me a legitimacy which greatly facilitated and sustained access to the wives.

7. In fact, the extent to which many of the wives felt isolated was evident when they expressed surprise, or relief, upon learning that other wives also experienced similar feelings, or situations, in their marriages or the sport careers of their husbands.

8. See Lazarus and Folkman (1984), McCubbin, Joy, Cauble, Comeau, Patterson, and Needle (1980), and Thoits (1984, 1986) for discussions on social support.
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Researching an Iraqi Community in the Midst of the U. S.-Iraq War: The Researcher as Clinician

Mary C. Sengstock, Ph.D., C.C.S.
Wayne State University

ABSTRACT

Nationality groups are always placed in a sensitive position when strained relations develop between their country of adoption and their homeland, as occurred in Iraqi and other Arab-American communities during the Gulf War. The author was directing a research project on aged members of these communities when hostilities broke out. The war had profound effects, both on the conduct of the research project and on the community itself, causing the research to be restructured and project staff to assume clinical as well as research roles. Staff members assisted community members in dealing with their concerns relative to the war and their future in the U.S. While the project focused primarily on the needs of elderly Arabs, a secondary topic became the possible long range effects of the war on the communities.

Conducting research in an ethnic community can sometimes require that a researcher possess more than normal methodological skills. Many ethnic groups are distrustful of outsiders, particularly those who come asking what they

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consider sensitive questions. At no time can these issues be more sensitive than in the midst of hostilities between the homeland of the ethnic group members and their adopted country.

In such situations, researchers are required to assume a role closer to that of the clinician, allaying their respondents' fears and assisting them in dealing with the difficulties of the international situation, as well as collecting the data which the project requires. Success in data collection depends on their effectiveness in dealing with the respondents' concerns. A serendipitous consequence is the project's ability to collect data on the reaction of the community to the stress of the international crisis in addition to the original subject of the research. This paper reports on a project which involved such a dual role.

Description of the Community

The main focus of the research was an Elderly Needs Assessment Survey of persons of Middle Eastern origin, living in the Detroit Metropolitan area, the site of a Middle Eastern population of about 250,000 persons (Abraham & Abraham 1983). The Survey was funded under a contract from the Michigan Office of Services to the Aging, and was designed to collect data on 200 persons aged 60 and over, from the two major concentrations of Arabic-speaking groups in the Detroit area: the Muslim population, most of Lebanese origin and residing in the western Detroit suburb of Dearborn, and the Chaldean population whose national origin is Iraq and who reside in northern Detroit and adjacent suburbs (Sengstock 1992). The research began in June, 1990, and was scheduled to run through May, 1991.

In many ways, the two communities exemplify the differences among Arabic communities in the U. S. The Dearborn Lebanese community is more typical of the characteristics of Middle Eastern Arabic nations. Members practice the Muslim religion, speak the Arabic language, and identify as Arabs (Aswad 1974). The Iraqi community, on the other hand, differs from other Middle Easterners in a number of respects. The most dramatic difference is in the area of religion, since this community is Christian, following the "Chaldean Rite" of the Roman Catholic Church (Sengstock 1970; 1974; 1982). In earlier decades, they also differed in their language, since most spoke the village language, a dialect of Aramaic, rather than Arabic. Today there is less of a language difference, since recent immigrants have been reared in the national schools of Iraq and speak Arabic, the national language.

Probably as a result of their status as a religious and language minority in their nation of origin, the Detroit Iraqi community has not identified very closely with
Iraqi or Arab movements. They prefer to be called Chaldeans; few call themselves Iraqis; even fewer call themselves Arabs (Sengstock 1982). They have little interest in the Iraqi government. In short, Iraqi Chaldeans largely think of themselves as Americans whose mother country happens to be Iraq, but they have little identification with it, and even less identification with the Arab world as a whole.

In early summer, 1990, the staff of the Elderly Needs Assessment Survey had just begun selecting and training interviewers and locating possible respondents. In early August, when Iraq invaded Kuwait, the project had to change its approach to accommodate the growing anxieties of the Arabic speaking population. The Middle East situation continued to exacerbate, culminating in the outbreak of hostilities between the U. S. and Iraq in January, 1991. These changes had profound effects, not only on the communities involved, but also on the conduct of the research.

The present paper constitutes a summary of some of the effects experienced by the Arabic-speaking population during the Gulf War, as they were encountered by the project staff, as well as the manner in which project staff dealt with them. While the problems generated by the Gulf War were felt throughout the Arabic-speaking communities as a whole, the discussion in this paper will be confined primarily to its effects on persons of Iraqi descendent, as the group most personally involved.

Impact of the Gulf War on the Iraqi-American Community

The initial reaction of Iraqi Chaldeans to the Gulf War was disbelief. From the Iraqi invasion of Kuwait in August, 1990, until the deadline passed in January, 1991, most Chaldeans simply refused to believe that an armed conflict would really occur. Initially, they were stunned to learn of Saddam Hussein’s invasion of Kuwait; as they came to recognize the reality of the invasion, they were still convinced (perhaps wishful thinking) that the U. S. would never actually go to war with Iraq. They were certain that negotiations would work out, that Hussein would back down, that President Bush would extend the time, and so on. (For a discussion of the experiences of these communities during the Gulf War, cf. Cook & Schaefer 1991; Edmonds 1991; Gibbs 1991; Goodin 1991.)

In spite of the extended period of warning, when the armed conflict began on January 15th, it came as a shock. For this community, the bombing of Iraq at the beginning of the Gulf War will rank with the attack on Pearl Harbor and the assassination of President Kennedy as events which will remain forever stamped
in the memory: no one associated with the community will ever forget what they were doing when the news came.

Once the reality of the war set in, the second reaction was fear. Chaldeans were fearful in a number of respects. Nearly all Chaldeans are American citizens, either native born or naturalized. Like many Americans, they have husbands, sons, brothers, or nephews of appropriate age for military service, some of whom are actually in the military, and they fear for their safety, should there be an extended war.

Chaldeans’ fears extended far beyond this, however. Most have close relatives in Iraq, including parents, siblings, nieces and nephews, in-laws, as well as close friends. Chaldean extended families have close, intimate ties, sharing frequent correspondence, telephone conversations, and mutual international visits, often lasting for several weeks or months. In any armed conflict they would fear for their family members’ safety. To further complicate matters, Iraq has an extended conscription program. Chaldeans faced the prospect of their young relatives fighting in a war with the United States. As one Chaldean priest put it, the Gulf War, for the Chaldean community, would indeed pit cousin against cousin. Hence Chaldeans were concerned about the safety of soldiers on both sides in the Gulf War.

Finally, and most critically, Chaldeans were concerned for their own safety. As the nearest representatives of a “hostile foreign government,” how would their fellow citizens in the U. S. react to them? Most have been devoted Americans: they have become citizens as quickly as allowed under American law; they have worked hard, bought homes, operated businesses. Now they wondered whether all they had earned would be lost. Many are independent business owners; they were concerned that their stores would be the targets of looting and vandalism. Was it safe for their children to go to school? There were reports that some Chaldean children had been the target of taunts and invectives at school, and some Chaldean parents did indeed keep their children home during the height of the Gulf crisis.

A major fear stemmed from the experience of Japanese-Americans during World War II (Bosworth 1967). They constantly worried that they too would be relocated, their homes and businesses confiscated. This fear was intensified by actions of various government officials. It was known that persons who had studied the Arab and Chaldean communities, including some of our project staff, were being contacted by local military authorities for inside information on possible security risks within the community. In addition, the community was
overrun with rumors from a variety of sources, some of questionable validity. One such rumor suggested that the federal government had already selected a site in Louisiana for the relocation of Arab-Americans.

As has already been suggested, the Chaldeans have represented perhaps the epitome of the loyal immigrant (Sengstock 1982). They looked forward to coming to the U. S., worked hard to bring their families here, and saw America as the "Land of Opportunity." The Gulf War was a disillusioning experience for them. They were struck by the concern for members of the U. S. military, but they saw no correlative concern over their own relatives and friends who might have been killed or injured in the conflict. Telephone lines were quickly destroyed, making information on Iraqi casualties difficult, if not impossible to obtain. Consequently, they were forced to conclude that the nation which held their allegiance cared little for their own relatives in Iraq.

This contrast was intensified by the "game-like" atmosphere which the war assumed on television and in daily conversation among Americans. Their neighbors tuned in to the war as to a football game. Expressions used with regard to the war were analogous to a game atmosphere. A pilot was quoted as stating that he was glad to have the opportunity to "... try out the equipment we've been practicing on." Major areas of Iraq were bombed, including a Chaldean church in the area from which Detroit's community originates, and military representatives were quoted as saying: "We just went in there and did our job." The comment: "Boy, we really 'kicked butt' on that one!" was repeated over and over.

Even the statistics reported by the military appeared like the "score" in a game. They constantly stressed the relatively low U. S. losses; Iraqi losses, if they were presented at all, were stated only to emphasize the ability of the U. S. military to inflict greater losses on the enemy than they themselves had suffered. A joking atmosphere developed as it became clear that the U. S. action in the Gulf War was successful. This was even more distressing to Iraqis, particularly since many of the "jokes" were aimed at innocent noncombatants—women and children—rather than at the Iraqi government or the military.

Another pattern which they found particularly galling was the tendency of many Americans to over-generalize. All Iraqis were equated with Saddam Hussein, and Arabs were equated with Iraqis. If Hussein was a bully, then all Iraqis must be bullies. The Christian Iraqis from Detroit's northern suburbs and Muslim Lebanese from the Dearborn area were consistently mistaken for one another, a matter which was annoying to both. As some non-Iraqi Arabs pointed out, their homelands were among the U. S. allies in the Gulf War; yet they were
equated with Hussein. To the Chaldeans, the lack of differentiation was particularly aggravating, since many of them never had identified very strongly with either Iraq or with Arabs.

Iraqis/Arabs were identified as the "other," even by relatively benign Americans. A project staff member was asked for some pictures of Chaldeans, "so people can see what 'they' look like!" Others, who knew (or thought they knew) what Arabs or Iraqis looked like, singled out Arabic-looking individuals on the street and harassed them (Edmonds 1991). To those who came from one of the Arabic nations which was allied with the United States in the conflict, this was confusing and difficult to understand. American citizens, even the American-born, were equally suspect if their ancestry could be traced to an Arabic nation.

Chaldeans and Arabs were particularly uncomfortable with the "Yellow Ribbon Cult," the super-patriotism which became characteristic of American society during and following the Gulf War. The super-abundance of American flags, yellow ribbons, and red, white, and blue displays seemed like a mockery of their own pain. While most think of themselves of Americans and were concerned about American troops, they resented the cavalier manner in which Iraqi losses were described.

President Bush's persistent tendency to mispronounce Hussein's name became a sort of symbol of American calloused indifference to Iraqi feelings. "Suh-dahm" is the proper pronunciation; Bush consistently referred to him as "Sad-im," which means "shoemaker" in Arabic, and thus relegates him to the lower class. Many Arab-Americans are convinced that the President's consistent mispronunciation must have been intentional, particularly in view of his background in international affairs.

The response of many Chaldeans to these slights was itself very painful. Uncertain of their own position, many reacted by becoming super patriots themselves, lest they be thought disloyal if they did not display the flags and yellow ribbons of their neighbors. Their inmost reaction, however, was one of disillusionment at the nation they had chosen as their home.

In summary, the Gulf War brought about a number of problems in the Chaldean community. Among these were: fear for their relatives in Iraq; fear for their own future in the United States; a sense of humiliation at the manner in which they were treated by other Americans; bewilderment at being identified with Iraq and other Arabs; disillusionment with the American dream; and difficulty in dealing with the American public in relation to the War. Since all of these were novel experiences for most Chaldeans, they were largely unprepared to deal with them.
War Related Problems and the Clinical Sociologist's Role

Like many other ethnic communities, members of the Chaldean community tend to prefer the informal resources within their own community for assistance (McGoldrick, *et al.* 1982). In the past they have had little knowledge or interest in social science, the helping professions, or the resources they might provide. The Gulf War presented an exception. For the first time, the community as a whole faced an unfamiliar problem, and many members of the community felt uncertain about the effectiveness of traditional informal community resources in handling the situation. The project staff provided an opportunity for them to consult with outsiders, to assess American reactions to the situation, and to ascertain the reality of the threat to their personal safety and that of their community.

In terms of the research methodology of the Elderly Needs Assessment project, it is not surprising to note that a considerable lack of trust ensued on the part of respondents. Members of the Chaldean and Arab communities were faced with frequent requests to provide interviews to the press and television regarding their homeland. There were numerous rumors, many of them well founded, that the FBI and CIA were investigating members of the community.

If the project was to be successful in obtaining the needed data, it was necessary for interviewers to reassure prospective respondents that the survey did indeed want to interview them about the needs of elderly Arabs and Chaldeans, that the project was not a "front" for the FBI, the CIA, or the press, and that the interview was not a surreptitious attempt to obtain information about the war and their contacts back home.

From a methodological point of view, it might have been wise to postpone the study to a less tense and more opportune time. For a variety of reasons this was not feasible. The study was being funded by a state agency which expected to have a report within a one year period, and contract demands had to be met. The major focus of the study involved the needs of elderly Arabs and Chaldeans in the U. S.; these needs would continue to exist whether the Gulf War could be resolved or not. Also, at the time the War began, there was no way of predicting how long it would continue; hence the length of any delay was unknown. Finally, from a clinical point of view, postponing the study would have been viewed by the community as an additional indication that American society was rejecting American Iraqis because of actions occurring in their homeland. Consequently, postponing the study was not a viable option.

The ultimate success of the interviewing process can be attributed primarily to the sensitivity of the interviewers. Nearly all interviewers were members
internal to each community, and most were also trained in the social sciences. Consequently, the interviewers were not only sensitive to the needs of the people, but also were recognized by the respondents as insiders. Hence Chaldeans were being interviewed by other Chaldeans, Muslims by other Muslims, et cetera. It is interesting to note that the project failed to obtain an adequate sample in those communities in which we did not have internal interviewers. Primarily these were Roman Catholic and Orthodox Christians from Palestine and Lebanon.

Reassuring respondents about the study's objectives represented only the beginning, however. Members of the project staff were called upon to act in ways which are not commonly a part of normal social research projects. This is not an unusual situation in communities of this type, which are often small in size, and which attract social scientists who carry on a long term relationship with the community. Consequently, the researchers often become known to community members and to assume advisory or clinical roles in addition to the role of researcher. Anthropologists and other social scientists who study ethnic communities encounter this dual role on a regular basis (Aswad 1974). In such settings, the boundary between objective researcher and subjective supporter is frequently obscured. This is particularly true in critical times, of which the Gulf War was obviously one. Researcher/clinicians in such settings are constantly concerned about the possibility of bias in research results as a result of this blurring of roles. In this elderly needs assessment, which sought a factual description of elders' illnesses and service needs, it appears probable that the staff's dual roles had little effect on the results of the survey.

With regard to the clinical intervention patterns undertaken, two distinct levels were possible: short-term individual counseling with individuals concerned with the War, and community level assistance with management of public relations with reference to the War. Both types of involvement will be described, together with an evaluation of the manner in which the project staff handled the task.

**Individual Counseling**

Because of the high level of anxiety among the respondents, staff members, particularly interviewers, assumed the role of short term clinical counselors to many of the survey respondents. From a pragmatic point of view, the clinical role had to be assumed for the good of the research itself. Respondents found it difficult to concentrate on the topic of the interview when most were thinking about problems connected with the War. In order to complete the project, it was necessary to allow and assist the respondents in dealing with these concerns first.
From a more compassionate perspective, staff members also felt a strong sense of empathy with community members and a desire to assist in their distress, stemming, in part, from their strong shared perspective: they were not only committed and ethical social scientists, but also fellow members of the Arabic-speaking minority. While the project's main task remained the collection of data, the individual counseling occasionally took precedence over the research goals. In one instance the interviewer devoted considerable time to counseling a prospective respondent and allaying her fears; in return, the respondent expressed appreciation over the opportunity to discuss the problem and the advice provided—and then decided not to continue with the research interview. Since the project did not anticipate the conduct of such activities, records of the number of respondents who also became clinical clients were not kept.

Clinical tasks assumed in an individual clinical setting normally include both expressive and instrumental roles. As Roberts (1991: 158) points out: "Expressive action . . . is guided by consideration of affect and value and is interested in expressing moral sentiments." In contrast: "Instrumental action concerns itself with efficiently achieving an identifiable objective; it involves purpose and calculation. . . ." Hence expressive activities would include allowing and encouraging a client to express his or her values and feelings, while instrumental activities involve the development and execution of a plan for action to deal with the difficulty. As others have pointed out, people frequently fail to distinguish between their action goals and their moral and emotional desires (Nettler 1988). Recognizing this distinction and making clients aware of it is a matter of considerable importance in achieving effective clinical results.

The most important expressive activity employed by the project staff involved allowing respondents and other staff members the opportunity of venting their feelings about the War. Verbalizing their concerns in this area was a serious problem for many members of the Chaldean and Arabic communities. On the one hand, their normal approach of expressing their concerns to other community members was less effective with regard to the War. Relatives and friends in the community were as anxious as they, and repeatedly stating their anxieties to each other made them all feel worse. Consequently, this was not a reasonable option.

On the other hand, they were even more frightened about expressing themselves to persons outside the community, since outsiders were presumed to be supportive of the U. S. action and Iraqi-Americans were unsure how their own concerns would be received. Talking with project staff appeared to be a safe option, since staff members had already expressed a sincere concern for Chaldean
Iraqi elders, as well as for the Chaldeans' predicament relative to the War. Consequently, Chaldeans seemed to feel they could safely voice their worries to interviewers and other staff members.

In another type of expressive activity staff members were probably less effective. This involves reassuring clients that the troublesome situation can and will eventually improve. One reason for the lack of effectiveness stemmed from the staff's own uncertainty. No one could reasonably assure them that their relatives in Iraq would be safe or that Chaldeans in the U. S. would not be relocated. Chaldeans were really asking for reassurances which could not honestly be provided.

In retrospect, there were probably a number of encouraging comments which could have been made. For example, Iraqis might have been reassured that any disruption of their lives or that of their relatives would most likely be short-term in character. Furthermore, it could have been pointed out the seizure of property belonging to American citizens would likely be more difficult in the last decade of the Twentieth Century than in the 1940s. Staff members were ill equipped to provide an objective, detached view, however, because of their own emotional involvement and the uncertainty of the situation.

Instrumental assistance to the respondents can be analyzed in two dimensions. First, there was little the staff could do to assist respondents in dealing directly with the problem of the War. No realistic proposals could be made that would impact directly on the War or the status of Iraqis in the U. S. Even in retrospect, there do not appear to be any actions which could have been proposed in this area.

On the other hand, one fortuitous consequence of the research itself provided a type of instrumental support to the respondents. Focusing on the needs of elderly members of the community, the research project helped respondents turn their attention from the overwhelming distress of the War to more manageable issues.

A final area of concern for Chaldeans related to their annoyance at being called Arabs. This concern was characteristic largely of the older immigrants and American-born, who defined themselves as Chaldeans and were largely unprepared for the hostility they encountered. Having never identified with either Iraq or the Arabic population, they found it difficult to understand why they were now associated with these groups.

These people needed assistance on both expressive and instrumental levels. On an expressive level, they needed to verbalize their feelings about the identification with the Arab World. They needed help in understanding why they
received constant queries from neighbors, co-workers, or even official agencies as to their associations in Iraq and their ties to the Iraqi government. And they needed to deal with the painful reality that their loyalty to the U. S. was questioned. For the most part, they were unable to discuss these issues with their normal resources because most of their relatives and friends were as confused by the alliance as themselves.

On an instrumental level, Chaldeans needed information to deal with questions about Iraq and the Arab World. Second and third generation Chaldeans were called upon to explain what an Arab was and what “their” (i.e., the Iraqi) government was up to. In some instances, these were second or third generation Chaldeans living outside the Detroit area; in their environments, they were the only “Arabs” anyone knew. Parents whose children previously had little interest in their background, suddenly were asked for information about Iraq and the Middle East to answer the many questions directed to them.

Staff members were probably least effective in handling the respondents’ concerns about being identified as Arabs. Most staff members were also members of either the Chaldean or Arabic community, and the issue of Chaldean identity is a matter of great concern for both: not only do Chaldeans largely resist identification as Arabs, but most Arabs are equally sensitive to Chaldean rejection of the Arabic affiliation. Consequently, neither group can deal objectively with the dimensions of the issue. In the long term the Gulf War is likely to have a profound effect on this matter, since it suggested to many Chaldeans that their refusal to identify as Arabs may be useless, in the light of many Americans’ tendency to categorize them as such.

To summarize, the project staff was able to provide some assistance to individual respondents in dealing with the difficulties associated with the Gulf War. They were most effective in one area of expressive aid, namely, providing respondents with the opportunity to vent their feelings about the War. They were less effective in providing reassurance, since most were themselves unsure of a positive outcome. They were unable to provide much instrumental assistance directly dealing with the War, but were able to help refocus respondents’ attention on the more manageable concerns of the elderly in their own community. They were able to provide some assistance to community members in answering questions about Iraq and other Arabs. However, respondents’ concerns regarding their identification as Arabs were a particularly difficult issue for staff to deal with, since most were also Arabs or Chaldeans, and too emotionally involved in the issue to be of much assistance.
Clinical Role of Project Staff Toward the Chaldeans as Community

In addition to the concerns of individual members of the community, there were a number of difficulties which faced the community as a whole. Chaldeans as a community had much to lose in the Gulf War. As a sizeable concentration of persons, they also had much to gain from collective action. In this regard, they could well have used professional assistance in organizing their efforts in a number of areas, including actions to alter U. S. government policy, assist relatives in Iraq, and defend their position in the U. S. In this area, project staff might have been able to provide some suggestions, since many staff members had long term associations with a variety of public and social agencies. Furthermore, many had ties to other Arabic speaking communities in the Detroit area and could have served as liaisons with other organizations which were experiencing similar problems and might be interested in coordinating their efforts.

However, as noted previously, Chaldean community leaders prefer to use their community’s own internal resources for dealing with problems and have been largely uninterested in professional resources. The Gulf War was no exception. Community leaders provided numerous interviews to the press, founded an organization to establish communication and provide aid to persons in Iraq, and largely dealt with the crisis on their own. On one or two occasions the Project Director was called upon to speak to the press or other groups on behalf of the community; usually these were circumstances in which some community members felt they needed validation of their position from an outsider. But for the most part, Chaldeans sought no assistance with war related problems on a community level, and consequently, none was provided.

Difficulties of the Clinician/Researcher

The problems encountered in this project raise serious questions about the appropriate role of the social scientist. On the one hand, project staff members were trained to be objective collectors of data. Suddenly, they were thrust into roles for which they had little preparation. More significantly, they were expected to respond to questions to which there were no answers.

Perhaps the most serious problem arose from the fact that staff members, including those who were ostensibly outsiders, were not really “objective outsiders” who had come into the community simply to conduct a sample survey. Researchers who study ethnic communities tend to maintain a longer term, more personal relationship with their subjects. They also become considerably more knowledgeable about community members and their families (Aswad 1974).
Community members were aware that researchers knew information which could be used against them. Since personnel from local military installations had actually sought information about the Chaldean community from local researchers, it was clear that any information community members provided others put their security at risk.

The experience of the research staff raises a question about the desirability, or even the possibility, of purely objective social science. Without the staff's personal involvement in the concerns of the respondents, conduct of the research itself would have been futile. Without a sympathetic concern for the community's immediate problems, the enterprise would have been inhuman.

Conclusions and Recommendations

Clinical intervention may occur on either an individual or a collective level. In this project, the community proved relatively disinterested in assistance on a collective level. However, short-term individual counseling occurred in both an expressive and an instrumental sense. These point to the major ways in which clinical involvement of researchers may occur.

The experience of project staff provides an illustration of the clinical role which social researchers in a variety of settings may be called upon to discharge. The interviewing of persons in a community so closely affected by international hostilities is mercifully rare. Any number of projects, however, may call upon researchers to investigate issues of considerable sensitivity to the individuals involved. Members of other ethnic groups, recent immigrants in particular, are often sensitive to the manner in which information they provide may be used. They may fear their responses may lead to deportation, difficulties in obtaining citizenship, embarrassment to their community.

Studies of any number of social or individual adversities, such as family violence, death and grief, or substance abuse, may generate similar reactions, as respondents fear that their responses may worsen an already painful situation. Their management of these problems may be greatly aided by the provision of some type of assistance, however brief, by the research staff. Such assistance may take an expressive form, such as a sympathetic ear in the course of the interview, or more instrumental assistance such as referrals to local social agencies. Social researchers who assume such a clinical role toward respondents not only increase the probability that their research will come to a successful conclusion, but also provide a valuable service to their subjects in return for the assistance they provide.
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Methodological Observations on Clinical Organization Research

J. J. Ramondt
Erasmus University Rotterdam
The Rotterdam Institute for Sociological and Public Administration Research

Introduction

This article discusses some methodological observations on a clinical socio-scientific approach towards organization research. As far as I am aware, Wirth was the first to set down the contours of a clinical socio-scientific approach to reality (Wirth 1931; Larson 1991). Since then this approach has remained on the agenda of organization research, but has not occupied a prominent place, at least in the pecking order of academic research. In practical research, by contrast, considerable use is made of clinical viewpoints.

A wide gulf often separates practically-oriented research and academic research.

These are two worlds that appear not to understand one another’s language. As Schein has recently noted, the concept “clinical” plays a key role in this mutual incomprehension (Schein 1987, p.13).

Clinical research has both an instrumental and an epistemological aspect. In an instrumental sense the attitude of the researcher is treated primarily from a reflective and intentional point of view. The focus is on the way in which the researcher establishes a relationship with the object of research, his value systems, his attitudes toward relevant knowledge about organizations and the way in which theory and the practical value of the research are linked up.
In this respect the clinical approach has much in common with the processes of action research. The practized method of research—how does one examine an organization?—tends to take a back seat in discussions of clinical organization research.

In the development of scientific knowledge, the concept of clinical also has a clear epistemological function. Many fields of scientific research have a clinical tradition in which the common feature is that it serves the function of practically-oriented basic research. Such basic research operates close to the problems within the field of investigation and generates new questions and primary insights in a living process of knowledge-building (Roethlisberger 1977, p. 368; Sackett 1985).

The epistemological function remains equally as neglected in discussions of clinical organization research. As a result, the clinical view is in danger of being increasingly reduced to a matter of instruments and devices. The link between the instrumental and the epistemological function is weak because the instrumental function tends all too frequently to be narrowly identified with sociological attitudes while epistemological questions remain in the background.

This article seeks to establish a closer link between the instrumental and epistemological functions of the clinical approach. The article examines areas in which a clinical approach can build on organization theory formulation, in which respect a distinction is drawn between a morphological and a dynamic organization paradigm. The article also examines the substantive steps forming part of clinical organization research.

Two organizational paradigms

The understanding and formulation of theories concerning organizations may be reduced to two paradigms.

A paradigm is more than just a theory of reality; in particular, it relates to the management of knowledge in a particular area. A paradigm is a combination of a leading vision, a critical mass of researchers and vested interests (Kuhn 1974). Theories do not just have adherents because they provide an accurate picture of reality; researchers may group themselves around a theory not just on academic grounds but because they have an investment in it based on other considerations, such as security, habit and prestige. In addition there are other groups outside the academic field as such which have an interest in a particular portrayal of reality. A paradigm fulfills not just creative but also conservative functions. There are
numerous instances in which researchers, by adopting a challenging new approach toward reality, have exposed the interpenetration of theories and established (social and political) interests (e.g., Kuhn 1974; Prigogine and Stengers 1990).

**Fig. 1 Schematic representation of a paradigm**

The socio-scientific knowledge of organizations may be divided into two paradigms. One of these places the emphasis on the structure of organizations and may be termed the **morphology paradigm**. In this paradigm the research and theory formulation center on the many variants of organizational structure (i.e., typologies, metaphors, and structural models). The other paradigm may be designated the **dynamic paradigm**, in which the leading element is the organizing behavior of organizations (Weick 1969).

A cherished subject in the morphology paradigm is the bureaucratic structure of organizations, as originally developed by Weber. Weber's work has given rise to countless studies concerned with the structural nature of organizations (e.g., leadership studies, effectiveness research, legitimation issues, power and satisfaction research, etc.). Contingency theories of organizations also derive essentially from structural analysis. Essentially, contingency theories are based on the
premise that there is no one best structural form; the form—i.e., the structure of an organization—is instead a function of contingent factors such as scale, age, product and environmental turbulence, etc. Mintzberg’s celebrated typology is a fine and mature example of morphological research in the context of contingent factors (Mintzberg 1979). In the Dutch-speaking world, the research survey conducted by Lammers provides a good impression of the subjects with which the morphological paradigm is concerned (Lammers 1983).

The dynamic paradigm is primarily concerned with the transformation processes within organizations. Here, the attention is focused on the transformation of organizations as such. Examples include the research into the life-cycles of organizations (Kimberly 1981; Greiner 1972). A more managerial approach is concerned with the way in which primary processes are arranged in organizations. Such research is concerned with the way in which organizations behave within the constraints of the available time, means of production and manpower, as cogently expressed by De Sitter (1990).

The dynamic paradigm centers on organizing behavior rather than the organization itself. The attention is transferred from the boardroom to the logistical design of the organization, from bureaucratic procedures to processes, from structures to networks, from the environment to system chains and flow-centered organization, from institutionalized codetermination (through the Works Council, etc.) to direct participation and project-based operation, from the measurement of costs to the measurement of all the critical factors making for the successful management of permanent processes of change (Nolan Norton 1991).

In the social sciences the morphology paradigm is dominant. The research has concentrated on comparative organization analysis. The dominant critical mass of the structure paradigm shines through in the substantial body of research in this tradition and the many handbooks and journals all bearing the stamp of the morphology paradigm.

A certain tension exists between the two paradigms. This is a familiar picture in scientific evolution. Paradigms do not merge into one another but set competitive boundaries. In particular, the dominant paradigm will resist the emergence of new insights.

The social conditions from which the two organization paradigms derive their worth are in a process of radical change. The morphology paradigm is of limited practical value for organizations and their present day’s problems. Organizations under permanent pressure to adapt to a change in circumstances are not primarily interested in structures but in the handling of processes of permanent change. While structures do of course remain important frameworks for
action, the main question to the forefront in all organizations at present is how to move from situation A to situation B. In this respect the morphology paradigm often appears to deal with a reality not perceived as such by those in the organizations (Schein 1987).

Although academic interest in the dynamic aspects of organizations is more limited—as evident from the index of any organizational handbook—the literature is nevertheless extensive.

The theoretical language in which the dynamic of organizations can be described, analyzed and diagnosed is systems theory. In its most elementary form systems theory provides a conceptual framework in which organizational processes can also be placed: input, throughput and output, system limits, positive and negative feedback, regulatory functions, the relationship between parts, the whole and the environment, etc. Systems theory meets the need for an overall analytical language in which disciplines are able to understand one another within a certain frame of reference. Systems theory also provides a suitable frame of reference for handling questions concerning the relationship between structure (i.e., bureaucracy) and process. This central issue is reflected in systems theory in terms of the delimitation of boundaries and the linkage of the whole and constituent parts in a chain of activities deriving (properly) from the primary process.

Theory formulation may be divided into systems theory relating to the organizing behavior of organizations and theories concerned with processes of change. Both variants are discussed below. The insights in question provide footholds for a systematic approach toward organizations.

Systems theory and dynamic models of organizations

In the literature a number of process-based variants have been elaborated to the systems concept. A distinction may be drawn between diagnostic, design-oriented, and socio-technical models. These models differ in terms of the problem addressed by the researcher and the relationship maintained with the research field.

Diagnostic models are often highly general in nature. Generally they are designed to obtain an initial, general impression of an organization—for which reason they are often referred to as “quick-scan” models. Examples of such models include that of Leavitt (1965) and Harrison’s (1987) systems model. These models have in common that a number of key elements are brought together, that data are collected relating to those aspects and that the researcher
subsequently provides information on the basis of the information collected. The degree of detail may vary considerably from aspect to aspect; Harrison for example provides a detailed list of points.

The relationship between these models and systems theory often leaves something to be desired. Harrison, for example, claims to operate from the basis of systems theory, but apart from the concept of systems and the distinction drawn between systems and environment there is no affinity with systems theory. Diagnostic models are often little more than collections of, in themselves relevant, aspects of organizations.

Examples of design-oriented models include Burns and Stalker (1961), Mintzberg (1979), and Galbraith (1976). Design-oriented models are less general in nature than diagnostic models and concentrate on one particular organizational characteristic that is regarded as key. In Galbraith's case, for example, this is the information management of an organization, while Burns and Stalker concentrate on the internal structure in relation to the task environment (e.g., the market, client systems) and Mintzberg focuses on a combination of contingent factors such as age, size, and type of product plus the dominant power structure of an organization.

An inspiring and more fundamental design vision is that of Morgan (1986), whose outline of the holographic organization reverts to the design question of how specialization in an organization should be tackled. By way of analogy Morgan takes the organization of the brain. In terms of cerebral specialization certain parts of the brain have general properties that enable them to take over specialized functions that can no longer be performed by other parts of the brain. Analogously, organizations are only capable of survival if they have a reserve of potential responses to cope with unexpected circumstances. This reserve or redundancy may be reflected in the specialization of functions in two ways: by continually creating new functions for new challenges (i.e., the redundancy of parts) or by equipping existing functions in such a way that those responsible for performing them are able to switch without difficulty to new or unexpected challenges (known as "redundancy of functions").

The holographic concept is based around the self-organizing capacity of parts of the organization. Functions need to be organized in such a way that a wide range of unexpected events can be handled at functional level without the need to refer to a higher level for instructions or approval. This requires a minimum of critical specifications (i.e., central regulations) and consistently applied learning behavior. Instead of the general bureaucratic practice of formulating detailed regulations, rules are kept to the absolute minimum. The learning behavior of the organization must support the application of these minimal rules. The rules are
designed not to enforce sanctions and prohibitions but to optimize behavior. The rules themselves also come up for debate if the results diverge from expectations, i.e., the principle of double-loop learning.

Morgan notes that design issues are both technical and political in nature. As such the self-organization of the constituent parts is always based on a politically derived agreement within the organization.

From the holographic approach it is only a small step to the socio-technical approach to the organization. The area of tension of the part/whole problem of organizations has been the meeting point for socio-technicians from the earliest days up to and including the so-called modern socio-technicians. Socio-technical models are much more specific than diagnostic ones. The researcher clearly presents himself as an expert who knows how an organization should be arranged in terms of the model in question. Silverman's observation that the socio-technical literature is characterized by prescriptive models for solving the process/structure problem remains valid (Silverman 1970).

There are a number of socio-technical variants, such as the specification of design rules (Davis 1977; Cherns 1976). Particularly familiar in the sociological literature is the dualistic socio-technical variant, which rests on a division into a social and a technical system. For an organization to function effectively the requirements of both sub-systems need to be incorporated and geared to one another in the design of the organization. Socio-technicians concerned with this variant have specified the respective requirements of sub-systems and their mutual interrelationships in great detail, a comparatively recent example being that of Mumford (1983).

Thanks to the anti-Taylorist crusade of De Sitter, "modern socio-technical approach" appears to be on the march (De Sitter 1989, 1990). This socio-technical variant differs from the preceding in its emphasis on techniques of production. There is a close relationship with the logistical literature on organizations—hardly surprising in view of the importance attached in "modern" socio-technical analysis to a flow-based analysis of organizations in an open-system model. Such analysis is based on the proposition that the internal structure of organizations must be capable of meeting the requirements for flexibility imposed by the product and labor markets and that the form of the primary process should be geared towards a number of specified design parameters.

The fundamental socio-technical design rule is that the bureaucracy should follow the design of the process, although not until the primary process has been laid down from the top. De Sitter emphasizes that the organization model must show how the organization deals with critical factors such as means of production and time. In doing so De Sitter touches on the Achilles' heel of many organization
models, which seldom take account of those critical factors. Many organization models are predominantly nominal structure models that show all sorts of different games but not the marbles and certainly not the combination of game and marbles. Modern socio-technical science, by contrast, sets out to place the organization design in a context of critical factors such as time, money, means of production, and people. The organizing behavior, rather than the organization itself, is central.

The problem posed, research role selected, and the disciplinary or interdisciplinary nature of the research determines the utility of the systems-theory approaches toward organizations. Where there is close collaboration with information technologists, for example, it is useful if the latter and management consultants are familiar with socio-technical thinking. In the case of research into the strategic aspects of organization design it is important to be familiar with the ideas on the holographic design of organizations.

System theory and theories of organizational change

Where the foregoing models can provide an impression of the “what”-side of design questions, the “how” questions relate especially to the way in which intentions can be realized: the allocation of resources and expertise, the design of the help structure and the existing organization, the participation of those concerned and cooperation with trade unions and employees’ councils. In short, we are dealing with a variegated assembly of actors and factors calling for a careful scenario of change if the project in question is not to founder in the cross-currents of resistance—resistance which tends all too often to be attributed in its entirety to human beings and too little to the environment of those involved in the management of change (Tichy 1980).

Theory formulation in this area may be subdivided into aspect models, innovation models, and policy evaluation models.

Aspect models for analyzing processes of change are as numerous as theories of organization design. In many cases these theories of change provide a fairly arbitrary summary of aspects deemed relevant in a predominantly descriptive portrayal of events. In most cases the aspect models are constructed about one central variable: the decision-making process, the help structure or cooperation with relevant groups, etc.

Tichy has developed a model that usefully paves the way for a combination of organization diagnosis and analysis of change. Tichy distinguishes three cycles of change within organizations: a technological, a political, and a cultural cycle.
The processes in each of these fields are cyclical in nature: at one point technological questions will require close attention by management, at other points political or cultural issues. An organization finds itself in a genuine crisis when the three cycles all jockey for position at the same point in time. The art of managing processes of change consists of creating space between the cycles. The localization of the phase which each cycle is in is done on the basis of a simple system model of the organization establishing a link between organizational analysis and theories of change.

The Tichy model is a useful starting point for combining organizational analysis and theories of change. Improvements are necessary and possible; the three cycles are not sufficiently discriminating and very broad in nature. The three cycles tend also to be rather aspect-oriented. They are derivatives of an organizational diagnosis model which—like many such models—devotes little attention to the flow-based structure of the organization. In this instance the diagnostic model also requires support from the body of socio-technical theory and Morgan's holographic model.

There is an extensive body of literature in which organizational change is treated as an innovation process. In turn, surveys of this literature have helped refine and adjust the models of innovation, (Van de Ven 1988).

It is our impression that the innovation metaphor has provided few usable insights for analyzing questions of organization design together with organizational change. The usual innovation models are assessment models, in which there is an independent variable—for example a new technology or new product—and the research centers on the diffusion problems and the handling of those problems by the management. The changes are treated not as a design process but as a diffusion process of an object.

Models charting processes of change have in common that they concentrate on the fact of change itself, leaving to one side the extent to which that change is based on orchestrated and consciously managed policy. The analysis of change gains when it is linked to models developed for the purpose of policy analysis. Policy analysis is concerned with the rational instrumentation of processes of change; the central concern is not the fact that change is taking place and how such changes interact but how such changes take place under conditions of controversial goals, scarce resources, tight time-frame and a volatile environment.

Effective policy evaluation models have been developed in this field, such as that of Greenwood, further elaborated by Van de Vail (1988, 1991).

The parallel with organization diagnosis presents itself. Research into processes of change is also dominated by a tenacious nominalist tradition in which social and organizational concepts are isolated from a context of time,
scarce resources, and means of production. Organizations and processes of change are, however, the vehicle, structure, and setting for the development of products and services, under conditions of mounting time pressures (due to technological change), limited resources, and a scarcity of skilled manpower. There is no one exclusive theory—and to pursue such a theory is an illusion—with sufficiently powerful variables that is capable of charting the broad field of organizational design and change and making prescriptive statements. The rough outline of possible theoretical stopping points provided above has been designed to indicate that there are numerous conceptual jigsaw pieces that could be fitted together more effectively. The overall organizational diagnosis models, the socio-technical frame of reference (as elaborated for example by De Sitter), Tichy’s theory of change and policy evaluation models (such as that of Van de Vall) are all highly usable in various stages of the research process.

Following this discussion of theoretical points of departure in organization research it is worth recalling the drift of the argument. It was suggested that clinical research sets out to fulfill a bridging function between a problem-oriented approach toward organizations and the scientific development of knowledge on organizations. In terms of its theoretical foundations, clinical research may draw on the body of organizational theory. Such theory formulation takes place in the context of two paradigms, namely the morphological and the dynamic paradigms. On account of its concentration on the dynamics and mutability of organizations, the latter paradigm provides numerous points of departure. In this respect a distinction has been drawn between theoretical design models based on systems theory and those based on theories of change. Having established this connection between method and theory we may now examine the main lines of the method.

Methodological main lines in the clinical research of processes of change

Clinical organization research presupposes an open-minded attitude toward the reality under analysis. Theory is an aid but certainly not an imperative guideline in the way that it is for example in hypothetical deductive research. In addition, reality is studied by observing the processes at close hand.

Processes of change in organizations cannot be adequately covered through studies conducted from behind a desk or with the aid of a sample population and questionnaire. This means that particular attention has to be devoted to the methodological approach if the lack of distance and limited theoretical guidance are not to result in a kind of journalistic sociology.
In practice clinical research means that the researcher has to build up his research network carefully. Who are the clients of the research? How do I select my frame of reference within the organization? In addition there must be clarity about the validation and reliability of the research results. Here the rules of thumb are interactive surveys, a cyclical process of research and the recording of data.

With respect to the role a clear demarcation is required in relation to the two “competing” roles that can be encountered in organization research: the ethnographer and the expert (Schein 1987). In brief, it is a matter of which client system should be given priority: the theoretical client system or the object of research. The ethnographer assigns priority to academic knowledge, whereas the expert attaches priority to the organization which he represents as problem-owner. The clinical role operates two client systems: the organization and science.

The central research question in clinical research always concerns the combination of a problem, the siting of that problem in its environment, and the exploration of possibilities for change.

A problem needs to be clearly distinguished from a problematical situation. A problem is a concentrated representation of a choice that has to be made and implemented. A problematical situation is a circumstance in which those concerned are involved in processes over which they lack proper control.

Concentrating on a particular problem is characteristic of the clinical approach. Analysis of the problem environment is required in order to arrive at a realistic estimate of the scope for change. The incorporation of such possibilities for change into the analysis arises from the fact that problems are examined with a view to reaching solutions. Clinical research therefore concentrates on the possibilities for change in organizations.

Clinical research into possibilities for change closely follows the step-by-step approach adopted by organizations toward change. In broad terms the following stages may be distinguished: preliminary research, analysis, diagnosis, implementation, and evaluation. Problem identification takes place in the first three stages. In the implementation stage the proposed changes are carried out while in the evaluation stage intentions and their realization are compared with one another.

The clinical approach attaches particular importance to the preliminary investigation, which sets the framework for determining which problems are to be examined. The predominant culture in organizations is not a problem-setting but a solution-oriented one. In many cases this is the major source of problems within an organization; the problem has not been properly identified and poorly defined solutions are tackled.
The following items form part of the preliminary investigation:

- determination of the problem as viewed by the organization;
- critical incidents in the organization's developmental history;
- analysis of the primary process;
- analysis of the capacity for implementing change;
- validation of the problem and determination of solutions;
- compilation of scenario for change.

These subjects reappear with differing emphases in each successive stage. The clinical working method is not linear but cyclical. Linear working means that a problem is investigated once and for all, thereafter turning to the remaining steps. Cyclical working means that there is a process of continual examination as to whether a problem has in fact been solved and whether, on further consideration, the problem remains the one originally addressed. This does not amount to a licence continually to redefine the problem: cyclical working means defining the problem as accurately as possible in a number of rounds and then guiding the process of change. Among other things the difference between a linear and a cyclical approach is expressed in the attention to and effective room for feedback.

The subjects in the preliminary investigation as listed above will now be briefly examined. As noted, renewed attention needs to be given to these subjects at each stage of the research. The way in which the preliminary investigation is tackled therefore illustrates the working method in the succeeding stages. I shall therefore confine myself to the methodology of the preliminary investigation.

determination of the problem. Organizations will themselves always have a picture of the problems with which the researcher is confronted. The problem always merits more detailed examination. In clinical research the researcher forms his own impression of the organization's problem, hence entering into confrontation. The formation of an independent picture takes place by means of the analytical steps in the research process referred to below.

critical incidents. Organizations are human constructs and, as with individuals, the present can be strongly governed by the past. Examples of critical incidents include mergers, reorganizations, industrial disputes, and changes in the management structure. In most cases it is not difficult to obtain an overall impression of such incidents. People find it easier to discuss the past and the future than the present, and the way in which far-reaching events were handled in the past can provide an impression of the capacity for change of an organization.
analysis of the primary process. Organizations exist because they produce a product. Numerous activities support this primary activity. In view of the fact that organizations are always complex systems it is desirable to take the analysis of the primary activity as the starting point for the analysis of problem situations. This provides the touchstone for the functionality of the way in which processes are organized, the guidance (management) provided, the necessary information and the determination of the priorities of the problems arising in the analysis of an organization.

At the same time the primary process is approached by means of one of the two organization paradigms, namely the dynamic paradigm. The theory formulation in this paradigm is based on analyzing an organization in terms of organizing behavior, i.e., the way in which expression is given to organizational relations based around the primary activity. One model for analysis of a primary process is shown in the following activity flow chart.

**Fig. 2 Flow chart of an organization**

Each block in the chart represents a particular activity, which constitutes input for the next block. The input is brought about via one or more rules, which are characteristic of the relationship between two blocks. The type of rules differs in each pairing.
The relationship between strategy and management is characterized by "why" rules, the relationship between management and the primary process is determined by "what" and "with what" rules, the relationship between the primary process and labor is driven by "something in return for something" rules, etc. In utilizing the chart it is particularly important to note how activities flow through, where rules conflict and how such conflicts are managed.

capacity for change analysis. Such analysis is conducted in order to determine the capacity for change within an organization. If a comprehensive reorganization has just been completed (i.e., critical incidents analysis), if there are tensions in the line organization and if there also remains ambiguity about the main direction in which the organization is headed, so much will then be going on at the same time that it is difficult to concentrate the necessary energy around ambitious plans. The scenario for change needs to be geared to a realistic estimate of the organization's potentiality for change.

In determining that capacity it is helpful to distinguish the various domains making up an organization and the key problems associated with those domains. We may distinguish (Tichy 1981):

a. The political domain: the key question in this domain concerns the allocation of scarce resources (money, manpower, expertise, and remuneration). The allocation issue is always bound up with the question of who has the decisive voice and who cooperates with whom. The latter may be determined by drawing up a simple diagram of forces showing the "plus and minus" relationships of key individuals in the organization.

b. The cultural domain: the key question here concerns the degree of unanimity about norms and values relating to the central policy areas of the organization. What, for example, are the attitudes towards the primary product and personnel policy.

c. The technological domain: the key question in this area relates to the design of the central processes for realizing a desired output.

Once it has been determined how much energy an organization is investing in each of these domains, an estimate may be made of the capacity for change, the basic notion being that a proposed change needs to be viewed against the background of the energy which an organization invests in the processes in each of the identified domains.
If there are major tensions in the line organization (i.e., the political domain) it is open to question whether it would be advisable to undertake significant technological innovations. Organizations do not have unlimited energy. The analysis of the capacity for change must provide a realistic estimate of what an organization is capable of tackling at a particular point.

**validation of the problem.** Once the information has been assembled on the subjects noted above, the researcher/transformation expert may then form an impression of the problem as he sees it. Generally this means that the nature and contours of the problem are determined on the basis of a dialogue with the key liaison officers (or “anchorage points”). A characteristic feature of clinical research is the fact that the researcher forms an impression of the organization and its problems on the basis of his own analysis and diagnosis. He does not shelter behind theoretical formulations or the opinions of relevant populations in a sample of respondents. Clinical research demands independent behavior on the part of the researcher.

**scenario for change.** Depending on the nature of the problem being investigated, there may, in highly simplified terms, be said to be two scenarios of change: a linear or a cyclical scenario. The former applies if the nature of the change is highly technological in nature or in the event of rigid interventions or force of circumstance. In the linear scenario interventions are as far as possible fended off. On the basis of a rigid timeframe and a step-by-step process of change, the selected goal is pursued, having previously defined a single problem and solution. Good examples of this approach may be found in the traditional approach toward computerization projects or rationalization exercises.

A cyclical or interactive working method is followed in a situation in which the main aim has been globally charted and there is conscious provision for interim feedback and the revision of priorities and procedures. Examples would include computerization projects that are not primarily technical in nature but which have been developed as part of a process of redesigning an organization.

In a linear process of change the contribution of the clinical researcher is largely confined to the orientation and evaluation stages. Provided he is admitted to these processes, the researcher can make use in the latter stage of the methods of policy assesment noted above (Van de Vall 1988; 1991).

By contrast a cyclical process of change provides considerably more room for clinical research, since here there is provision for the underlying principles of change to be assessed, and hence themselves be the object of research, as the process of change unfolds. The measurement of critical factors in the process of
change is a powerful agent for change. Clinical research can be an instrument for regularly measuring the impact of the processes on critical factors, (monitoring role). By way of illustration, table 1 shows the respective impact on critical factors of a linear and cyclical approach towards a computerization process (Ramondt et al. 1991). Analogously, it is possible to conceive of processes taking place in other than a technical environment.

Summary

A method is more than a convenient way of collecting data. Above, we have placed the clinical method in the context of processes of organizational change. The reason is self-evident: clinical research is problem-oriented. Problems are choice situations calling for decisions that require implementation. This generates a natural affinity between clinical research and the dynamic organization paradigm, which centers on the question of organized behavior. To some extent, organizing consists of the continual resolution of problem situations.

The attitude of the researcher toward the object of research is characterized by openness and impartiality. The dialogue or interactive working method is a central feature in the determination of the problem under investigation and the contribution made by the research towards finding effective solutions and their implementation. There is permanent and open communication about the way in which the researcher reaches his conclusions. This provides the basis for the validity and reliability of the research.

The attitude of the researcher toward existing knowledge and theory on organizations is characterized by a combination of eclecticism and the application of the principles of grounded theory formulation (Glaser and Strauss 1967). The attitude is eclectic in the sense that the researcher uses theory not with a view to appraising it but in order to obtain greater insight into the phenomenon under investigation. The findings, taking the form of models and concepts formulated closely in line with the practice of organizations, are added to existing insights on organizations.

The clinically-oriented researcher must take care to ensure that the bridging function between theory and practice is not neglected. This means that in principle he is open toward the research which, building on the insights obtained along the clinical path, contributes further to the foundations of the dynamic organization paradigm by means of generalizing and evaluative research; for the knowledge of organizations cannot be based on an exclusive method of research.
Table 1
Linear and cyclical approaches toward technological change in organizations.

<table>
<thead>
<tr>
<th>Critical factors</th>
<th>Linear Oriented Introduction of Information Technology</th>
<th>Cyclical Introduction of Information Technology</th>
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<tbody>
<tr>
<td>Problem orientation</td>
<td>-technical delimitation of organizational problem</td>
<td>-placement of problem in context of business system</td>
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<td></td>
<td>-organization follows technical innovation</td>
<td>-technical solution follows from organization design</td>
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<tr>
<td>Transformation scenario</td>
<td>-staged linear time-path and working method</td>
<td>-staged working in non-linear context</td>
</tr>
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<td></td>
<td>-goal-oriented approach</td>
<td>-problem-oriented approach</td>
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<td></td>
<td>-implementation issues placed at end of project</td>
<td>-implementation starts in problem-definition stage</td>
</tr>
<tr>
<td>Management of process of change</td>
<td>-separation of project and line organizations</td>
<td>-integration of project organization and line structure</td>
</tr>
<tr>
<td></td>
<td>-dominant position of technical expertise</td>
<td>-experts and stakeholders in advisory roles (no steering groups)</td>
</tr>
<tr>
<td></td>
<td>-line and project integration through periodic stage-by-stage coordination</td>
<td>-intensive and continuous coordination of line and project organization</td>
</tr>
<tr>
<td>Users organization</td>
<td>-user generally the informant</td>
<td>-user as informant, co-designer and client</td>
</tr>
<tr>
<td></td>
<td>-organizational provision confined to users' platform (appraisal)</td>
<td>-platform organization and users' council (strategic questions)</td>
</tr>
<tr>
<td></td>
<td>-user authorizes</td>
<td>-user decides</td>
</tr>
<tr>
<td>Expertise</td>
<td>-information system design as basic knowledge</td>
<td>-multi-disciplinary approach as basis of knowledge</td>
</tr>
<tr>
<td></td>
<td>-other disciplines (e.g., management science, HRM policy) in subordinate position</td>
<td>-problem-orientation governs shifting emphasis on disciplines</td>
</tr>
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<td></td>
<td>-no methodological integration</td>
<td>-methodological integration necessary</td>
</tr>
<tr>
<td></td>
<td>-separate development of knowledge</td>
<td>-integral development of knowledge</td>
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<tr>
<td>Environmental control</td>
<td>-one-off problem definition directs environment</td>
<td>-frequent reorientation on problem on account of openness toward environment</td>
</tr>
<tr>
<td></td>
<td>-deferment of uncertainties</td>
<td>-uncertainties incorporated in development method</td>
</tr>
<tr>
<td></td>
<td>-project-based working in closed system approach</td>
<td>-cyclical working in open system approach</td>
</tr>
<tr>
<td>Learning behavior</td>
<td>-fixed route working and evaluation at end</td>
<td>-evaluation during process</td>
</tr>
<tr>
<td></td>
<td>-single loop learning behavior</td>
<td>-double loop learning behavior</td>
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REFERENCES


The Integration of Intervention and Evaluation: Avoiding Theoretical Pitfalls

Kees Mesman Schultz

ABSTRACT

On behalf of the evaluation of policy outcomes, Mayer and Greenwood (1980) developed their model of causally related concepts, reflecting the entire policy process from the formulation of policy plans up to and including the outcomes of the resulting policy measures. This model was customized for the evaluation of treatment programs in the field of youth welfare (Mesman Schultz 1987). It turned out, each of these models provides a sound basis for several research projects. Yet, in trying to find an explanation for poor policy outcomes after ex-post-facto evaluation, one has to be prepared for two possible pitfalls. These occur when the rationale behind the choice for a particular policy measure or treatment program (the starting concept in both models) is disregarded. The first pitfall is the policy maker's or practitioner's tendency toward 'fast-prototyping,' i.e., the quick operationalization of an idea in order to solve a problem without too much concern for that idea's validity. The second pitfall is the antinomy that may occur when policy measures or intervention programs having the same objective are simultaneously implemented. The models of Social Research & Development (Rothman 1980) or of
Intervention Research (Rothman & Thomas 1989) may serve as appropriate bases for overcoming these pitfalls since a close cooperation is required between practitioners and researchers in innovative activities.

1. A framework for effect evaluation

The Research Center for Youth Welfare (RCYW) of the University of Leiden, the Netherlands, often carries out research projects on the evaluation of policy measures and intervention programs in the field of youth welfare. However, evaluation research is usually asked for and is carried out only after—and often a long time after—a policy measure or an intervention program has been chosen or has even been implemented. For this reason, most of the evaluation researches are often highly retrospective. As a consequence, its results can only lead to conclusions about the effectiveness the policy measure or intervention program may have and to recommendations for adjustments to minimize negative consequences. This limits the impact of evaluation research to implementary and strategic parameters (Van de Vall 1980, 1986). The epistemological qualities of the assumptions or theories underlying the policy measure or the intervention program (Leeuw 1986) are too easily pushed aside or are taken for granted. In both cases two opportunities are lost. The first opportunity is to verify or falsify the assumptions or theories empirically, the second is to draw conclusions about the basis for the policy measure or the intervention program. And these very conclusions should be an agency's basis for realizing essential changes—for if the assumptions underlying the policy measure or intervention program turn out to be incorrect, it is hardly conceivable that the agencies will succeed in developing high quality programs.

In various of the RCY W's research projects in which the effects of policy measures or the effects of intervention programs (which, after all, may be looked upon as policy measures on a meso- or even micro-level) were evaluated (Mesman Schultz, Depla & Nelen, 1987; Van den Bogaart & Wintels 1988) the conceptual framework for social policy research by Mayer and Greenwood (1980) proved to be very useful and—for scientists as well as for policy makers and practitioners—a very transparent one as point of departure. Figure 1 presents the framework schematically.
Figure 1
A conceptual framework for social policy research


In the framework the concepts A through D are causally related. Choosing a certain course of social action (policy measure or intervention method) should result in the definition of the (highly manipulable) implementation process, which in turn will bring out specific (less or non-manipulable) bridging variables and exclude other ones. All this will determine the extent to which the objectives or goals of the social action will be achieved. In the evaluation process as suggested by the framework, facilitating and constraining external factors have to be taken into consideration. Furthermore, one should be aware of the possibility of unintended consequences the onset of the action may have and of possible latent consequences in case the policy objective will be achieved. In this way the assessment of data about the relevant variables of policy measures or intervention programs within each of the concepts of the framework will deliver information—or even knowledge (Dunn & Holzner 1988)—about the reasons why the measures or programs show their particular effects. Also it will be possible to test the epistemological and implementary validity of the theories which led to the choice of the particular measure or program.
2. Disregard of basic theories

Repeatedly, a disregard of theories underlying policy measures or intervention programs shows up as a result of the RCYW evaluation research. A poignant example of this presented itself in a research project which was aimed at the construction of a measurement instrument for the evaluation of intervention programs in the field of youth welfare. Anticipating the way the instrument should be used in future research, the researchers used the framework of Mayer and Greenwood as a basis for the operationalization of variables. The framework was customized in a such way as to reflect the way in which an innovative intervention program is implemented in an organization (Mesman Schultz 1987). This is schematically represented in figure 2.

Figure 2
Schematic model of the implementation of innovative programs


Summarizing, the gist of the model is that in order to reduce the problems of youths (concept I: the characteristics of the target population) specific ideas and theories about the best possible method of treatment of these problems are
emphasized and operationalized (concept A: theoretical basis and definition of treatment goals). The operationalization of these ideas amounts to personal, material, and organizational measures that are to be taken for the implementation of the program (concept B: the implementation variables). During this process all sorts of unexpected phenomena, which are not manipulable in advance, may occur (concept C: bridging variables). Ultimately, this leads to the factual intervention program: the characteristics of the treatment in the daily routine (concept D: factual treatment). This should result in the intended effect of the intervention program: the moderation of one or more of the problems the youths that participated in the program initially had (concept F: the treatment effects). The entire process may be influenced by the environment in which the program is being carried out (concept II: environmental characteristics).

It was possible to develop an instrument for the measurement of the characteristics of the target population (concept I), the implementation variables (concept B), the factual treatment (concept D), and the effects of the intervention (concept F). On the one hand this meant that the research objective was not fully achieved; on the other hand this result was satisfactory because it pertains to the factual and highly manipulable variables of an intervention program (Van de Vall 1980; Van Gageldonk 1987). Moreover, as a result of some subsequent research projects (Van den Bogaart, Mesman Schultz, Naayer, & Zandberg 1989; Mesman Schultz, Poot, & Van den Bogaart 1989) on the quality and usefulness of the instrument it was shown that (a) the reliability and validity of the entire instrument are high, (b) the instrument is implementable and provides information that is relevant to practitioners, and (c) it makes it possible to draw conclusions concerning the effectiveness of individual aspects of various types of intervention programs for the treatment of different kinds of problems by correlating the results of the three parts of the instrument.

Notwithstanding the usefulness of the instrument and the relevance of the information it provides in regard to the policy of youth welfare agencies, it is conspicuous that it was possible to construct an instrument for the assessment of the actual organization and treatment actions of intervention programs, but not to be able to consolidate systematically all those issues that should precede them, such as ideas, assumptions, and theories. This is caused by the fact that among the existing intervention programs only a few were developed on the basis of sound, empirically supported theories.

Surely the development of some programs was based on such a theory. Examples of such programs developed in the Netherlands are in particular the various learning theory based programs (Bartels 1986; Slot 1988; Kok, Menkehorst,
Naayer, & Zandberg 1991) and also intervention programs based chiefly on system theory (Van den Bogaart & Wintels 1988; Wintels, Van den Bogaart, & Mesman Schultz 1989). These programs, however, are outnumbered by far by existing intervention programs that have been developed in a less solid way. For instance, in traditional residential treatment it often happens that nobody seems to know anymore how the program was developed and why the work is done in the particular way they do it. In these cases there is no or hardly any underlying theory at all, which makes it almost impossible to focus on specific aspects of the program or to try to modify these in order to increase the quality of the program.

Apart from these programs, there are two types of new, innovative measures and programs which only appear to have a sound basis of valid assumptions. As regards to the first type, it mainly concerns innovative programs, but rather a prevalent fashion or craze than empirically verified theories on human development and change is the basis for these programs. If such is the case, one can be quite sure that "fast-prototyping" is the main characteristic in the development of the program. Under the second type come policy measures or intervention programs whose theoretical bases are so antinomian that, almost by definition, intended goals can't be fully achieved (if at all). Both types imply a pitfall for practitioners as well as evaluation researchers.

3. Two pitfalls in social practice

3.1. Fast-prototyping

The first type of development of policy measures or intervention programs—the fast-prototyped ones—refers to the first pitfall practitioners and researchers have to be aware of, especially while during the last years the popularity of such programs is sustained by a general social and political appreciation of innovative activities.

In essence fast-prototyping means the quick incorporation of fashionable ideas into apparently new intervention programs or policy measures, at which it is almost ideologically assumed that they will be effective to the solution of a wide variety of problems. Hardly any attention is given to the empirical evidence for this assumption, nor to the nature of the problems which may and which may not be solved by the program, nor to the circumstances in which the program might be effective. A good example from the last decade in the field of residential treatment of youths in the Netherlands is the assumption that "small-scale treatment" would be the panacea for the residential treatment of psychosocial
problems in youth welfare. Instantaneously existing large institutions were replaced by small-scale units, which were accommodated in normal houses. Recent research results indicate that the main consequence of this development is that after a few years the target groups which are reached show only the less severe problems and that the effectiveness in solving these has not been raised (Zandberg 1988).

But there are more subtle ways of fast-prototyping. This is the case when parts of or even entire intervention programs, which proved to be effective to the solution of specific problems in specific situations, are being fitted in other intervention programs, in a quite different situation and meaning to solve different problems. In this case one may speak of “re-inventions” (Rogers 1983), which means that the right strategy would be to pass through the whole process of intervention research anew. However, this condition to the implementation of re-inventions often is overlooked.

Two examples of this kind of fast-prototyping can be found in the actual practice of residential treatment in the Netherlands. Based chiefly on system theory the essentially ambulant intervention program called “Hometraining” was developed rather solidly. Especially hometraining proved to be effective in preventing residential treatment of young children (Van den Bogaart & Wintels 1988). For whatever reasons, all of a sudden many respectable institutions are implementing parts of hometraining into their residential treatment programs, often not considering this a drastic re-invention. Also, by its popularity Hometraining is being applied to target groups with quite different problems than the group the program was originally developed for. Apparently for many practitioners doing Hometraining is more important than the purpose it serves.

Another example is the recent popularity of survival expeditions (Outward Bound) during residential treatment. Surely, for the solution of specific problems, such as drug addiction, or when embedded in a thought-out way in the entire residential intervention program (Mesman Schultz 1984), these intervention programs have proved their effectiveness. However, in many institutions survival expeditions are implemented rather indiscriminately in a variety of treatment programs for youths with all kinds of problems without relevant adjustments made in the daily routine of the institution.

For the mere reason that these fast-prototyped programs are based on a prevalent fashion, policymakers or practitioners very enthusiastically and convincingly advance arguments for the development of such programs. In this case, even for the more critical researcher and practitioner it will be tempting to consider these arguments valid. Moreover, the results of evaluation studies on these programs shortly after their implementation in many cases indicate a certain
effectiveness. However, it can surely be questioned whether this is caused by the quality of the programs or by the enthusiasm of the "early innovators" (Rogers 1983).

### 3.2. Antinomy

Especially when policy measures are concerned, a second pitfall for social practice and evaluation research may occur when the measure is a compilation of several separate "sub-measures," each of them with the purpose to achieve the same goal. Now it is conceivable that the assumptions underlying each of the sub-measures separately are valid, that they can lead to sound operationalizations, and that as a consequence the implementation of each of the sub-measures would lead to the policy's objective. But it is also possible that the effects of the changes, brought about by one of the sub-measures, may be quite contrary to the optimal conditions for a successful implementation of one or more of the other sub-measures. Then, the matter is about antinomy of the assumptions underlying a policy measure.

A good example of such an antinomy of assumptions can be found in the Netherlands today. Governmental policy aims at a large-scale reorganization of the field of youth welfare, which should lead to a higher quality of intervention programs in general. This is, in fact, facilitated by new legislation expressed in the Law on Youth Welfare (1991). The basis for this reorganization is formed by some sub-measures which stem from assumptions concerning the quality of youth welfare. These sub-measures are (a) regionalization, stemming from the assumption, that treatment should take place in the youth's own environment; (b) differentiation, stemming from the assumption that different types of problems should be reduced in different ways; and (c) treatment has to be as light as possible, stemming from the assumption that ambulant and short-term treatment is to be preferred to residential and long-term treatment.

Although the epistemological quality of these assumptions has not been tested, it is conceivable that each separate policy measure could lead to more effective intervention programs, simultaneous introduction—as is the intention—may prevent this. A successful implementation of the measure of regionalization, for instance, will necessarily lead to smaller potential target populations of the agencies. On the other hand, the demand for more differentiation in intervention programs assumes a great number of clients to be treated in each of these programs. This may result in redefining the target population in such a way that the assumption underlying the policy measure will have to be violated. In order to guarantee their existence each agency will be inclined to arrange the various intervention programs in such a way as to make them effective for the
population of clients with the most frequent, the "standard" problems. In the long
run youths with less frequent, mostly more difficult and severe problems will not
be admitted in these programs anymore, because the programs lost effectiveness
in reducing these youths' problems. In other words, successful regionalization
will in this sense have a de-differentiating effect. The same effect can be expected
from the submeasure to minimize the intensity and duration of intervention
programs, for specialized intervention programs are mainly intensive ones. These
and other considerations led to the formulation of some hypotheses which state
that the goal of the policy measure to raise the quality of intervention programs
in youth welfare will probably not be achieved by the antinomy of assumptions
underlying the Law on Youth Welfare and its resulting policy measures (Mesman
Schultz 1988).

4. Toward a solution: intervention research

It was stated earlier, that in order to really optimize the quality of policy
measures and intervention programs, it is imperative that the epistemological
qualities of the assumptions or theories underlying them be evaluated thoroughly.
Leeuw (1986) developed a research method to do this in evaluation research.
However, because evaluation research most often is retrospective, it will always
stay a drawback that much energy has been spent on implementary and other
activities involved in the execution of policy measures and intervention programs
before they are evaluated. However relevant, the negative conclusions about the
basis of these activities (which add up to the statement that all the energy was
spent for nothing) will at least cause a disturbance in the relationship between
scientists and policymakers or practitioners for a long time to come. As a
consequence, the already existing gap between scientists and practitioners may
grow still deeper and wider.

A more efficient way to develop policy measures or intervention programs
of high quality can be found in those research methods where the emphasis is
placed on the necessity for researchers and policymakers or practitioners to
cooperate intensively during the entire development process. These methods
have been developed in social sciences during the last two decades and bear
different names such as Developmental Research (Thomas 1979), Social Re-
search and Development (Rothman 1980), Program Development (Slot 1986)
and Intervention Research (Rothman & Thomas 1989). In all of these methods
emphasis is primarily placed on the systematic translation of scientific knowledge
into applicable, innovative policy measures or intervention techniques and on
their factual application. Figure 3 represents the model of Social Research &
Development (Rothman 1980).
Figure 3

Schematic model of Social Research & Development

In this model scientists and policymakers or practitioners cooperate closely from the very start of the development process, i.e., the definition of the social problem(s) and of the goal(s) to achieve, all the way up to its end, i.e., the widescale use of fully developed programs. Traditionally an important barrier between the scientist's and the policymaker's or practitioner's activities is to be found near stage IV in the model. Here scientists offered their recommendations or at the very best their prototypes to policymakers and practitioners, without too much concern for their feasibility. Moreover, policymakers and practitioners could take or leave the recommendations and prototypes at their own discretion and implement policy measures or intervention programs without too much concern for the soundness of their scientific basis. It is most likely this barrier will vanish necessarily by the close cooperation between scientists and policymakers or practitioners during the entire development process. By thus creating a higher degree of theoretical involvement in policy and practice, the danger of fast-prototyping and antinomy of policy measures will be minimized.

5. Final remarks

There surely are quite effective policy measures and intervention programs that were not developed according to the intervention research model described above (Mesman Schultz 1984). Thus this model is not a conditional requirement. However, there still are some objections to such programs: very often they were developed or have "grown" on the basis of personal experiences or beliefs of one or more policymakers or practitioners, and their continuance depends on individual characteristics of those individuals. Also they often fit only the specific situation in which they were developed. The concepts (mostly implicitly) used within these programs often obtain an idiosyncratic connotation specific to that kind of programs. As a result these intervention programs or parts of them are hardly adoptable and hardly implementable in other situations or other programs. Of course there has to be room for such programs, and their development, as long as they prove to be effective. But their creation remains a matter of chance hits.

To raise the quality of policy measures or intervention programs in general, their development should preferably follow the model of intervention research described above or analogous models. On the one hand researchers at least are obliged to judge and test scientific knowledge on its feasibility. Moreover, by testing the effectiveness of the resulting programs in a variety of field settings, they will be able to test the relevance of scientific assumptions and theories for social practice and thus contribute substantially to the growth of relevant scientific knowledge. On the other hand practitioners will have access to theoreti-
cal expertise in their analysis of a problem and formulation of goals to overcome these. Furthermore, by making explicit their (often extensive but mostly implicit) knowledge from experience, practitioners will be able to influence the necessary operationalizations of the theoretical concepts in such a way that the program to develop will fit their ideas and skills optimally. By cooperating closely from the start of the development of innovative programs both researchers and practitioners may at least be able to avoid the pitfalls of antinomy and fast-prototyping.

REFERENCES


Society and Self: A Symbolic Interactionist Framework for Sociological Practice

Janet Mancini Billson
The George Washington University

ABSTRACT

Interactionist concepts and explanations of human behavior prevalent among major psychological theory groups are traced in relationship to the symbolic interactionist principles of emergence, voluntarism, and process. I argue that most theory central to psychology is interactionist in nature; that central tenets of symbolic interactionism are woven throughout psychological theory; and that the same interactionist premises can equally form the foundation for clinical sociology as a form of sociological practice.

I saw sociology giving up by default a role in change efforts that necessitate the consideration of social systems. Social workers, psychologists, political scientists, gerontologists, criminologists, marriage and family counselors, to name a few, have eagerly gone where we have failed to tread. Practitioners in these fields, as social systems change agents, have carved a niche, often protecting themselves with licensing laws and other restrictions that make entry by sociologists difficult (Glass 1991, p.ix).

Since the late 1970s there has been a resurgence of clinical sociology, which emerged initially in the 1920s (Wirth 1931; Lennard and Bernstein 1969; Glassner and Freedman 1979; Bruhn and Rebach 1991), and an expansion of applied sociology (Olsen and Micklin 1981; Freeman et al. 1983; T. Sullivan
Both clinical sociology and applied sociology qualify as variants of sociological practice, although emphases on research, application, and intervention fall variously along a continuum (Olsen 1987). We have engaged in healthy debates within sociology as to the exact boundaries of practice—applied and clinical. Such debate will no doubt continue to force us to confront the usefulness of the sociological perspective in real world applications. However, we have failed to convince other disciplines, clients, funding agencies, or the intervention community that sociologists have a sound theoretical basis from which to practice.

My purpose here is to unpack the essential contributions of symbolic interactionist theory to practice, to show how interactionism and awareness of the social context have permeated psychological practice, and to argue that intervention grounded in interactionist theory has an integrity of its own. I explore some of the similarities between theories that inform psychological/social work/counseling interventions and the symbolic interactionism generally associated with sociology. Some practitioners may draw more heavily from exchange, conflict, functional, or other sociological perspectives—all of which are not only useful but crucial to well-informed sociological practice. I will examine other theoretical perspectives in a later article.

Sociological Invisibility

Reflecting what Glass (1991) calls “the invisibility of sociology,” many sociologists are reluctant to identify themselves as practitioners for fear of losing status within the discipline or of being challenged from outside the discipline. Many sociologists who apply sociological principles, methods, and perspectives to facilitate change encounter resistance, confusion, and lack of legitimacy. Practitioners in other fields and potential consumers/clients remain skeptical toward those who present themselves as sociological practitioners. The sociological establishment still overwhelmingly rewards scholarly-academic work rather than practice. Relative invisibility and professional impotence have serious implications for the ability of sociology to assert itself as a modern discipline in touch with and able to influence the significant issues of our times. This influences the professionalization of sociology and opportunities for consulting, career innovation, and advancement.

Even though it would make logical sense for those who study society (sociologists) to apply their knowledge toward the betterment of social health (as psychologists apply their knowledge toward the betterment of individual mental
health), enormous resistance against sociological practice emerged historically, both within the discipline and among psychologists and social workers who continue efforts to protect their professional turf.

Because of specialized training, historical accident, and systematic lobbying of insurance companies and state legislators (who license practitioners), psychologists, psychiatrists, social workers, counselors, and mental health workers lead the list of those who may legitimately intervene when the fragile linkages between self and society fray or when social organizations fail to operate effectively. They, rather than sociologists, are asked to evaluate and recommend changes in public policy and programs. Yet, sociological perspectives and methods have infused the work of practitioners outside the discipline. The underlying theoretical foundation of myriad therapeutic, counseling, intervention, and applied research approaches is quintessentially sociological and interactionist. Hybrid areas such as “political psychology” and “community psychiatry” use symbolic interactionist as well as macro-sociotheoretical perspectives to explain race riots, police-community conflict, neighborhood deterioration, gay-bashing, and so forth. Although much of this work is sociological, it is seldom labeled as such. In applied fields such as marketing and opinion research, social impact assessment, and program evaluation, those who have only minimal exposure to sociological perspectives and methods frankly utilize them without special training.

Although other professionals embrace the interactionist perspective as a valid platform from which to practice, our contributions to interactionism have not resulted in the same logic. Therein lies a central dilemma for sociology and its practice. The dilemma exists because of the intimate nature of the connection between the individual and the group. It remains because political boundaries and definitions of turf drawn up decades ago are relatively inelastic and concretized in social policy, licensing, and funding. It is problematic because psychological theory is defined as providing an adequate base for practice and legitimate application (with the insights of other disciplines providing icing on the cake), but the reverse for sociology is not true. This situation contributes to a continuing perception of sociology as non-utilitarian. Undergraduates see psychology or social work as majors leading to a career path in practice; the same perception does not generally hold for sociology as a major. The foundational force linking sociological theory and research to practice is not as obvious to students, other practitioners, the corporate world, or governments.

It is my task here to make this theoretical foundation more transparent and to legitimize its use as a springboard for sociological practice. As Bruhn and
Rebach (1991) argue, the crucial test of theory is its application. Recognizing and legitimizing our theoretical underpinnings can empower the discipline as well as individual sociological practitioners. I offer three major principles that help link interactionism and practice: 1) the inseparability of society and self; 2) the psycho-social matrix of interaction; and 3) the legitimacy of the interactionist perspective as a basis for practice.

PRINCIPLE 1: The Inseparability of Society and Self

Regardless of disciplinary boundaries and professional turf wars, the complicated interrelationships between society and self make it both theoretically and practically impossible to separate them. The inseparability of society and self severely limits fruitful study of the individual outside the context of social interaction. C. Wright Mills, in his distinction between “personal troubles” and “social issues,” drew our attention to the inherent connections between the two (1959). The school of sociology known as symbolic interactionism provides an integrated theory of human behavior that recognizes the interplay between individual and society. This perspective parallels and informs several interactionist schools in psychology. Symbolic interactionists who focus specifically on the articulation of personality systems and social systems have laid the groundwork for an integrative perspective (for example, Mead 1934, 1956; Sanford 1966; Shibutani 1961; Kaluger and Unkovic 1969; Spitzer 1969).

Textbooks persist in defining psychology as the study of the individual psyche and the individual in society, and sociology as the study of society and groups (and the individual in society). Psyche refers to the soul, mind, spirit, and intelligence—located within individual human beings. Socius pertains to society and social behavior—located in collections of human beings (families, groups, communities, and organizations). The cross-fire debate over the relationship between the individual (with all his or her unique qualities) and society (with its capacity for blueprinting that uniqueness) confuses our attempts to understand human behavior. Some disciplines, such as psychology and psychiatry, claim to focus on the individual, relegating cultural and societal forces to a nebulous “background.” Other disciplines, such as sociology and anthropology, have focused on patterns of social organization, reserving a largely undefined and strictly subordinate place for individual differences or intrapsychic processes. Yet, it is existence with others that makes us human.

The attempt to separate individual from societal factors has been a thankless and largely fruitless task—often done in the name of maintaining the “pure”
perspective of one discipline or another. Yet, the attempt to find theoretically viable links has proved equally elusive. Introductory sections of textbooks often draw the lines between disciplines sharply, but in practice they become blurred and can inhibit the creative study of human behavior. The trend of meshing disciplines may be a reflection of this problem. We have witnessed the birth of such fields as social anthropology, social psychiatry, political anthropology, interpersonal psychiatry, community psychology, and of course, social psychology. Although the latter represents an attempt to blend two perspectives, this hybrid field also tends to bifurcate along the lines of a sociological and a psychological branch—often manifested by departmental location of social psychology courses.

Disciplinary lines become even more problematic when it comes to deciding who is best equipped to help people cope with the daily exigencies of being human, which almost always means being in groups. The attempt to draw clear disciplinary lines in theory and research has been more illusion than reality. Allegedly, psychologists do certain kinds of research, emphasizing the individual, the internal, and the motivational—sociologists do other kinds of research, emphasizing the social, the external, and the structural. In reality, the paradigms and explanatory models of both disciplines have crossed over these false boundaries.

Sociological ideas have informed—or run parallel to—much of the most important theory generated by psychologists. The source of this phenomenon lies in the nature of human beings. In order to understand and counsel with an individual, even the best therapist must have some sense of the client’s early socialization, community, values, beliefs, role definitions, status, and aspirations. Conversely, to understand and work effectively with a group, one must have some notion of what makes specific individuals tick, and more broadly, of the basic “psychological forces” lying behind any human behavior.

Because human beings are complex, it is sheer folly to argue that we can draw clear disciplinary lines. Psychology emphasizes the intrapersonal, but in modern practice a social context clearly frames that emphasis. Sociology emphasizes the interpersonal, the group, the communal, and the societal, but recent forays into the sociology of emotions suggest our need to probe more deeply into intrapsychic phenomena. Regardless of discipline, we cannot isolate such problems as depression, addiction, family conflict, or homelessness as either individual or social events. We don intellectual blinders when we argue that only those trained in one perspective or the other can alleviate complex problems. Bauman, Stein, and Ireys (1991) offer an alternative model that stresses neither discipline at the expense of the other. They define an “effective intervention” as a “blend of theory,
implementation, and context" that occurs at the intersection of discipline boundaries: "True innovation occurs at the place where different disciplines and world views meet" (p. 249). We must discard old images and stereotypes if this conception of theory and intervention is to prevail.

Unfortunately, the tendency to dichotomize in theory has spilled over into assumptions about practice and has fostered psychology-based intervention and inhibited sociology-based intervention. Sociologists have heard for several decades that their concepts and theories have little or no direct relevance to understanding individuals or even small groups. Although we may contribute understanding, others have not defined this understanding as a springboard for systematic efforts to change individuals, families, communities, or organizations. Such efforts fall strictly into the province of clinical psychology or social work. Yet, during the 1920s and 1930s sociologists served as respected and integral activist-interventionist members of child guidance clinics and juvenile delinquency intervention teams. For an analysis of how this position eroded, see Fritz (1989). Psychologists and social workers have staked out the territory of the individual and—paradoxically—the couple, the family, even the community. The National Association of Social Workers' definition of psychotherapy suggests how broadly they define this territory:

> Psychotherapy . . . is the use of psychosocial and social methods . . . to modify internal and external conditions that affect individuals, families, groups, or communities with respect to their behavior, emotions, and thinking, and their intrapersonal and interpersonal processes. (Freedman 1982, p. 44)

Sociologists might contribute to understanding large-scale organizations or societal level groupings, but resistance meets the idea that we carry the conceptual tools to “modify internal and external conditions that affect individuals, families, groups, or communities”; that is, to engage in intervention and change activities.

In the next section, I will show that even the most internal/intrapsychic schools of psychological or psychoanalytical thought—which undergird counseling, social work, counseling, and organizational development—make frequent, indeed critical, forays out of the individual/affective realm into the realm of social pressures and contexts. I will also argue that symbolic interactionism constitutes a logical and fertile ground from which we can conduct sociologically oriented practice.
PRINCIPLE 2: The Psycho-Social Matrix of Interactionism

The psycho-social matrix of interactionism derives from the fact that even psychological schools of thought have failed to explicate individual pathology without reference to social interaction. This matrix permeates psychologically oriented practice, but clearly parallels and derives influence from sociological perspectives. Symbolic interactionists contend that both individual "human nature and the social order are products of communication" (Shibutani 1961, p. 2). This contention provides a promising model for interdisciplinary conceptualization and clinical practice. It rests on three symbolic interactionist premises that throw into relief the interplay between the intrapersonal and the interpersonal:

Emergence refers to the essential distinction between humans and all other forms of life (Stryker 1959). That distinction, which lies primarily in our capacity for speech and language, enables us to think, communicate, coordinate, and interact with others as social animals. Language facilitates the unfolding of culture and the process of socialization, allowing people "to understand one another, to have behavioral expectations of one another, and consequently to orient their own behavior to that of others" (Hall 1973, p. 37).

Process means that activity and change are the normal course of events for humans, rather than equilibrium, stasis, or structure (Blumer 1962). This premise, in opposition to the deterministic assumptions about human nature that characterized early psychology, emanates from the writings of James (1892), Dewey (1922), and Mead (1934). Process "characterizes all aspects of human behavior including consciousness, thought, selfhood, activity, interaction, and society as being dynamic and continuously in flux" (Hall 1973, p. 38). Process is central to the symbolic interactionist view of group behavior as the product of "joint action" created through negotiation between individuals.

Voluntarism means that people, as the basic units of analysis, are actors rather than reactors. In Blumer's terminology, the interpretation of meaning for both internal and external objects is "self-indication," a process through which a person "notes, interprets, and assesses things with which he has to deal in order to act" (1972, pp. 134–44). Through self-indication, the person is "creator" of his or her own world, discovering as well as learning, inventing as well as responding. The person is "not simply seen as a responder to or a vehicle for biological impulses and/or social demands, but rather as the possessor of selfhood who... creates objects, designates meanings, charts courses of action, interprets situations, and controls his field" (Hall 1973).
Symbolic interactionism, then, focuses on how humans handle and fashion their world, including their interpersonal relationships. If we apply these three central premises—emergence, process, and voluntarism—to the social symptom of homelessness, for example, we see a logical basis for sociologically grounded intervention: The individual creates through interaction with others a course of action that yields a unique identity in flux. Intervention may disturb or redirect the course of action and, thus, the person's identity. With these premises in view, let us turn to a selective and retrospective discussion of some early and influential 20th-century psychological theories in order to demystify their explanatory power.

Interactionism in Psychology and Psychiatry

A close relationship exists between symbolic interactionism and psychological/psychoanalytic traditions. Although Sigmund Freud did not always make social contexts explicit, external forces are omnipresent in his writing, especially in Civilization and Its Discontents (1961 [1930]), Totem and Taboo (1950 [1913]), and Group Psychology and the Analysis of the Ego (1975 [1921]). In Group Psychology, Freud defines psychoanalysis as “social psychology” and declares that individual psychology is rarely in a position to disregard the relationship of the individual to others.

Even Freud’s most intrapsychic of models relates the dynamics of self to the social order. Values, ideals, and moral codes transmit through primary socializing agents, manifested in the superego. His theory of the unconscious casts the id into the role of seeking gratification through the “pleasure principle.” A person tends to seek pleasure and avoid pain according to definitions superimposed from birth by parents and educators and later internalized as his or her superego (Freud 1955). The theory involves an important voluntaristic element, however, in that id does not instinctively rule the personality, nor does superego arbitrarily restrict it: ego seeks to reduce tension between id and superego through the “reality principle.”

Freud acknowledged the importance of significant others who, through social interaction, assist ego in gradually dropping the id’s elementary narcissism and replacing it with the ability to love others and respect oneself (process and emergence) (see Sanford 1963, p. 80). As Brown points out, Freud’s belief that the physico-chemical “interacted with an environment the most significant part of which was other human beings” tempered his psychological determinism (1961,
The parallel concept in sociological symbolic interactionism is self-concept, which develops through interpersonal relations (compare Cooley's "looking glass self" and Mead's I/me). Freud's model is strikingly similar to Mead's description of the process whereby a child's "I" gradually incorporates the values and attitudes of community ("the generalized other") into a more adult and responsible "me" (Mead 1956). Mead's intertwined concepts of play, the game, and the other lead us to a deeper understanding of how the unique individual gradually comes to internalize social norms, develop shared meanings with others in a team effort, and ultimately to take the role of the other.

Freud referred to psychoanalytic therapy as the "talking cure"—with a decided emphasis on meaning and communication (emergence). It was also voluntaristic in intent: The patient could achieve a "cure" by doing most of the work. This method seems commonplace now, but in Freud's time it stood in stark historical contrast to the typical treatments of prayer, isolation, medical remedies, forcible restraint, and quackery. Significantly, Freud would not accept psychotics as patients because they could not relate (communicate) to the analyst on the basis of shared meanings.

Karen Horney also became known for her conviction that the patient could take a large responsibility toward self-analysis, underscoring the voluntaristic nature of her view of neurosis. Horney found the antecedents of disorder in social situations, especially interpersonal relationships in the family, and viewed neurosis as a disturbance in one's interpersonal orientation, including attitudes toward others. She argued that neurosis is relative, varying in definition by culture, class, and gender—a very sociological insight in itself: "Neurotic responses are first of all deviations from the usual patterns of behavior appropriate to a given culture at a given point in time. They are both culturally determined and culturally relative" (Ford and Urban 1965, p. 493). Her scheme clearly encompasses interactionist concerns with shared meaning, as well as with voluntarism.

The ego-analysts, who also extended and diverged from Freud's ideas (for example, Erikson 1968), emphasized normality, health, and day-to-day experiences as crucial to understanding the person. They offered a constructive, voluntaristic interpretation of human motivations that defined people as actively seeking interaction with situational events in their "social milieu." The person not only reacts to, but seeks engagement with the social and physical world; the interactionist position on voluntarism and negotiation of identities and joint actions parallels this analysis. Each person develops adaptations that are useful in handling the social and situational environment.

Alfred Adler, who made an open and relatively clean break from orthodox Freudian analytical theory, represents a further move toward an interactionist
Adler acknowledged the impact of events and relationships external to the individual, but insisted that "objective reality" is observable to therapist or researcher only through the subjective report or "fictions" of the individual. Adler recommended that the therapist use "empathic understanding"—trying to see actor from actor's point of view (1931, p. 72). This is similar to "subjective interpretation" (Weber) which, as Alfred Schutz points out, is an attempt to understand "the actor's action from his, the actor's point of view" (1963, p. 245). Adler felt that how a person interprets and evaluates experience is more important than the experience per se. A social context of "interlocking" relations embeds the individual from birth onward. This is clearly in keeping with the interactionist insistence on respecting the real world of the person and on interpreting reality only through the eyes of the observed. It is also reminiscent of Cooley's notion of "definition of the situation."

According to Adler, each person develops his or her own "style of life," fixed by age five, and relatively unchanging over the person's lifetime. Adler believed that no one can live effectively in isolation from others; individual psychology became very much a social psychology. The person's responses to interpersonal situations were paramount. One of the basic responses of a normal person, said Adler, was social interest, the absence of which would indicate pathology. Finally, in enumerating "safeguarding tendencies" that protect an individual's evaluation of self as superior, Adler included two major orientations toward others—aggression and seeking distance. In his theory of the inferiority complex, he carried his stress on meaning and definition to a conclusion paralleled by the sociological concept of relative deprivation.

Third Force or humanistic psychology (exemplified by the work of Rogers 1961, 1963) distinctly concerns itself not only with the inner workings of an individual's psyche, but also with the symbolic meanings attached to inner images, and to one's capacity to relate effectively with others. Like Adler a phenomenologist and a firm believer in the goal-directed capacities of humans, Carl Rogers views the individual as a purposive organism capable of "free and undistorted awareness." His theory is clearly interactionist and voluntaristic. Rogers assumes that individuals are inherently capable of differentiating between effective and desirable, and ineffective and undesirable responses: "... experiences are being accurately symbolized and continually and freshly valued in terms of the satisfactions organismically experienced" (Rogers 1963, p. 210). This passage is reminiscent of Blumer's self-indication and interpretation of meanings. The cue to differentiation for Rogers is the full range of affective responses that permit the person to evaluate each experience or interaction and
eventually to form purposive behavior (Blumer's "line of action"). Events become symbolized through images and language ("self-experience"), which in turn feed into the "concept of self"—patterns of thought about the self and about the relationship of self to others. In growing up, the child experiences parental anger or disapproval as a negative affect, love and approval as a positive experience. He or she develops a "need for positive regard," which also stems from evaluations by others that have direct consequences for the child's interpersonal relationships. Behavior disorder results from conflicting or negative messages from the crucially important others who thus produce in the person a negative self-evaluation (and pathology).

Existential psychology takes the themes of phenomenology (subjective experience of the individual) and the importance of social interaction to perhaps their logical conclusion: We simply cannot understand the individual outside the context of his or her social environment. Neither psychological nor sociological (nor any) theories of behavior are totally accurate because they do damage to the inner, personal character of a person's immediate experience by fragmenting it (a view that is central to symbolic interactionism). The person always exists within a context, and derives a sense of being through relations with other people, objects, and situations. "Authentic being" consists of sharing one's subjective world with that of others, and vice versa. Illness consists of "nonbeing" or "nothingness" and a sense of isolation from others. A person's behavior is the product of self awareness and "habitual ways and intents of relating with and to situations, objects, and people" (Ford and Urban 1965, p. 449; compare May 1958, pp. 61-66).

The work of Harry Stack Sullivan (1953) is fundamentally an interactionist statement. Sullivan refuses to conceive of the individual in vacuo. People make other people sick; people are necessary to make them well again. Interpersonal transactions both produce and alleviate emotional disorders; his emphasis is not on individual behavior so much as on "interpersonal transactions." Like Freud, Sullivan defines the therapeutic relationship in terms of interactions between client and therapist, referring to the latter as a participant observer (a term prominent in sociological methodology, of course).

Sullivan speaks of "dynamisms"—learned, habitual patterns of response surrounding human interaction—and of the "self-system" of behaviors acquired in interpersonal relationships that serve to avoid or minimize anxiety. These behaviors become patterned or systematized for each individual. The self-system, which eventually comes to protect the person's self-esteem, Sullivan feels is a pattern universally found in normal as well as disordered individuals. The
person's "orientation to living," he says, is a critical development during the "juvenile era—the actual time for becoming social" (1953, p. 227). Intimacy and loneliness characterize pre-adolescence. During early adolescence the development of sexual interest in the opposite sex is an important shift in interaction patterns. Similarly, Sullivan defines personality as the "relatively enduring pattern of recurring interpersonal relationships characteristic of the human life" (1953, pp. 110-11).

Learning theory and behavioral psychology, with their currently fashionable application as behavior modification, deal with the impact on the individual of rewards and punishments that emanate from external sources, usually human. Behaviorism deals with interaction between self and other in a predominantly mechanistic (action-reaction) model, rather than in voluntaristic terms.

We have seen how psychological theory views internal pressures as emanating from the biological nature of humans, but also from a person's relationship to others. Both the internally produced (drives, instincts, physical needs) and the externally produced (needs for intimacy, security, status, approval) are salient features of human behavior. Furthermore, we can see from this cursory examination the recurrent suggestion that humans appear to develop patterns of interaction with others that are internally as well as interpersonally meaningful. These patterns carry explanatory power greater than that achieved by intrapsychic or physiological phenomena alone. Interactionist assumptions and ideas infuse the framework for psychologically grounded practice. They also provide a basis for sociologically grounded practice.

PRINCIPLE 3: Legitimacy of the Interactive Perspective as a Basis for Practice

The third principle underscores the legitimacy of the interactive perspective as a foundation for sociological practice. As we have seen, interactionist threads in psychology point to the futility of trying to separate individual from societal forces in explaining human behavior. However, sociological models of interaction have tended to overemphasize socialization and internalization of social norms, at the expense of incorporating personality and other differences into social theories (Ellis 1971, pp. 692–703; Wrong 1964, pp. 112–22).

Historically, psychological theorists recognized the social context of human pathology and health, but their direction of treatment emphasized the individual end of the individual-social dimension. Although the symbolic interactionist principles of emergence, process, and voluntarism figure prominently in their works (albeit not labeled as such), narrowly individualistic therapies emphasi-
ing intrapsychic dynamics were adopted by behaviorists, social workers, and psychotherapists. The most significant exception is family systems therapy, which emerged in the late 1960s and 1970s and focused on interaction patterns among family members. For example, Watzlawick (1990) rejects the traditional psychodynamic approach of seeking causal explanations of personal disorder in traumatic childhood events. He emphasizes uncovering patterns of interaction, conflicting definitions of the situation, and lack of shared perceptions. Therapy is an activity that helps clients develop harmonious constructions of reality. This is certainly a contemporary version of symbolic interactionism.

Equally, sociological practitioners place individual problems and symptoms firmly within a social and interactive context. We offer a broad interactionist understanding that contributes to breakthroughs in the treatment of individuals, small groups, or families. We work on organizational or community issues by carefully applying research findings, theories, and concepts to a level of social order that we still understand as a product of individual interactions. Both micro- and macro-level interventions become more powerful when we resist psychologizing or treating the unit of analysis in vacuo.

The Challenge to Sociological Practice

The challenge to sociological practice is to ferret out the best of sociological theory—from whatever perspective—and systematically show how we can translate our insights and predictions into application in the real world of individuals, families, gangs, corporations, groups, and communities. Rebach suggests that sociological intervention

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\ldots \text{helps client systems change networks, add roles, strengthen relationships, deal with interactional difficulty and with socially constructed reality} \ldots \text{intervention plans include establishing structures that prevent regression and facilitate continued adaptation and change as needed by the social system. (1991, p. 63)}
\]

For example, role theory provides a vital connecting link between the structural level of society (the nomothetic) and the personal level (the idiographic); it is one rich source of insights. Levinson specifies the “personal role-definition” (variation in style of performance of roles) as a phenomenon that represents the integration of the psyche and the socius. As such, personal role definition is an aspect of personality and represents the individual’s attempt to
structure social reality (1964, p. 292). Fein (1990, 1991) sees personal unhappiness as problems in roles: Fix badly constructed or dysfunctional roles and help people change them through social support, socialization, and resocialization.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)-1987* defines personality traits and personality disorders:

Personality traits are enduring patterns of perceiving, relating to, and thinking about the environment and oneself, exhibited in a wide range of social and personal contexts. It is only when personality traits are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective stress that they constitute Personality Disorders.

Fein makes the point that roles created through interaction may be faulty and result in interpersonal disturbances. The DSM mentions but does not fully explore the interpersonal and social context of roles.

Sociologically speaking, two or more persons in focused interaction constitute a group. Concepts such as definition of the situation, self-fulfilling prophecy, and marginality also furnish intelligible links between individual and society. They go a long way in helping us to fathom the underlying causes of conflicts for and among individuals in families, work groups, communities, and bureaucracies. It is appropriate to return to the NASW definition of psychotherapy referred to earlier: “[Psychotherapy is] . . . the use of psychosocial and social methods . . . to modify internal and external conditions that affect individuals, families, groups, or communities with respect to their behaviors, emotions, and thinking, and their intrapersonal and interpersonal processes.” Practice for sociologists lies in intervention in problems relating to interpersonal processes as they appear in patterned interaction among individuals in groups of all sizes and types. The primary goal of such intervention is to modify interpersonal behavior and to ameliorate the negative impacts of external conditions that affect interpersonal processes.

What are “psychosocial and social methods”? Are they beyond the realm of sociological practice? Are they limited to Freudian, Jungian, Adlerian, Ericksonian, or other “psychological” therapies? Or can sociologists engage in intervention for positive social change with methods derived from our own perspective? Although sociologists may often utilize practice skills and techniques developed by social workers and psychologists, we have developed many of our own. For example, community analysis and organization (Alinsky 1941), the focused interview
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(Merton, Fisk, and Kendall 1956), social analysis (Jaques 1982), and participatory research (Stoecker and Beckwith 1992), just to name a few, were crafted from the breadth and scope of the sociological perspective. In turn, we have influenced techniques used by other disciplines.

Seem (1991) says there are skills most closely identified with applied sociology (e.g., applied research, theory construction, and curriculum design) and skills most closely identified with clinical sociology (e.g., counseling, problem solving, and practical teaching). While this division within sociological practice is irrefutable, there are nonetheless central sociological practice skills such as “community organization (mobilizing), planning, problem solving, qualitative and quantitative research, applied research, statistics, program administration, leadership, program evaluation, marketing, public speaking, clinical intervention in social, political, and psychological systems, small group communication skills, political analysis and coalition building, self-clarification, ethical decision making, consultation, mediation, applied demography, theory construction (inductive and deductive), theoretical application and intervention, interviewing, counseling, brokering, formal writing, grant writing, critical thinking, empathy, and networking...” (pp. 64–67). Bruhn and Rebach (1991) list roles sociologists can play: Organizational consultant/organizational development; social impact assessment; community organization; mediation/conflict resolution; program development/program evaluation; counselor/sociotherapy; teacher/trainer; broker; advocate; and group facilitator.

Can sociotherapy, facilitated group interaction, community action, network analysis, organizational analysis, social impact assessment, program evaluation and development, and conflict resolution—just to mention a few methods utilized by sociologists—constitute an equally legitimate practice? Logically, there is no reason why they cannot. For example, Wenner (1991) discusses his role as a sociologist in the Department of Agriculture as “identifying measures to avoid or reduce unwanted social and economic effects of agency programs” and “designing and initiating a training program in social impact analysis” (p. 4). The specific skills or techniques used in sociological intervention draw from a variety of helping and action frameworks and are still being expanded. The important distinction for clinical sociology is that it constitutes the “application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in communities” (Glassner and Freedman 1979, p. 5).

The meaning attached to interaction by all participants is a key both to intrapersonal motivational impetus and consequences for group members. Meaning should form a touchstone to which the clinical sociologist will return again
and again in working with clients. The regularized, typical patterns of group structure, norms, and stages of development—theoretical and empirical exploration of which is a rich part of the sociological tradition—can provide a platform from which the sociologist analyzes and interprets interpersonal conflict, power and leadership struggles, isolation and alienation of individuals within subgroups, and role problems. Finally, we should cast in a new interventional light the vast sociological literature on cultural and ethnic differences (and their impact on individual behavior), socialization (and its failures), and the formation of identity, the self, and self-concept.

The act of applying sociology involves commitment and passion, risk and excitement. Monti, in his recounting of Frederick Thrasher’s important early work on gangs in Chicago, underscores the “sense of urgency that drove Thrasher to ask not just interesting questions, but important questions. . . . It is only by doing something with our work, and not merely doing the work itself, that we are likely to learn what is important and what is not” (p. 38). In his re-interpretation of Weber’s “Science as a Vocation,” Lechner writes in “Sociology as a Vocation” that “we can find meaning in sociology as a profession and a passion, as a virtue and a vocation. To argue that we can is not to imply that we always do; just as Weber did not claim that all scholarship was in fact illuminating. . . .”(p. 47).

Olsen (1987, p. 3) defined applied sociology as “the processes of applying sociological knowledge and techniques to understanding and dealing with social issues and problems.” Because the process of applying sociology “brings scholarship and practice together into a more integrated endeavor in which both kinds of sociological work are highly interrelated and interdependent,” it unifies sociology into a single profession (p. 5). Olsen’s definitions exclude clinical practice and define activities such as social impact assessment and program evaluation as applied rather than clinical sociology.

The purpose of the best sociology is to understand people as people, not as isolated psyches tangled in their internal webs, nor as social beings caught in the morass of their cultures. As sociology matures, it must meet the challenge of showing how sociological theory is not only relevant to, but essential for the most effective intervention in the lives of real people. That other disciplines have relied on interactionist interpretations of human behavior should be a lesson to sociologists as well. The strength of sociology is that we also have developed broad social structural theories that enable us to approach problems of human interaction through multiple levels of analysis. Indeed, we have a rich and legitimate theoretical source for sociological practice and application.
NOTES

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1. In a survey of over 700 sociological practitioners, Ruggiero and Weston (1991, p. 62) found seven principal objectives that define practice: "social problem solving, research problem solving, social change, client-centered work/research, intervention, problem analysis/exploration, [and] person problem solving." Clark (1986, p.1) defines clinical sociology as "the application of a sociological perspective to the analysis and design of intervention for positive social change at any level of social organization."

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Toward a Three-Dimensional Model of Suicide*

Kimberly A. Folse
Southwest Texas State University

Dennis L. Peck
The University of Alabama

ABSTRACT

Cases collected from medical examiner's records are used to assess a three-dimensional model of failure suicide. The data are suggestive that youthful suicide can be explained in part as a reaction to perceived failure, the perception that significant others fail to provide succor, and the belief that others also view the individual as a failure. Implications of the findings are discussed in light of the proposed model.

INTRODUCTION

Knowledge of the epistemological basis of risk factors involving suicidal behavior is recognized as multidimensional in nature, and this phenomenon is now being evaluated within several disciplines including biology, psychology,

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psychiatry, and sociology. (Clements, Sider, and Perlmutter 1983). A review of
some of this literature reveals a rich information base existing within the various
analytical approaches to the study of suicide: the social (e. g., Durkheim 1951
[1897]; Wilkins 1967; Breed 1968, 1972; Maris 1971; Snyder 1977; Wilson
1981; Topol and Reznikoff 1982; Curran 1986; Boldt 1982–83; Peck and Folse
1990); the psychological, including clinical and therapeutic research (e. g., Beck,
Steer and Garrison 1985; Connell and Meyer 1991; Corder and Haizlip 1984;
Davidson 1941; Droogas, Siiter and O’Connell 1982–83; Reynolds and Farberow
1976; K. Ritter 1985; Schneidman and Farberow 1968; and Roy 1991); cognitive
theory (e. g., Greenberg and Beck 1989; Johnson and Miller 1990); and the
biological sciences (e. g., Roy 1991; Holden 1992).

Several important orientations can be identified in these interdisciplinary
studies that focus on the influence of the social context. The role of the family is
especially important in that it serves as a bonding agent, shielding the individual
from suicidal behavior (Durkheim 1951; Curran 1986); the influence of stress on
the individual and the individual’s ability to solve problems influence perceptions
of well-being (Thoits 1982; Zich 1984; C. Ritter 1985); self-esteem (Kaplan and
Pokorny 1976; Hoelter and Harper 1987; Dukes and Lorch 1989); and perceived
helplessness (Reynolds and Farberow 1976; Topol and Resnikoff 1982).

According to Reynolds and Farberow (1976) and Zich (1984), personal
control is crucial to a healthy self-esteem and a positive view of life. For example,
adolescents who perceive their relationship with parents and siblings as strained
or believe they are rejected or overprotected, experience a loss of control over
their environment: “Escalating problems could then lead to an increasing sense
of hopelessness and importance about effecting solutions within the family,
eventually ending in a suicidal mental set” (Topol and Resnikoff 1982, p. 149).
Family members and significant others also play an important role in influencing
self-esteem, where “... low self-esteem predicts a diminished sense of purpose
of life.” A diminished sense of purpose in life is identified by Dukes and Lorch
(1989, p. 316) as a motive for those who attempt suicide as well as for individuals
who commit suicide.

Other analysts view suicide as resulting from a process set in motion by
several psychosocial and environmental factors. For example, Peck and Folse
(1990) hypothesize that teenage suicide occurs because of a lack of accommoda-
tion/adaptation to change. These analysts found that the perceived inability of
youth to gain control over their lives represents one important element in reactive
non-accommodating behavior that may eventuate in suicide. This perception
manifests itself through notions of inadequacy and failure.
The relationship between suicidal behavior and depression also is well documented in the research literature reported in cognitive theory (e.g., Zich 1984; Connell and Meyer 1991; Roy 1991), and therapy (e.g., see K. Ritter 1985 for a review of this literature). Whether depression is the determining factor or is a factor that increases the probability of suicidal behavior, depression is related to negative attributional style (Greenberg and Beck 1989; Johnson and Miller 1990), low self-esteem (Surasky and Fish 1985), and suicide (Holden 1992).1

Boldt (1982–83) argues that the decision to commit suicide is based on the actor’s assessment of others, especially family members, toward self, while Wortman, Costanzo, and Witt (1973) state that the responses of significant others affect self-worth. Kaplan and Pokorny (1976, p. 33), argue that a positive relationship exists between “. . . suicidal behaviors and the experience of self-derogation in the most recent past. . . .” These analysts further note that a suicidal response to negative self-attitudes represents “. . . an attempt to avoid further self-devaluing experiences, to attach the bases of one’s self-rejection, or to evoke substitute self-enhancing responses.” Moreover, depressed people, according to Surasky and Fish (1985), are quite pessimistic regarding their ability to succeed. These perceptions cause negative expectations while also creating a dysfunctional pattern of self-denigration (Peck and Folse, 1990). As we attempt to demonstrate below, this pattern represents one dimension of a proposed model of failure suicide.

Model of Failure Suicide

The proposed model of failure suicide is grounded in a rich psychosocial theoretical literature which emphasizes the perceptual aspects of failure. Blocked pathways to success (Merton 1938), expectations for success (Harris and Stokes 1978), and the ability to meet role expectations (Snyder 1977) represent factors critical to self-perception of success and failure. Self-demand, aspirations, standards of performance, expectations of others, and self-judgment produce what Farber (1968, p. 299) hypothesized to be “the probability . . . [that] suicide varies with the level of hope and directly with a threat of acceptable life conditions and inversely with the level of the sense of competence.” Davidson (1941) long ago observed that suicidal behavior is not uncommon among individuals who extend themselves to the limits of available resources, but fail to achieve a personal acceptable level of performance. More than two decades later Breed (1968) estimated that one-half of the suicides committed each year in the U. S. qualify as failure suicides.
The model of failure suicide is constructed on the basis of self-attitude and involves a pattern of behavior, reactions, and negative self-perceptions. Factors which influence failure suicide, according to Breed (1968), include

- extreme internalization of cultural norms of success;
- great sensitivity to failure and the shame which accompanies it;
- the inability to change goals and roles; and
- worsening of inter-personal relations. (p. 287)

In their discussion of the accommodation/adaptation to change model, Peck and Folse (1990) identify four elements useful to identify the potential failure suicide. According to these analysts, the failure suicide may occur among individuals incapable or unable to adapt to change thereby contributing to a perception of failure. As noted by Peck and Folse (1990, p. 36), failure promotes a sense of hopelessness which, according to Beck, Steer and Garrison (1985), is symptomatic of a future perceived to be replete with negative expectations. Breed (1967) proposed that failure suicides are high aspirants and committed achievers intent on gaining social approval. However, when aspirations exceed the level of competency, the result is low self-esteem and shame (Harris and Stokes 1978). This situation achieves a self-fulfilling prophecy in which death is perceived as a viable alternative to continued failure (Breed 1967).

Figure 1
Three-Dimensional Interactive Model of Failure

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I.
Self's sense of competence/failure
+ -

II.
Self's perception that significant others—
provide/fail to
+ -
provide succor

III.
Self perceives that others view him/her as competent/failure
+ -
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In Figure 1 we propose a three-dimensional model of failure in which it is hypothesized that an interactive effect exists between 1) self-perceived failure, 2) self-perception that significant others fail to provide succor and, 3) the perception that significant others also perceive the individual as a failure. The first dimension of the model suggests that self-expectations and self-perception create a sense of failure to perform at acceptable levels. This perceived lack of accomplishment represents one element in failure suicide.

Over-arching with the self-evaluation dimension is the perception that significant others fail to provide the succor Farber (1968) identified as essential to a positive self-perception. Without support from significant others perception of failure is enhanced. This dimension of the failure model involves stimuli that either contributes to or diminishes the sense of well-being and competence.

Building on the looking-glass self concept (Cooley 1902, p. 184), the third interactive component of the model of failure suggests that the self perceives that others also perceive self as a failure. This component further supports the individual’s assessment that he/she lacks requisite social skills and emotional stability.

**Procedure**

The data upon which this report is based are compiled from two Medical Examiner’s Offices. In addition to investigative information that refers to contextual factors and situational meanings, some files contain suicide notes. Suicide notes can be used to identify the motives of committers as well as the intrapersonal and interpersonal factors promoting the motivation to suicide (Farber 1968; Stephens 1984). Information obtained from relatives, friends, employers, public officials, or medical staff is sometimes included in these case files and, when available, this information is used to establish the circumstances surrounding the decision to suicide.

Although self-esteem is common to suicide ideation (Dukes; Zich 1984; and Lorch 1989), the level of self-esteem must be assumed based on the content of the suicide notes. Perceptions of failure, on the other hand, can be more readily identified. These perceptions serve as the foundation upon which the failure model is developed.

According to Shneidman and Farberow (1957), Yessler, Gibbs, and Becker (1960), and Jacobs (1967) fewer than 25 percent of committers communicate their intent through documenting a suicide note. The data reported here represent but
a portion of available suicide notes; notes which include reasons for the suicidal act serve as the rationale for inclusion in this report. The documents (n = 12) include whole or excerpted verbatim statements.

According to Leenaars (1988, p. 34), suicide notes represent ultrapersonal documents in which the unsolicited productions of a suicidal person are recorded and these are generally written minutes before the suicidal act. However, the psychosocial perceptions of failure are not always stated. Thus, selection is based on instances in which the heuristic value of the three-dimensional model of failure can be demonstrated. Our intent is to evaluate failure as viewed from the perspective of the committer. The notes provide what we consider to be a valuable reference point for understanding the role perception of failure holds for those who commit suicide. In the following section data are brought to bear on the proposed relationship shown in the interactive model of failure. (see Figure 1)

Cases and Analysis

Case One

A series of negative events affecting the subject’s sense of competence is clearly demonstrated in the first example. Experiencing financial difficulty, a 32-year-old married, white, female embezzled money from her employer to pay the family debts. Unsuccessful in an attempt to secure a personal bank loan to repay the stolen money and aware that an arrest warrant had been secured by her employer, she took her life. A note found at the scene stated:

Steve,

I am so sorry. I love you, Chris and Lee very much, better than anything in the world!

I am so sorry our life together had to end this way.

We got in such a mess financially that I borrowed some money without permission. I was going to pay it back before audit next fall; however Lewis found out about it and wouldn’t except [sic] that.

I went to every bank I knew begging so to speak for help. No one, no one would help, so I figured out a way to borrow it from work—no one would be hurt. I’d had it paid back before anyone knew about it. Well it didn’t work that way.

I am so sorry!
Please raise Chris and Lee with a good life. Daddy, Mimi, Gina, your Mama and Daddy will help you.

I love everyone so much but I can't continue on like this.

My nerves, health are not very good any more.

Please don't tell Chris how this happened until he is grown and maybe can understand better. I love him so much. Just tell him God needed me more, I guess.

Oh, how I wanted a good life.

Oh well-----------------------------

I love you Steve, Chris and Lee So Very Much

Sissy

I didn’t mean to disgrace everyone & myself. Daddy, Mimi, Gina, Yvonne & Vic—I’m sorry but I love you all very much.

Each of the three interactive dimensions of the model of failure can be identified in this first example. The inability to secure financial support from a lending institution exacerbates the individual's sense of failure (Dimension I). Stating, "we got into a mess . . ." places the burden on both husband and wife. However, further statements suggest it is the wife who assumed responsibility for resolving the problem. Without support from others, as indicated by the statement, "No one, no one would help" (Dimension II), the committer sought to compensate for repeated failure. Aware that the theft had been discovered by her employer, committer's sense of failure is reinforced by the view that others share this same perception: "I didn’t mean to disgrace everyone and myself" (Dimension III). In addition, in an effort to affect the perception of others, the decedent's plea to withhold information concerning the circumstances surrounding her death is consistent with the third-dimension component of the model of failure.

Case Two

Similar to the first example, perceived failure and an unspecified problem seem to have precipitated the self-inflicted death of a 22-year-old university student. Notes found in the apartment were dated the day of his death.

Note one. A brief note addressed to a brother stated:
Mark

You’re the best little brother a guy could have. Please do good in college for Mama & Daddy. Do something good with your life, don’t do like me. Get good on the guitar. It’s a beautiful instrument. Please, make our family proud of you. I know you will.

Gary

Note two.

Mama & Daddy:

You remember how I was; “Death Before Dishonor” and all that stuff. I was supposed to be the model son, doing the best of everything I did. I’m so sorry I let you down all those times. I’ve really screwed up now. I can never be your model son again. I know I can’t say anything to let you know how bad I feel about all this, but please try to accept this humble apology and realize this is what I thought best. See you in heaven.

Gary

Two components of the three-dimensional model can be identified in these notes. Dimension I, self’s sense of failure, is suggested by two sentences: In note one the deceased implores his brother “. . . Do something good with your life, don’t do like me.” and, in note two, “I’ve really screwed up now. I can never be your model son again.” The view that the perceptions of significant others’ perceptions are affected by this failure (Dimension III) is again suggested by the apologetic tone.

Case Three

A high school senior, described as somewhat impulsive and nervous, but otherwise average, took his life. Despite involvement in many school related functions, social activities, hobbies, and part-time work, this youth held the belief that his future would be less than desirable.

As reconstructed by investigators, the deceased had previously discussed proving himself a man and he discussed taking his life. Although specific facts are absent, the tone of this note strongly suggests the subject considered himself a failure, as well as a liability to his parents. The content of the suicide note documents the writer’s perceived failure and justification for this suicide.
Dear Mom & Dad,

This is your dear deceased son saying a few parting words. I did this because I made a mess of the life I have now ad [sic] it will be worse in the future so I’m bugging out. If anyone even asks you if you had a son tell them no. I wouldn’t want to embarrass you. I also have some troubles to cure my mind ad [sic] everyone elses I’m leaving. Cry no tears I’m going to a happier place.

Love, John

This note suggests the decedent considered the present situation hopeless, believing also that the future would be devoid of positive outcomes (Dimension I). A sense of incompetence, reinforced by the perceived belief held by his parents that his behavior might prove embarrassing provide support for Dimension III of the model of failure.

Case Four

A 22-year-old white, married male died after connecting the tail pipe to the cabin of his truck. Separated from his wife, the deceased was depressed because of this separation. Two missing persons reports had been filed with the police; one report was filed by the deceased’s girlfriend, the other by his wife.

Two notes were found. The first note, unaddressed, contained the following statement:

Well guys here I am dead. I told you all the weakness was mine. Please take care of alli + Bo. JASC - get a real life. You see where this one goes

your brother

The second suicide note is addressed, but it is unclear as for whom the message is intended:

Hello Dear!

Im lying around in my dorm room feeling drained. After I got back here I called home. Steve was the only one home but I told dad anyway. I don’t very much see the point of trying to hide it. It’s just going to stress me. But tomorrow they’re going to get my car. My dad
told me that he believes the trip I decided to take with my girlfriend to . . . (city named) was unnecessary [sic].

I feel so yucky right now. I even took a walk to try and make myself feel better but no dice. I came back and started getting mad at you. (Don’t worry I’m not blaming you)

The decedent viewed himself to be weak, incapable, and inadequate (Dimension I) leading, in turn, to a perception of failure. Dimension II, perceived lack of support, can be inferred from the content of note two, where reference is made to the father’s lack of support for the deceased’s judgment. The subject’s anger, turned inward through an act of suicide, appears to be directed toward another person. The final paragraph of the second note is illustrative of this man’s sense of failure and the need to express his anger in a physical way.

*Case Five*

An unemployed single, 27-year-old white male died of a self-inflicted gunshot wound to the chest. Described as depressed because of a lack of friends, especially a girlfriend, the decedent apparently spent the previous evening in the county jail. A note dated the day of his death found at the scene stated:

Well, I am gone.

I didn’t have anything, but a mother and Father and a place to live.

I really *loved* my Mother and Father. Just Remember that you all (Mom and Pop) were loved by someone.

Just don’t get down and out like I am. I Just Feel like *NO* one likes me, but my Mom and Pop. I don’t have a girlfriend or a Job.

But most of all I am going to see my Lord and Savior *Jesus Christ*.

I know I didn’t act like I liked or even loved Kim, But I did.

Just Remember that I really loved these people:

1. Pop
2. Mom
3. Pam
4. Mike
5. Kim
6. Curtis (Mr. G...)
7. Christopher
8. And all of my Family, close or Faraway

Ask Bro. Bill R. and Bro Cliff P. to Preach at my Furral.

I’m sorry this happen. But Just Remember that *I Love you Mom and Pop*

Pam and Mr. G.

Sing the Song!
Beluah Land
Sat. July 13, 1991
I got arrested last night in Gordo. I spent the night in jail. My car’s in Gordo. Go to the City Hall Monday Morning and talk to them about it.

Again, each of the three dimensions of the model of failure suicide can be identified. First, a lack of friends or a girlfriend points to the importance placed on friendship and a recognition of his social incompetence (Dimension I). Recognizing also that his feelings and behavior were inconsistent, the young man wrote: I know I didn’t act like I liked or even loved Kim, But I did.” In this aspect of life, then, the decedent recognized a basic albeit important failure to communicate with a significant other.

The statement “Just don’t get down and out like I am,” suggests a perception of failure. With the exception of his parents, the deceased felt the need for affirmation from significant others (Dimension II). This can be identified as an important element missing in this man’s lifestyle. The decedent states, “I just feel like no one likes me, but my Mom and Pop.” A recent arrest, and his unemployment status may have reinforced, to the committer, that others shared his perception of failure this individual’s sense of failure (Dimension III).

*Case Six*

A young, white female, who was separated from her husband, died of a gunshot wound to the head. She had been drinking heavily (blood alcohol = 0.24) prior to the shooting. The autopsy also revealed the use of drugs, indicated by track marks found on the decedent’s thighs.

Three letters and a book mark found inside a Bible highlight characteristics of this committer’s recent life, which lends some support for the model of failure suicide. These documents refer to personal relationships and in one letter a love triangle the decedent had difficulty coping with is described. Given this back-
ground information the contents of the third letter, presented here, illustrate that this woman perceived herself as a failure.

... Sorry I loved too hard, too fast. In Texas if lady is too tired till tomorrow we wait. But I'm just a lady—not yours. I've just had too much bad—& I'm not your past lady. I really did love you. I'd never cheat. You were the very absolute best. Sorry I wasn't!! Ray George beat me, raped me & kept me in fear of my life. You rescued me from that and showed me kindness. So tonight I've saved him the trouble & you the hassle of carrying a gun to protect me. I was glad when you went out. No more do you have to protect a friend. I never wanted to involve anyone else. So I've saved everyone a lot of problems. Except Cocoa. Please send to Mom.

If Bob's dad will let me I'd like to be buried by the creek where I was. Remember me by Alabama tapes. Case 2' done fall in loved in loved with you men in Alabama and listed to side D in Alabama "Close you Gut," happiest in my life. If not give Mom my remaining $ to pay for cremation & sprinkle me in creek by Bobs. Tell Mom Baby Blankets are for her to send and Teddy Bear to Junior. I've been happier & more peaceful here with you & Bob. Ya'll are great men for protecting me from an animal such as Bear. But I can't stand being a burden any more. Thanks so much for you're help. But I refuse to place your freedom in jeopardy for me anymore. Just call mom so they can come get Cocoa. I love my dog—she's too sweet to get along without love & she's got lots of that from Mom & Jay.

I went to sleep knowing I've done right & caring too much. I love you Gary! for showing me there are good men in this world. I'm just not strong enough to hang on. I left David's shirt on the chair. He didn't give it up afterall.

I love you,

Sandi Jo

Sorry my stamina just wore out on people caring tonight. I'm not special enough. Ask Linda to say ceramony if she's up to it. Thanks guy.

The decedent's degraded sense of self, although mitigated by the efforts of a male friend, suggest a series of antecedent events placed her at risk to self-destruction. Perceiving herself as a burden to those who sought to protect her, the
decision to suicide further suggests the efforts of a third party to intervene were insufficient to counter the negative, dysfunctional cycle hypothesized to affect failure suicide.

A victim of spouse abuse, the decedent’s sense of incompetence/failure is identifiable when she compares herself to a significant other (Dimension I). The “victim” frame of reference also suggests the decedent perceived that her spouse failed to provide succor, an emotional support which she found with a third party (Dimension II). Despite the intervention of a third person, the decedent perceived that others viewed her as a problem. The suicide note further suggests that her death was to serve as a solution: “so I’ve saved everyone a lot of problems” (Dimension III). This negative view of self is further supported by another brief comment: “But I can’t stand being a burden any more.” As stated in the postscript, the decedent’s failure to fit in is strongly suggested by the words “I’m not special enough,” thus bring to closure the dysfunctional cycle of failure.

Case Seven

In the following case a 34-year-old divorcee experienced a number of problems involving her marriage, the raising of her children, health, and finances. A portion of a lengthy letter, mailed to her psychiatrist, follows.

Dear Dr. W.,

I am writing this letter to let you know that I can [sic] go on any longer, my mind is just too bad and my luck is worst [sic]. I tried so hard to solve my problems but they are just too big. . . . The only bad thing is that I have a lot a pressure, and is why I am giving up . . . I love D. and D. so much, but they are better off without me. Oh! it hurts so much, but I am trap [sic].

This suicide note captures only one dimension of the failure orientation (Dimension I), in that the statements appear to summarize a series of cumulative antecedent events that were instrumental in affecting the decision to suicide. Despite her love for others, problems in various aspects of her life provide evidence to support the contention that the decedent viewed herself as a failure. Because of a series of cumulative stressor events and repeated failed efforts to create a better life, this committer was unable to forecast a future devoid of similar painful experiences.
Case Eight

A gunshot wound to the chest ended the life of a 36-year-old female geologist, who was depressed because of not being able to spend more time with her lesbian lover. This relationship had previously been interrupted when the deceased took employment in another state, after which the girlfriend established an intimate relationship with another woman. Upon moving back to her home state to be near family members the decedent experienced a series of stressor events. As noted in a two-page hand written suicide note, these events included the illness of her mother, again falling in love with her lover from the past, temporary unemployment, and living apart from her lover while employed in a nearby city.

The decedent perceived life as a constant struggle, not only for herself, but for her parents and other relatives as well. Not having a spouse or a family of her own also had a negative effect. The very first sentence of the suicide note establishes the essence of perceived failure (Dimension I):

“I tired of this struggle in live to have what I can never achieve. To live with the woman I love and always loved since I first saw her in May of 1983.”

The deceased’s perception that she did not have the support she required to confront life’s struggles (Dimension II) is suggested in the brief statement:

I have always felt I needed and lacked love. I’ve always felt I am in this plight alone. . . . Everything is a struggle.

Case Nine

In case nine the three dimensions of the interactive model of failure can be identified. A former top student and star athlete, this 28-year-old computer programmer took his life soon after learning his mother was dying of cancer. Portions of a letter found at the scene state:

. . . I am just unable to cope with the tensions of modern corporate life. I feel that it is better to commit suicide now when there are no people depending upon me, than to get married and have children and leave them in a bad way when I just began to feel the pressure again.

The pressure is just too much and it will happen again, so why prolong things. I see no way out. I would have loved life if I just had a more stable personality and wasn’t such a klutz. I’m taking such an
obnoxious way to end my problems, but so seems to be the way of things. I hope my mother will never become cognizant that I died. There is no reason why she must. In this way I at least have not added to her misery. I got a job and seemed to be leading a stable life which is what I wanted and what I wanted her to see. She'll never see the difference now.

I was just unfit to be a human being. Everything I read confirms me in this. The only thing I was fit for was being a hospital patient, and that costs the state too much money. I can't see being happy being single and poor and constantly feeling as inferior as I often do. I'm only happy when I feel that I'm accomplishing something and that whatever the defects in my personality, at least I'm being constructive. Well I don't feel that way now.

The decedent's self-deprecating perception of his role in the workplace and other areas of his life clearly demonstrates a sense of incompetence or failure (Dimension I). The statement "I was just unfit to be a human being," it can be argued, represents this committer's summation of his inability to contend with work related pressures, the stress of his mother's illness, and the view that his future would be less than successful. This sense of incompetence is compounded by the perception that he is not worthy of a relationship, "I can't see being happy being single . . ." Statements in this note also suggest the decedent perceived that others view him as a failure (Dimension III).

Case Ten

The next case describes a white male, separated from his spouse and living with his parent. Despondent over his estranged wife's recent efforts to secure a divorce and to maintain custody of their child, the deceased shot himself shortly after speaking by telephone with his wife. The following note was found at the scene.

Tricia:

I love you so much it hurts. I deeply tried to be a good husband and father. But just seemed to mess things up more. I love Jenny so much I can't bear losing her and you. I really tried please understand. I made the problem. My whole life always been hard getting things that really counted. You and Jenny I love so much I can't hurt anymore.

Mom, dad, Ken, and anyone I have no hate for you. I just feel empty. Please have no hate for one another.

Jerry
Dimension I is illustrated by the decedent's failure to successfully play out his roles as husband and father. Despite having "deeply tried," his efforts "... just seemed to mess things up more." Dimension II seems clear enough; immediate family members were nonsupportive. Moreover, the wife's effort to divorce the decedent serves as a basis for the recognition that she did not perceive him to be a competent spouse or an adequate role model for the child (Dimension III).

Case Eleven

In the following case a single laborer, who had a history of suicide attempts, died of carbon monoxide poisoning. Described by his mother as a highly nervous individual since being discharged from the military, the decedent "exhibited many indications of being thoroughly disgusted with life." The mother of the decedent also indicated that her son felt his love for his girlfriend was unrequited. In the following brief note the decedent's words serve to identify two dimensions of the interactive model of failure.

There is no one to blame for what I am doing. Life is too much for me, I cannot make a go of it! I did my best, but it just didn't measure up. Sharon I love you more than life itself. Why couldn't you return that? Father I love you very much also, this is not your fault. You were wonderful to me and I love you please forgive me. I am sorry Esther for doing this here but I couldn't think of any place else. Casey this is not because of you. I have thought about it for a long time. I really love all of you and please forgive me.

Larry

The decedent's perceived failure is noteworthy: "I did my best, but it just didn't measure up" (Dimension I). This sense of failure also may relate to the decedent's view of an unbalanced relationship with his friend. That more love was given than was returned, as stated by the mother, is supported in the statement "Sharon I love you more than life itself why couldn't you return that?" (Dimension II). A lack of reciprocal support from his significant other represents an important aspect of Dimension II of the interactive model.

Case Twelve

The final case of failure suicide involves a 26-year-old divorced female. This individual was under the care of a physician who did not believe the patient capable of taking her own life. When the following letter was received in the mail, the physician informed the authorities.
Dear Dr. C.

I have been afraid, off and on for several months, that I might try to commit suicide again after 5 long years of getting cured of it; I've been even more afraid that if I did try again I wouldn't succeed, but turn out either to have a lot of very dreary brain damage or get committed to County Hospital, whichever is worse. I've been thinking I might try it partly because I have questioned why I was alive, anyhow, most of my life; partly because I can't seem to get along without making up turmoil for myself and any passers-by I can get in on it. Partly because I came to regard suicide as a good way out of it years ago; partly for a great bunch of reasons I don't know anything about; and now mainly because I got myself into another disastrous love affair. I haven't been able to understand much about . . . especially his feelings about his family and his feelings toward me, I've just insisted that he love me exclusively and forever, and make everything all right. Desperate of me, yes? When he made it more and more clear that he would rather patch up his domestic life than stay with me, I tried hard as I could to keep in mind that it was only reasonable, and he loved his children, and there were four of his family and only one of me, but it didn't work and I got desperate in the other direction—within a week I doggedly made love to two men I knew slightly and like mildly. It was (or they were) partly a defiance gesture but mainly a try at breaking off my dependence on . . . Since . . . and I had decided to become "friends," I told him the first time I spent the night with someone else, and he got ferociously angry. I told him because I thought it would be easier for both us to abolish our romantic attachment, and it certainly was. Then I figured out that not only could I not bear his contempt, I also couldn't bear that our being in love would end. In fact I couldn't bear much of anything at all. So I'm going to try my best to kill myself. It isn't easy to do; I've had to get somewhat drunk to really put my heart into it. I suppose I'd doing it to make . . . sorry, for something or other. I forget what, more as a way to tell him that I'm sorry and that I know how irreversible it all is, his behavior and mine. It's kind of penance.

I don't like writing this to you. I don't like the whole idea of suicide notes. I would guess they're usually pretty wild and that the truths they ever tell have got to be pitifully partial. But, I don't like mysteries so I felt I ought to tell you what I was thinking at least some of the time, distorted as it may be, before I stop thinking altogether. . . .
I’m asking you to do all this and hoping you will, because I don’t know who else to ask and because, for years I have thought of you as beautifully apart from my usual personal messes and also as a protector, father-type, good fellow, etc., whom I like and can trust, a benevolent authority. Last, I want to tell you that, rigid, naive, and devious as I am, I’m sure I would have found reasons to kill myself sooner or later, with or without. . . . I have been unhappy and frientened [sic] about dying for the past several days, but also more determined and sometimes euphoric. The mood in Shakespear’s “Fear No More” speech fits mine exactly, except that as subject right now I am also excited and terrified by what seems to me to be the miracle as well as the horror of death.

Thanks for being my confident and friend, and for being a fine man. I’m glad to be leaving you.

(signed) I

I am going to send a copy of this to . . . ; I’m anxious for him to dislike me less.

Each of the three dimensions of the interactive model of failure can be identified within this lengthy note in which the motivation vocabulary is clearly expressed. The decedent’s self-concept was severely damaged over a period of time in part because of “. . . another disastrous love affair.” Attempting to break off her emotional dependence, the decedent gave herself in a sexual way to other men. Rather than establishing the desired sense of competence, this behavior, described as “. . . partly a defiance gesture but mainly a try at breaking off my dependence, . . .” effectively reinforced the decedent’s sense of failure (Dimension I). These sexual encounters, intended “. . . to abolish our romantic attachment . . .” led to a total withdrawal of support from her significant other (Dimension II).

Dimension III of the failure model again points to the decedent’s former lover. Although this letter is addressed to her physician, the decedents’ comments are really directed to the most important person in her life:

I am going to send a copy of this to . . . ; I’m anxious for him to dislike me less.

It is apparent the decedent was concerned that her former lover not negatively evaluate her. Thus, Dimension III, self’s perception that others do view her as a failure, is illustrated.
Discussion

Although limited in number these suicide notes are useful for delineating three critical aspects of failure as these enter into the suicide process. Our purpose has been to identify and categorize the relationship among three interactive elements of failure and suicide; the cases reported provide some support for the hypothesized relationship.

Consistent with Stephens’s discussion (1984, p. 247), these individuals documented motives for their act of self-destruction. These data also support the contention made by Corder and Haizlip (1984) and Eth, Pynoos, and Carlson (1984) that suicide represents a final, impulsive behavioral act engaged in by young individuals who attempt to repair their negative self-concept. Documented explanations for suicidal behavior refer to events and perceptions imbued with failure: a failure to affect their social environment, failure to meet obligations and personal expectations (Dimension I); a perceived lack of support from significant others such as parents, spouse, or friend (Dimension II); and a sense that significant others perceive them as a to be failure (Dimension III). These dimensions emerge from a broader life orientation, the focus of which is the inability to affect change or to accept a changed situation.

Whether or not a suicide actually takes place is contingent on many factors, most of which cannot be identified with the kind of data usually reported in investigatory case files. Studies in which suicide attempters have been tested and interviewed provide some insight into these other factors, even though it may be argued that attempters and committers may not be representative of the same at-risk population (Peck 1984).

Evaluating these cases and the content of these suicide notes is suggestive in that the three dimensions comprising the interactive model of failure suicide can be identified. Our approach is based on the assumption of probability rather than being deterministic in nature, an approach advocated by Lieberson (1991) when a small sample size is evaluated. In Table I, dimensions of the model identified for each case are shown. Dimension I (self’s sense of competence/failure) is documented for every case. Dimension II (self’s perception that significant others provide/fail to provide succor) and Dimension III (self’s perception that others view him/her as competent/failure) also appear to represent important elements in failure. These two dimensions were not identified for every case, but they are identified for the majority of the cases reported.
Table 1  
Elements of the Interactive Model by case

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I. Self's sense of competence/failure  

II. Self's perception that significant others provide/fail to provide succorance  

III. Self's perception that others view him/her as competent/failure  

The model of failure suicide is suggested as representing dysfunctional, reactive responses to the environment and the need to assist at-risk individuals to develop realistic expectations of self and others. As noted by Peck and Folse (1990), identification of the dysfunctional elements affecting those who perceive themselves as failures is potentially useful for understanding motivations to suicide and to effectively assist these individuals to diminish suicide ideation by enhancing their ability to adapt to changed situations. Perceived failure represents an important element in the suicide process. But it is important also that explanations of why this self-perception exists should include an evaluation of the role of family members and significant others in this process. An insufficient social support system exacerbates the sense of personal failure. Failure and the view that the future will probably represent more of the same may motivate suicidal behavior as an attempt to compensate for unfulfilled outcomes, a finding which supports the contention by Greenberg and Beck (1989) that depression causes people to project present failures consistently across the self, to the world, and to the future.
Figure 2
Accommodation/Adaptation to Change Process Model: A System Approach

DYSFUNCTIONAL MODEL

THREE-DIMENSIONAL MODEL OF FAILURE

FUNCTIONAL MODEL

I. Self's sense of competence/failure
   + -

II. Self's perception that significant others—provide/fail to provide succor
    + -

III. Self perceives that others view him/her as competent/failure
     + -

Note: Portions of this model have been adapted from Peck and Folse (1990, p.37)
It is with more than minor interest that we add a statement pertaining to suicide attributed to Robert MacIver in 1942 and cited by Wilkens (1967, p. 295): “That act is the end of a process, and the significant object of study is the process that terminates thus.” It is the process leading to the final suicide outcome which the present effort addresses. In the model shown in Figure 2, the human environment intervenes in the suicide process. Thus, the model of failure suicide may assist practitioners to identify classifiable dimensions of failure ideation and to modify these perceptions through intervention, changing negative dysfunctional perceptions into positive views. These committers either identify themselves as failures or perceive that others view them as failures (Dimensions I and III). A lack of self-esteem is well documented as a contributing factor in suicide ideation; the perception of failure, identified by both practitioner and client, can be useful.

Recent research is directed toward suicide prevention (Stanley 1991), a strategy which Clements, Sider, and Perlmutter (1983) state can be good or bad depending on the circumstances and the prevailing values of a society and the professions. But, as these data suggest, not all committers or suicide attempters offer forewarnings. If professionals are to identify a dysfunctional cycle of reactions to the environment, including perceptions of failure, appropriate intervention could affect suicide ideation. As shown in Figure 2—the functional aspects of the Accommodation/Adaptation to Change Process Model—intervention disrupts the dysfunctional cycle, changing this into a cycle of positive psychosocial enhancers.

Intervention is important for, as some analysts have found, as many as 11 percent of high school students report having suicide ideation (e.g., Colten and Gore 1991). Furthermore, based on Colten and Gore's sample of Boston, high school students ranked suicide high in their list of 13 mental health problem areas. According to Wilkins (1967), intervention is a key factor in altering the suicide process. The three-dimensional model of failure suicide, we contend, offers a classification schema which can be used by mental health professionals and family counselors to identify and to assist individuals at risk to suicide.

Although some analysts may argue that the model proposed here would prove most effective in a clinical or treatment environment staffed with appropriately trained medical personnel, Zich (1984) notes that even in these environs coercive control behavior engaged in by staff (e.g., isolation of patients) and patients (para-suicidal behavior) may overshadow the exchange of positive reinforcers needed for problem-solving. Transforming maladaptive behavior into constructive behavior (Figure 2) represents a systems approach formulation, suggestive of
an appropriate treatment rationale for reshaping behavior through positive, creative, and mutual reinforcement. The model is based on a collaborative approach in which suicidal ideation is transformed into constructive problem-solving and coping behavior. It is also suggested that the "treatment" would affect the social environment as well as the individual through intervention into the negative, dysfunctional cycle.

NOTES

1. Increasingly the value of understanding biological factors affecting human behavior represents a promising avenue of investigation into the causes of suicide (e.g., Stanley 1991; Holden 1992). According to Holden, "a deficiency of the neurotransmitter serotonin has been linked not only with depression but also with high levels of aggressiveness, irritability, and impulsivity—and with violent suicides" (1992, p. 1761).

2. Based on a systems approach, the Accommodation/Adaptation to Change Process Model is comprised of negative expectations, a lack of incentives, knowledge, and skills, negative feedback, and inadequate capacity to deal with changing interpersonal and environmental conditions (see Figure 2).

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TOWARD A THREE-DIMENSIONAL MODEL OF SUICIDE


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Terminating Addiction Naturally: 
Post-Addict Identity and 
the Avoidance of Treatment*

William Cloud  
University of Denver

Robert Granfield  
University of Denver

ABSTRACT

This paper examines the characteristics of alcoholics and drug addicts 
who terminate their addictions without the benefit of treatment. Using 
what is commonly referred to as “natural recovery” processes, re-
spondents terminated their addictions without formal treatment or 
self-help group assistance. Data for this study are based on in-depth 
interviews with 25 alcoholics and drug addicts who were identified 
through snowball sampling techniques. First, we examine the post-
addict identities of our respondents to see how they view themselves 
in relation to their addictive past. Next, we explore the reasons 
respondents gave for avoiding treatment and self-help groups. We 
then examine the factors in our respondents’ lives that promoted 
natural recovery. Finally, this paper concludes with a discussion of 
the relevance of our findings to clinical treatment and social policy.

*An earlier version of this paper was presented at the Clinical Sociology Practice Association 
meetings, Denver, Colorado, June 1993.
Introduction

The termination of alcohol and drug addictions without clinical intervention has received limited empirical attention. Research exploring this phenomenon, typically referred to as natural recovery, has found that significant numbers of people discontinue their excessive intake of addictive substances without formal or lay treatment. While the actual size of the natural recovery population remains unknown, researchers agree that their numbers are large (Goodwin et al. 1971) and some even contend that they are substantially larger than those choosing to enter treatment facilities or self-help groups (Biernacki 1986; Peele 1989). Some have estimated that as many as 90 percent of problem drinkers never enter treatment and many suspend problematic use without it (Hingson et al. 1980; Roizen et al. 1978; Stall and Biernacki 1986).

Research on natural recovery has focused on a variety of substances including heroin and other opiates (Valliant 1966; Waldorf and Biernacki 1977; 1981; Biernacki 1986), cocaine (Waldorf, Reinarman, and Murphy 1991; Schaffer and Jones 1989), and alcohol (Valliant and Milofsky 1982; Valliant 1983; Stall and Biernacki 1986). Much of this literature challenges the dominant view that addiction relates primarily to the substance being consumed. The dominant addiction paradigm maintains that individuals possess an illness that requires intensive therapeutic intervention. Failure to acquire treatment is considered a sign of denial that will eventually lead to more advanced stages of addiction and possibly death. Given the firm convictions of addictionists as well as their vested interests in marketing this concept (Weisner and Room 1984; Abbott 1988), their rejection of the natural recovery research is of little surprise.

Despite vociferous opposition, research on natural recovery has offered great insight into how people successfully transform their lives without turning to professionals or self-help groups. The fact that people accomplish such transformations naturally is by no means a revelation. Most ex-smokers discontinue their tobacco use without treatment (Peele 1989) while many "mature-out" of a variety of behaviors including heavy drinking and narcotics use (Snow 1979; Winick 1962). Researchers examining such transformations frequently point to factors within the individual's social context that promote change. Not only are patterns of alcohol and drug use influenced by social contexts as Zinberg (1986) illustrated, but the experience of quitting as well can be understood from this perspective (Waldorf, Reinarman, and Murphy 1991).

Biernacki's (1986) detailed investigation of former heroin addicts is perhaps the best known text on natural recovery. Emphasizing the importance of social
contexts, Biernacki demonstrates how heroin addicts terminated their addictions and successfully transformed their lives. Most of the addicts in that study as well as others initiated self-recovery after experiencing an assortment of problems that led to a resolve to change. Additionally, Biernacki found that addicts who arrest addictions naturally utilize a variety of strategies. Such strategies involve breaking off relationships with drug users (Shaffer and Jones 1991), removing oneself from a drug-using environment (Stall and Biernacki 1986), building new structures in one’s life (Peele 1989), and using social networks of friends and family that help provide support for this newly emerging status (Biernacki 1986). Although it is unclear whether the social contexts of those who terminate naturally is uniquely different from those who undergo treatment, it is certain that environmental factors significantly influence the strategies employed in the decision to stop.

While this literature has been highly instructive, much of this research has focused on the respondent’s unwillingness to undergo formal treatment such as therapeutic communities, methadone maintenance, psychotherapy, or regular counseling in outpatient clinics (Biernacki 1986). Many of those not seeking professional intervention nevertheless participate in self-help groups. Self-help groups have been the most popular avenue for people experiencing alcohol and drug problems. This may be due in large part to the fact that groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or Cocaine Anonymous (CA) medicalize substance abuse in such a way as to alleviate personal responsibility and related guilt (Trice and Roman 1970). Moreover, these groups contribute to the cultivation of a support community which helps facilitate behavior change.

Despite these attractions and the popularity of these groups, many in the field remain skeptical about the effectiveness of these groups. Research has demonstrated that addicts who affiliate with self-help groups relapse at a significantly greater rate than do those who undergo hospitalization only (Hingson 1991). Some have raised concerns about the appropriateness of self-help groups in all instances of addiction (Lewis, Dana and Blevins 1994). In one of the most turgid critiques of self-help groups, Peele (1989) estimates that nearly half of all those who affiliate with such groups relapse within the first year. Peele contends that these groups are not very effective in stopping addictive behaviors since such groups subscribe to the ideology of lifelong addiction. Adopting the addict-for-life ideology, as many members do, has numerous implications for a person’s identity as well as ways of relating to the world around them (Brown 1991).

Somewhere between the two positions of skepticism and optimism are the findings of Emrick, Tonigan, Montgomery, and Little (1993). In one of the most
comprehensive analyses of AA participation to date, their meta-analysis of 107 various studies on AA effectiveness reports only a modest correlation between exposure to self-help groups and improved drinking behavior. They additionally point out the compelling need for further research on the personal characteristics of individuals for whom these programs are beneficial and those for whom they are not.

Given the emerging challenges to the dominant views of recovery, research on recovery will be advanced through an examination of those who terminated their excessive drug use without the benefit of either formal or informal treatment modalities. While research has provided insight into those who reject formal treatment modalities, we know little about the population who additionally reject self-help groups. This paper examines the process of natural recovery among this population of heavy alcohol and drug users. This paper first explores the identity of previously addicted respondents in relation to their past addictions. Next, respondents’ reasons for rejecting self-help group involvement or formal treatment are examined. Strategies used by our respondents to terminate their addictions and transform their lives are then examined and the implications of our findings in relation to current addiction and addiction treatment are presented.

Method

Data for the present study were collected from 25 former drug addicts and alcoholics. Lengthy, semi-structured interviews with each of these respondents were conducted to elicit thickly descriptive responses regarding their drug involvement and termination experiences. The interview instrument was designed to examine respondents’ drug use history, problems associated with use, decisions to terminate use, termination strategies, perceptions of past drug use, and attitudes toward treatment. All interviews were tape-recorded and later transcribed.

Strict criteria were established for respondent selection. First, respondents had to have been drug dependent for a period of at least one year. On average, our respondents were drug dependent for a period of 9.14 years. Determination of dependency was made only after careful consideration; each respondent had to have experienced frequent cravings for drugs, extended periods of daily use, and associated personal problems due to their drug use. Second, to be eligible, individuals had to have terminated their addictive consumption of drugs for a period of at least one year prior to the interview. The mean length of time of
termination from addiction for the entire sample was 5.5 years. Finally, the sample includes only individuals who had no or only minimal exposure to formal treatment. Individuals with short-term hospitalization (up to two weeks) were included provided they had had no additional follow-up outpatient treatment. Also, individuals who had less than one month exposure to self-help groups such as AA, NA, or CA were included. Some of our respondents reported attending one or two of these self-help group meetings. However, the majority of our respondents had no contact with formal treatment programs or self-help groups whatsoever.

Respondents in this study were selected through “snowball sampling” techniques (Biernacki 1986). This sampling strategy uses referral chains of personal contacts in which people with appropriate characteristics are referred as volunteers. Snowball sampling has been used in a variety of studies involving hidden populations. In particular, snowball samples have been employed in previous studies of heroin users (Biernacki 1986) and cocaine users (Waldorf, Reinarman, and Murphy 1991). In the present study, snowball sampling methods were necessary for two reasons. Since we were searching for a population that circumvented ongoing drug treatment, these individuals were widely distributed. Unlike those in treatment or in self-help groups, this population tends to be more dispersed. Also, these individuals did not wish to expose their pasts as former drug addicts. In most cases, very few people were aware of the respondent’s drug-using history, making them reluctant to participate. Consequently, personal contact with potential respondents prior to the interview was necessary to explain the interview process as well as the procedures to ensure confidentiality.

While there are limitations to this sampling strategy, probability sampling techniques would be impossible since the characteristics of the population are unknown. Yet, because snowball sampling relies on network chains, demographic characteristics can sometimes be homogeneous. For instance, respondents in the present study are predominantly white. Despite this racial clustering, however, there is diversity in gender and age. Fifteen respondents were male and ten were female. In addition, the age range in the sample is 25 to 60 with a mean age of 38.4 years. All of our respondents had completed high school, and 9 were college graduates. Most were employed in professional occupations or operated their own business. The homogeneity within our sample, however, should not be necessarily construed as undermining the validity of our results. While the actual population parameters of natural recoverers are unknown, research on the characteristics of this group suggests that our sample is representative (Sobell, Sobell, Toneatto 1992; Waldorf, Reinarman and Murphy 1991; Biernacki 1986).
Forming a Post-Addict Identity

Research within the tradition of symbolic interaction has frequently explored the social basis of personal identity. Central to the symbolic interactionist perspective is the notion that personal identity is constituted through interaction with others who define social reality. From this perspective, the self emerges through a process of interaction with others and through the roles individuals occupy. Symbolic Interactionists maintain that the self is never immutable, but rather change is an ongoing process in which new definitions of the self emerge as group affiliation and roles change. Consequently, identities arise from one’s participation within social groups and organizations.

The perspective of symbolic interaction has frequently been used when analyzing the adoption of deviant identities. For instance, the societal reaction model of deviance views the formation of a spoiled identity as a consequence of labeling (Lemert 1951; 1974; Goffman 1963). Reactions against untoward behavior in the form of degradation ceremonies often give rise to deviant identities (Garfinkel 1967). In addition, organizations which seek to reform deviant behavior, encourage the adoption of a “sick role” for the purposes of reintegration (Parsons 1951). Alcoholics Anonymous, for instance, teaches its members that they possess a disease and possess a life-long addiction to alcohol (Trice and Roman 1970). Such organizations provide a new symbolic framework through which members undergo dramatic personal transformation.

Consequently, members adopt an addict role and identity, an identity which for many becomes salient (Brown 1991; Cloud 1987).¹ One respondent in Brown’s study, for instance, indicated the degree of engulfment in the addict identity:

Sobriety is my life’s priority. I can’t have my life, my health, my family, my job, or anything else unless I’m sober. My program (participation in AA) has to come first . . . Now I’ve come to realize that this is the nature of the disease. I need to remind myself daily that I’m an alcoholic. As long as I work my program, I am granted a daily reprieve from returning to drinking.

Brown’s (1991:169) analysis of self-help programs and the identity transformation process that is fostered in those settings demonstrates that members learn “that they must constantly practice the principles of recovery in all their daily affairs.” Thus, it is within such programs that the addict identity and role is acquired and reinforced (Peele 1989).
If the addict identity is acquired within such organizational contexts, it is logical to hypothesize that former addicts with minimal contact with such organizations will possess different self-concepts. In the interviews conducted with our respondents, a striking pattern emerged in relation to their present self-concept and their past drug involvement. Respondents were asked, "How do you see yourself now in relation to your past? Do you see yourself as a former addict, recovering addict, recovered addict, or in some other way?" A large majority, nearly two-thirds, refused to identify themselves as presently addicted or as recovering or even recovered. Most reported that they saw themselves in "some other way." While all identified themselves as being addicted earlier in their lives, most did not continue to define themselves as addicts. In several cases, respondents reacted strongly against the addiction-as-disease ideology, believing that such a permanent identity would impede their continued social development. As one respondent explained:

I’m a father, a husband and a worker. This is how I see myself today. Being a drug addict was someone I was in the past. I’m over that and I don’t think about it anymore.

Our respondents saw themselves neither as addicts nor ex-addicts; rather, all references to their past addictions were purged from their immediate self-concepts.

Unlike the alcoholics and drug addicts described by Brown and others, our respondents did not adopt this identity as a “master status” nor did this identity become salient in the role identity hierarchy (Stryker and Serpe, 1982; Becker, 1963). Instead, the “addict” identity was marginalized by our respondents. Alcoholics and addicts who have participated extensively in self-help groups often engage in a long-term, self-labeling process which involves continuous reference to their addiction. While many have succeeded in terminating addiction through participation in such programs and by adopting the master status of an addict, researchers have raised concern over the deleterious nature of such self-labeling. Peele (1989), for instance, believes that continuous reference to addiction and reliance on the sick role may be at variance with successful and enduring termination of addictive behaviors. Respondents in the present study, by contrast, did not reference their previous addictions as being presently central in their lives. Their comments suggest that they have transcended their addict identity and have adopted self-concepts congruent with contemporary roles.

The fact that our respondents did not adopt addict identities is of great importance since it contradicts the common assumptions of treatment programs.
The belief that alcoholics and drug addicts can overcome their addictions and not see themselves in an indefinite state of recovery is incongruous with treatment predicated on the disease concept which pervades most treatment programs. Such programs subscribe to the view that addiction is incurable; programmatic principles may then commit addicts to a life of ongoing recovery, often with minimal success. Some have suggested that the decision to circumvent formal treatment and self-help involvement has empirical and theoretical importance since it offers insight about this population that may be useful in designing more effective treatment (Sobell, Sobell and Toneatto 1992). While research has examined the characteristics of individuals who affiliate with such groups, few studies have included individuals outside programs. Therefore, there is a paucity of data that examines the avoidance of treatment. We now turn to an examination of respondents' attitudes toward addiction treatment programs.

Circumventing Treatment

Given the pervasiveness of treatment programs and self-help groups such as AA and NA, the decision to embark upon a method of natural recovery is curious. Some of our respondents report having had direct exposure to such groups by having attended one or two AA, NA, or CA meetings. Others, although never having attended, reported being indirectly familiar with such groups. Only two of our respondents claimed to have no knowledge of these groups or the principles they advance. Consequently, respondents, as a group, expressed the decision not to enter treatment, which represented a conscious effort to circumvent treatment rather than a lack of familiarity with such programs.

In order to explore our respondents' decisions to bypass treatment, we asked what they thought about these programs and why they avoided direct involvement in them. When asked about their attitudes toward such programs, a few of our respondents commented that they believed such programs were beneficial for some people. Several respondents credited treatment programs and self-help groups with helping friends or family members overcome alcohol or drug addictions. Overall, however, our respondents disagreed with the ideological basis of such programs and felt that they were inappropriate for them.

Responses included a wide range of criticisms of these programs. In most cases, rejection of treatment programs and self-help groups reflected a perceived contradiction between the respondents' worldviews and the core principles of such programs. Overcoming resistance to core principles which include the views...
that addiction is a disease, once an addict always an addict, or that individuals are powerless over their addiction, must be adopted by those who affiliate with such programs. Indeed, individuals who subscribe to alternative views of addiction are identified as "in denial" (Brissett 1988). Not unlike other institutions such as the military, law school, or mental health hospitals, self-help groups socialize recruits away from their previously held worldviews (Granfield 1992; Goffman 1961). It is the task of such programs to shape its members’ views to make them compatible with organizational ideology (Brown 1991; Peele 1989). Socialization within treatment programs and self-help groups enables a person to reconstruct a biography that corresponds to a new reference point.

Respondents in our sample, however, typically rejected specific characteristics of the treatment ideology. First, many expressed strong opposition to the suggestion that they were powerless over their addictions. Such an ideology, our respondents explained, not only was counterproductive but was also extremely demeaning. These respondents saw themselves as efficacious people who often prided themselves on their past accomplishments. They viewed themselves as being individualists and strong-willed. One respondent, for instance, explained that “such programs encourage powerlessness” and that she would rather “trust her own instincts than the instincts of others.” Another respondent commented that

I read a lot of their literature and the very first thing they say is that you’re powerless. I think that’s bullshit. I believe that people have power inside themselves to make what they want happen. I think I have choices and can do anything I set my mind to.

Consequently, respondents found the suggestion that they were powerless incompatible with their own self-image. While treatment programs and self-help groups would define such attitudes as a manifestation of denial that would only result in perpetuating addiction, our respondents saw overcoming their addictions as a challenge they could effectively surmount. Interestingly, and in contrast to conventional wisdom in the treatment field, the overwhelming majority of our respondents reported successful termination of their addictions after only one attempt.

Our respondents also reported that they disliked the culture associated with such self-help programs. In addition to finding the ideological components of such programs offensive, most rejected the lifestyle encouraged by such programs. For instance, several respondents felt that these programs bred dependency and subsequently rejected the notion that going to meetings with other
addicts was essential for successful termination. In fact, some actually saw a
danger in spending so much time with addicts who continue to focus on their
addictions. Most of our respondents sought to avoid all contact with drug addicts
once they decided to terminate their own drug use. Consequently, they believed
that contact with addicts, even those who are not actively using, would undermine
their termination efforts. Finally, some respondents reported that they found self-
help groups “cliquish” and “unhealthy.” One respondent explained that “all they
do is stand around smoking cigarettes and drinking coffee while they talk about
their addiction. I never felt comfortable with these people.” This sense of
discomfort with the cultural aspects of these programs was often keenly felt by
the women in our sample. Most women believed that self-help groups were male-
oriented and did not include the needs of women. One woman, for instance, who
identified herself as a lesbian, commented that self-help groups were nothing but
“a bunch of old men running around telling stories and doing things together.”
This woman found greater inspiration among feminist support groups and
literature that emphasized taking control of one’s own life.

The Elements of Cessation

The fact that our respondents were able to terminate their addictions without
the benefit of treatment raises an important question about recovery. Research
that has examined this process has found that individuals who have a “stake in
conventional life” are better able to alter their drug-taking practices than those
who experience a sense of hopelessness (Waldorf, Reinarman, and Murphy
1991). In their longitudinal research of cocaine users, these authors found that
many people with structural supports in their lives such as a job, family, and other
involvements were simply able to “walk away” from their heavy use of cocaine.
According to these authors, this fact suggests that the social context of a drug
user’s life may significantly influence the ability to overcome drug problems.

The social contexts of our respondents served to protect many of them from
total involvement with an addict subculture. Literature on the socio-cultural
correlates of heavy drinking has found that some groups possess cultural protec-
tion against developing alcoholism (Snyder, 1964). In addition, Peele (1989) has
argued that individuals with greater resources in their lives are well equipped to
overcome drug problems. Such resources include education and other creden-
tials, job skills, meaningful family attachments, and support mechanisms. In the
case of our respondents, most provided evidence of such resources available to
them even while they were active drug users. Most reported coming from stable home environments that valued education, family, and economic security, and for the most part held conventional beliefs. All of our respondents had completed high school, nine were college graduates, and one held a master's degree in engineering. Most were employed in professional occupations or operated their own businesses. Additionally, most continued to be employed throughout their period of heavy drug use. None of our respondents came from disadvantaged backgrounds and only a few reported having been arrested for drug- or alcohol-related offenses.

It might be concluded that the social contexts of our respondents' lives protected them from further decline into alcohol and drug addiction. Respondents frequently reported that there were people in their lives to whom they were able to turn when they decided to quit. Some explained that their families provided support; others described how their non-drug-using friends assisted them in their efforts to stop using. One respondent explained how an old college friend helped him get over his addiction to crack cocaine:

My best friend from college made a surprise visit. I hadn't seen him in years. He walked in and I was all cracked out. It's like he walked into the twilight zone or something. He couldn't believe it. He smoked dope in college but he had never seen anything like this. When I saw him, I knew that my life was really screwed up and I needed to do something about it. He stayed with me for the next two weeks and helped me through it.

Typically, respondents in our sample had not yet "burned their social bridges" and were able to rely upon communities of friends, family, and other associates in their lives. The existence of such communities made it less of a necessity for these individuals to search out alternative communities such as those found within self-help groups. Such groups may be of considerable importance when a person's natural communities break down. Indeed, the fragmentation of communities within postmodern society may account for the popularity of self-help groups (Reinarman, in press). In the absence of resources and communities, such programs allow individuals to construct a sense of purpose and meaning in their lives. Respondents in our sample all explained that the resources, communities and individuals in their lives were instrumental in supporting their efforts to change. Unfortunately, this means that those individuals from the most socially disorganized segments within America's inner cities are perhaps the least likely
to be able to rely on natural recovery in overcoming any drug problem they may experience.

In some cases, respondents abandoned their drug-using communities entirely to search for non-using groups. This decision to do so was often triggered by the realization that their immediate social networks consisted mostly of heavy drug and alcohol users. Any attempt to discontinue use, they reasoned, would require complete separation. Several of our respondents moved to different parts of the country in order to distance themselves from their drug-using networks. This finding is consistent with Biernacki's (1986) study of heroin addicts who relocated in order to remove any temptations to use in the future. For some women, the decision to abandon drug-using communities was often preceded by becoming pregnant. These women left boyfriends and husbands because they felt a greater sense of responsibility and greater meaning in their new maternal status. In all these cases, respondents fled drug-using communities in search of more conventional networks.

In addition to relying on their natural communities and abandoning drug-using communities, our respondents also built new support structures to assist them in their termination efforts. Respondents frequently reported becoming involved in various social groups such as choirs, health clubs, religious organizations, reading clubs, and dance companies. Others reported that they returned to school, became active in civic organizations, or simply developed new hobbies that brought them in touch with non-drug users. Thus, respondents built new lives for themselves by cultivating social ties with meaningful and emotionally satisfying drug-free communities. In each of these cases where respondents formed attachments to new communities, they typically hid their drug-using past, fearing that exposure would jeopardize their newly acquired status.

**Discussion and Implications**

While the sample within the present study is small, there is considerable evidence from additional research to suggest that the population of self-healers is quite substantial (Sobell et al. 1992; Waldorf et al. 1991). Despite empirical evidence, many in the treatment field continue to deny the existence of such a population. The therapeutic “field” possesses considerable power to construct reality in ways that exclude alternative and perhaps challenging paradigms. As Bourdieu (1991) has recently pointed out, such fields reproduce themselves through their ability to normalize arbitrary worldviews. The power of the
therapeutic field lies in its ability to not only medicalize behavior, but also in the ability to exclude the experiences and worldviews of those who do not fit the medical model.

Finding empirical support for natural recovery does not imply that we devalue the importance of treatment programs or even self-help groups. Such programs have proven beneficial to addicts, particularly those in advanced stages. However, the experiences of our respondents have important implications for the way in which addiction and recovery are typically conceptualized. First, denying the existence of this population, as many do, discounts the version of reality held by those who terminate their addictions naturally. Natural recovery is simply not recognized as a viable option. This is increasingly the case as media has reified dominant notions of addiction and recovery. Similarly, there is an industry of self-help literature that unquestionably accepts and reproduces these views. Denying the experience of natural recovery allows treatment agencies and self-help groups to continue to impose their particular view of reality on society.

Related to this is the possibility that many of those experiencing addictions may be extremely reluctant to enter treatment or attend self-help meetings. Their resistance may stem from a variety of factors such as the stigma associated with these programs, discomfort with the therapeutic process, or lack of support from significant others. Whatever the reason, such programs do not appeal to everyone. For such people, natural recovery may be an option they could utilize. Since natural recovery demystifies the addiction and recovery experience, it may offer a way for people to take control of their own lives without needing to rely exclusively on experts. Such an alternative approach offers a low-cost supplement to an already costly system of formal addiction treatment.

A third implication concerns the consequences of adopting an "addict" identity. While the disease metaphor is thought to be a humanistic one in that it allows for the successful social reintegration of deviant drinkers or drug users, it nevertheless constitutes a deviant identity. Basing one's identity on past addiction experiences may actually limit social reintegration. The respondents in our sample placed a great deal of emphasis on their immediate social roles as opposed to constantly referring to their drug addict pasts. Although there is no way of knowing, such present-centeredness may, in the long run, prove more beneficial than a continual focusing on the past.

Fourth, for drug and alcohol treatment professionals as well as those who are likely to refer individuals to drug and alcohol treatment programs, this research raises several important considerations. It reaffirms the necessity for individual treatment matching (Lewis, Dana, and Blevins 1994). It also suggests that
individuals whose profiles are similar to those of our respondents are likely to be receptive to and benefit from less intrusive, short-term types of interventions. Lastly, given the extent of the various concerns expressed by these respondents around some of the possible long-term negative consequences of undergoing traditional treatment and related participation in self-help programs, the decision to specifically recommend drug and alcohol treatment is a profoundly serious one. It should not be made capriciously or simply because it is expected and available. A careful assessment of the person's entire life is warranted, including whether or not the condition is so severe and the absence of supportive resources so great that the possible life-long identity of "addict" or related internalized beliefs are reasonable risks to take in pursuing recovery. Overall, the findings of this study as well as previous research on natural recovery could be instructive in designing more effective treatment programs (Sobell et al. 1992; Fillmore, 1988; Stall and Biernacki 1986).

Finally, the experiences of our respondents may have important social policy implications. If our respondents are any guide, the following hypothesis might be considered: those with the greatest number of resources and who consequently have a great deal to lose by their addiction are the ones most likely to terminate their addictions naturally. While addiction is not reducible to social class alone, it is certainly related to it (Waldorf, Reinarman, and Murphy 1992). The respondents in our sample had relatively stable lives: they had jobs, supportive families, high school and college credentials, and other social supports that gave them reasons to alter their drug-taking behavior. Having much to lose gave our respondents incentives to transform their lives. However, when there is little to lose from heavy alcohol or drug use, there may be little to gain by quitting. Social policies that attempt to increase a person's stake in conventional life could help prevent future alcohol and drug addiction, as well as provide an anchor for those who become dependent on these substances.

NOTE

1. In his study of identity transformation of alcoholics, Brown found that the conversion experience to a "recovering alcoholic" was so powerful that many individuals abandoned their previous careers to become counselors.


Evaluation Research and the Psychiatric Hospital: Blending Management and Inquiry in Clinical Sociology*

George W. Dowdall
Harvard University

Diane M. Pinchoff
Buffalo Psychiatric Center

ABSTRACT

This paper discusses the multiple roles sociologists play in conducting evaluation research in a large state psychiatric hospital. The key to understanding this form of clinical sociology is its blending of management and inquiry in a unique organizational context. The authors, sociologists who have both served as directors of the Buffalo Psychiatric Center’s program evaluation unit since its founding in 1979, present examples of the unit’s work, discussing the role sociologists play in the collection, analysis and reporting of data used by

*Direct all correspondence to George Dowdall, Visiting Lecturer, Department of Health and Social Behavior, Harvard School of Public Health, 677 Huntington Ave., Boston, MA 02115; (617) 532-3937. We wish to thank Stacey Calhoun, Jean Dowdall, Ross Koppel, George Molnar, Allan Pinchoff, and the editor and reviewers of this journal for their comments on earlier drafts, but responsibility for the paper’s ideas remains entirely with the authors. This is a revised version of a paper presented at the annual meeting of the American Sociological Association, August 1992, Pittsburgh.
hospital administrators for strategic planning, continuous quality improvement programs, and the monitoring of patterns and trends for census management, workload and staffing projections. The conduct of program evaluation and applied research in mental health care has been influenced by public policy, budgetary constraints, changes in national standards used in accrediting psychiatric hospitals, and the introduction of personal computers into the workplace. Several suggestions for improving the training of sociologists interested in this form of clinical practice are offered.

Introduction

For better or worse—and we think the latter—clinical sociological practice outside of academia is often perceived to be a distinct and even antagonistic enterprise when compared with scientific, pure, or academic sociology (Clark 1990; Fritz 1991; Strauss 1991, 1992). In part, this results from academic sociologists' lack of knowledge about nonacademic research, and it is one of the goals of this paper to present a detailed image of a certain type of clinical sociology in place of the prevailing myths of nonacademic employment (Dowdall and Dowdall 1978; Kay 1978; Smith 1991).

The voluminous literature on program evaluation (e.g., Hargreaves, Atkisson, and Sorensen 1977; Lund 1978; Shortell and Richardson 1978) discusses in considerable detail the design and execution of applied research in health care settings. There is also an extensive literature about the management of health care institutions (for an exemplary text, see Shortell and Kaluzny 1988). What remains largely unexplored is the fusion of research and management into one form of practice that is fully sociological in substance yet takes place without bearing the formal title of sociology (Halliday and Janowitz 1992: 13–14).

We present an example of clinical sociology, defined in the 1992 mission statement of this journal as “the creation of new systems as well as the intervention in existing systems for purposes of assessment and/or change.” We discuss how in-house program evaluation has been done by sociologists at a large state psychiatric hospital. Our case is a program evaluation unit which one of us founded and continues to direct, and in which the other acted as director for several years before returning to academic sociology. We examine applied research as practiced by sociologists in a state psychiatric hospital, discussing several factors that have shaped its practice. We conclude by suggesting that
graduate programs in sociology might take steps to prepare researchers for evaluation work in a management setting.

Sociology in Action: the Case of Psychiatric Hospitals

Because it represents the fusion of management with inquiry, evaluation research in state psychiatric hospitals turns out to be different from what one might imagine from reading the professional literature. Instead of a series of discrete research projects that evaluate individual programs, applied research in state psychiatric hospitals involves its practitioners in continuous discussion of program planning, management and evaluation issues, largely related to the quality of ongoing programs and the impact of management interventions and policy initiatives.

Working in a large psychiatric hospital, the sociologist operates in two roles—researcher and manager. As researcher, the sociologist uses the principles and methods of sociology to plan, monitor, and evaluate programs, collecting and analyzing data, formulating and testing hypotheses, and developing recommendations for corrective action. This work is most often done within the context of the hospital’s quality assurance or total quality management (TQM) program (see Walton 1988). As a member of the management team, the sociologist uses the principles and methods of sociology to develop data collection, analysis and reporting systems to meet the clinical, programmatic, fiscal and policy-making needs of administration. This includes selecting indicators for monitoring performance, developing implementation strategies for new programs, and, as Lund (1978) has stated, “providing timely, reliable and useful data to program management to facilitate rational data-based decision-making.”

The applied or clinical sociologist directs his or her work product to an audience largely made up of administrators and clinicians not formally schooled in the principles and methods of research. The sociologist must communicate findings, often based on aggregate analysis, to clinician/managers who, for the most part, have been taught to deal with issues in their profession on a case-by-case basis. Unlike the work product of the academic sociologist, the results obtained by the applied sociologist may not be generalizable and should not be full of disciplinary terminology and jargon (Lund 1978).

Like the sociologist working in market research or business consulting, the sociologist in this form of sociological practice does not carry the formal occupational title of sociologist (Straus 1991, 1992; also Halliday and Janowitz
Instead, New York State employs sociologists and other social scientists, particularly psychologists, as "program evaluation specialists."

Without the formal title of "sociologist," disciplinary concerns thus fade from immediate view while state policy and managerial goals and objectives come to the fore. In a similar fashion, Morrissey (1983; emphasis in original) used his experiences in the New York State Office of Mental Health's Special Projects Research Unit to argue that "... while sociology as a theoretical discipline may not always apply, the work of sociologists can and does make a difference in public and agency policy areas." His two examples show sociological research applied to policy decisions. Although involving the same state's mental health care system, our examples are not about statewide policy but about practice in a state hospital.

The Buffalo Psychiatric Center (BPC)

BPC is a large and complex state psychiatric center, serving a four-county area of western New York. It is one of several dozen facilities that the New York State Office of Mental Health operates across the state, providing psychiatric services to the severely and persistently mentally ill. Opened in 1880 as the Buffalo State Asylum and renamed the Buffalo State Hospital in 1890, it was given its present name in 1974 as part of the complex set of changes in policy and practice known as "deinstitutionalization." BPC has changed considerably from its earlier days as a custodial state hospital into a much smaller and more active center for psychiatric rehabilitation and treatment. (For more historical information and images of BPC's past, see Dowdall and Golden 1989; Dowdall, Marshall, and Morra 1990; Marshall and Dowdall 1982).

Both Mechanic (1989) and Gallagher (1987) have argued that sociologists have published little recently about the state hospital, but that it has in fact changed greatly from the image of the custodial hospital so vividly painted by Goffman (1961), Belknap (1956), and others. The recent history of the state hospital represents a fascinating chapter in the literature of organizational change. State hospitals are precisely the type of organization that one might predict would exhibit little or no change, since they are large, old, regulated by complex state law, and largely staffed by professional employees. But a unique confluence of state fiscal crisis, innovations in psychiatric and other clinical programs, management ideology, and personnel changes have produced profound organizational turbulence, which in turn has been a major factor in changing the character of sociological practice in state hospitals.
In 1991, BPC had 544 admissions and an average daily census of 481 (American Hospital Association 1991). With a staff of 1200, it operated programs for over 1800 outpatients and administered over 400 residential beds in the community. BPC is representative of the several hundred state psychiatric hospitals across the country that provide psychiatric rehabilitation and treatment to patients in need of intermediate and long-term care. BPC has been accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and certified by the U.S. Department of Health and Human Services.

BPC offers the following services:

- Inpatient Care
- Rehabilitation Services
- Day/Continuing Treatment
- Intensive Psychiatric Rehabilitation Training
- Case Management
- Intensive Case Management
- Psychosocial Clubs
- Screening and Evaluation Services
- Family Care
- Community Residence
- Residential Care Centers for Adults
- Sheltered Workshop

**Blending Management and Inquiry**

The BPC program evaluation unit was founded in August 1979. Since then, unit staffing has varied from two to seven staff. The overall size and consequently the amount and character of work unit staff performed has been influenced powerfully by several factors: 1) the changing nature of national accreditation standards for psychiatric hospitals; 2) the acquisition of personal computers for the workplace; 3) organizational turbulence produced by changes in policy, clinical practice and financing (c.f. Schinaar et al. 1992).

The work of program evaluation unit staff contains some elements that resemble the picture of evaluation research drawn in the research methods texts familiar to most sociologists (Babbie 1992; Hargreaves, Attkisson, and Sorensen 1977; Rossi, Freeman, and Wright 1979; Shortell and Richardson 1978). From the beginning, unit staff have participated in planning and evaluating numerous clinical interventions and innovations. They have collected and analyzed data for many of the hospital’s risk management programs, identifying high risk patients.
for followup, measuring the effectiveness of clinical interventions, and monitoring the quality of care. Unit staff monitor fluctuations in hospital census, number of admissions, discharges, and deaths, the use of restraint and seclusion, leaves without consent and escapes, patient falls, assaults, fights, fire setting, suicides, self abuse, accidental injuries, drug reactions, medication errors, allegations of patient abuse or neglect, and other patient-related incidents. They have conducted studies and developed programs to monitor decubitus ulcers and the effectiveness of clinical interventions designed to reduce their severity and rate of occurrence. They have assisted in the development of ward and unit staffing standards and have set up programs to monitor the use of overtime and unscheduled absenteeism. Unit staff have also demonstrated the importance of calculating age- and sex-adjusted incidence and prevalence rates in quality assurance programs where significant changes in indicators are often the result of changes in the size and profile of the patient population, not necessarily changes in the quality of patient care (Pinchoff and Caley 1991; Molnar and Pinchoff 1992).

Caley and Pinchoff (1991) present one example of a special project unit staff undertook as a pilot site to evaluate an innovative restraint and support system for the NYS Office of Mental Health. In presenting their findings, they discuss the questions mental health professionals might address in order to ensure that product evaluations are carried out safely and in a cost effective manner, and produce results useful to patients, clinicians, and administrators.

For the most part, however, the unit’s output has consisted of a series of regular and special reports distributed within BPC administration. Perhaps the most important of these is a monthly unit report which presents a series of graphs, tables, and brief written analyses of the most important trends in BPC’s inpatient census. These reports provide the empirical data that is used in day-to-day management and in strategic planning activities.

While planning and evaluating innovations have been an important source of activity for unit staff, in many ways BPC program evaluation unit staff have expanded their role primarily through involvement in the day-to-day management of this large mental health care organization. Perhaps the most striking divergence from the model of evaluation research in the literature has been its participation in the internal reorganization of the psychiatric hospital and its top management team (Pinchoff and Mirza 1982). In this context, unit staff continue to play a major role in the collection, analysis, and reporting of data used by hospital management for strategic planning, continuous quality improvement programs, and the monitoring of patterns and trends for census management, workload, and staffing projections.
Accreditation: The Impact of the Joint Commission

Among the most important factors setting the content for the program evaluation unit's work is external oversight. A modern state psychiatric hospital operates in a highly institutionalized organizational environment, in which organizational conformity to professional, political, and regulatory norms powerfully shapes everyday organizational life (Powell and DiMaggio 1991).

As the standards-setting agency for hospital accreditation in this country, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), formerly the Joint Commission on Accreditation of Hospitals (JCAH), has been a major factor in changing the type of work produced by program evaluation unit staff. It has been the policy of New York State that all of its psychiatric centers be accredited by JCAHO, just as most hospitals and healthcare centers in the United States are. Moreover, JCAHO accreditation is a prerequisite for reimbursement by federal and private insurance systems. Standards in the late 70s and early 80s (e.g., JCAH 1981) included a separate chapter that mandated program evaluation, defined as facility-wide planning of goals and objectives and organized evaluation of accomplishments. In response, program evaluation unit staff focused on this type of centralized, in-house planning and evaluation. But during the 1980s, JCAH shifted toward a more decentralized system of planning and evaluation, with individual clinical units and disciplines seeking to pursue what was variously referred to as “Quality Assurance,” “Continuous Quality Improvement” (CQI), or “Total Quality Management” (TQM). CQI and TQM both reflect the ideas of arguably the most important theorist of quality management, W. Edwards Deming, and have been employed in many industries, including manufacturing, health care, and education (Walton 1988). The program evaluation unit has evolved into an in-house source of consultation for planning, evaluation, and research.

JCAH (1981: 31; emphasized in original) standards defined program evaluation as “...a management tool primarily utilized by the hospital’s administration to assess and monitor, on a priority basis, a variety of facility, service, and programmatic activities.” Chapter 8 presented two broad standards. The first required the facility to develop written goals and objectives, based on the needs of the population served. It required a “written plan for evaluating its progress in attaining its goals and objectives,” with annual evaluations and revisions provided to the governing body, administration, and staff. The second called for “documentation that the findings of the evaluation have influenced facility and program planning.”
The 1981 JCAH manual also called for a facility-wide program of quality assurance “designed to enhance patient care through the ongoing objective assessment of important aspects of patient care and the correction of identified problems” (JCAH 1981: 33). A cycle of decentralized problem identification, assessment, correction, and monitoring was mandated by the standards, with focus on clinical care.

In response, unit staff changed their roles, functioning more in the role of technical consultant, providing assistance to clinical department heads in their new-found and, for the most part, unprepared and unwanted role as “researchers.” Program evaluation at BPC has evolved over a relatively short period of time, changing in part because of the changing external standards, in part because of the kinds of projects the unit has taken on and in part because of the computer competence of its staff and the great growth in computing at BPC.

The best way to discuss how the work of program evaluation unit staff at BPC has evolved is to examine representative summaries of activities in three different years (Buffalo Psychiatric Center 1981, 1985, and 1992). The common threads running through these examples are the requisite skills of the sociologist: knowledge of the scientific method and computer competence, including: how to design a study, formulate hypotheses, draw a sample, collect and analyze data, manage and manipulate large databases, conduct statistical tests of significance, make inferences, draw conclusions, identify associations and causal relationships. These skills are needed and valued by management in an environment that values rational data-based decision making.

Computing and Statistical Expertise

An early project illustrates the fusion of management and inquiry and shows how the actual work of a clinical sociologist makes use of the same methodological skills as the academic researcher. Using a mainframe statistical package, SAS, the unit staff developed a Personnel Management Information System (PMIS). Every two weeks (to coincide with the hospital’s payroll), unit staff would receive from the personnel department notice of which employees had been appointed, terminated, or placed on leave. This information was then used to update a data file of 34 different elements for each personnel line. Over two hundred job titles described the work of the 1200 employees. SAS programs were developed to generate reports that described the staffing of each of the administrative, clinical, and support units. This enabled the personnel department and hospital adminis-
trators to monitor the allocation of personnel resources by administrative or treatment unit and by staff title, e.g., physician, nurse, therapy aide. Unit staff developed other reports such as racial and gender profiles of the staff, useful for addressing affirmative action questions. The PMIS proved extremely useful in the day-to-day management of the hospital, drew on the research skills of the sociologists in the unit, but had virtually no connection to the types of work that make up the image of evaluation research in published sociology.

Competence in computing led unit staff to serve for some time as in-house consultants on the use of personal computers, the statewide patient information system, and other Albany-based mainframe applications. Computer competence has meant that unit staff have played a significant role in providing and interpreting data for management. Again, these activities bear little relation to published work in evaluation research, but were of significant value to BPC management. They became part of the basic expectation held by management for unit staff.

A major part of the work of program evaluation unit staff consists of using these skills to help plan and evaluate the effectiveness of clinical programs, with a particular emphasis on helping administrators and clinicians select indicators of performance which can be used to monitor and improve existing clinical programs. Recent attention in this area has been directed at the use of outcome measures with an emphasis on risk management and total quality management programs. Thus, program evaluation staff recently developed a database to monitor the extent to which variations in 30-day readmission rates are associated with changes in discharge medication prescribing and dispensing practices, controlling for age, sex, race/ethnicity, severity of illness, and type of psychotropic drug. Analysis of this database will help to identify issues of clinical significance and quality of care. Other examples of the unit’s work include the development of a database for the drug use evaluation committee to identify patterns and monitor trends in medication practices of individual physicians and patients; use of customer satisfaction surveys as part of BPC’s TQM program; and, most recently, participation in a national study to test the efficacy and safety of a new psychotropic medication to treat schizophrenia.

Conclusions and Recommendations

Sociologists employed in program evaluation in state psychiatric hospitals work under civil service job titles that are functional rather than disciplinary. At a time when sociologists are concerned about their “fragile professionalism” (Halliday and Janowitz 1992), working as an applied or clinical sociologist but
with a job title that masks one's disciplinary roots poses some major challenges of long-term professional identity. That these are also faced by those program evaluators drawn from other disciplines such as psychology or nursing does not lessen the problem, though it suggests some interesting lines of inquiry about how bureaucratic roles shape professional identity. We think that too little attention has been paid in the professional sociological literature to this question of professional submergence and identity.

But we have several concrete suggestions for those interested in this type of activity. A solid background in statistical analysis (of survey data and small-N analysis), probability and sampling techniques, qualitative and case analysis are prerequisites for the type of research we describe here. Also necessary are broad research design skills (especially for applied and evaluation research), survey research skills, some understanding of public management and budgeting, and substantial experience in health or mental health care (particularly in the principles of epidemiology and biostatistics) and hospital administration (Shortell and Kaluzny 1988). Finally, program evaluators need a solid background and a willingness to keep up with advances in computing and data processing, particularly using microcomputers. While most positions in program evaluation will require graduate training, entrance-level jobs have existed, and undergraduate applied or clinical sociology program faculty might well ponder how to match their programs with state job requirements (Ballantine 1991; Schutt and Costner 1992).

Methodological training in academic sociology has tended to emphasize the collection of new data, particularly survey data (Reiss in Halliday and Janowitz 1992). But the most useful program evaluation in state hospitals often takes the exact opposite form, using data collected by clinicians in the course of their practice to shed light on patterns of care. Sociologists can help improve the collection of data for monitoring the performance of clinical programs by providing technical assistance and consultation to clinicians and administrators in: 1) the use of sampling techniques, study design and statistical testing; 2) the selection of valid and reliable indicators of program quality and performance; and 3) the use of computers to manage databases and prepare reports.

However, it is not enough for sociologists interested in this form of practice to be familiar with evaluation research methodology. If practice is actually determined by the specific organizational context of the state psychiatric hospital, adequate preparation must include familiarity with other issues. An appreciation of the recent history of the state hospital and public mental health care might help in developing the flexibility needed to work in state government (Morrissey et al.
Both broad public policy questions (Hudson and Cox 1991; Rochefort 1989) and state psychiatric hospital clinical practice and management issues (Treanor and Cotch 1990) should be examined. Regular reading of such journals as *Hospital and Community Psychiatry* and *Administration and Policy in Mental Health* would give insight into the perspectives of clinicians and administrators. Moreover, appointment to program evaluation positions requires detailed knowledge of state civil service procedures and examinations (see Appendix A), as well as requisite experience and/or educational requirements.

Finally, to function successfully in the role of a program evaluation specialist in a state psychiatric hospital, sociologists (and those from other academic disciplines) must be willing to mute their exclusive disciplinary identities in favor of participating in a management team. But traditional graduate training often leads to just the opposite—the importance of disciplinary identity. While this is no doubt functional for the majority of graduates who will go on to work in sociology programs, graduate programs should also provide some orientation to those who will venture into nondisciplinary positions.

Sociologists who want to engage in this form of practice will find professional challenges and personal rewards. Being a sociologist/program evaluation specialist in a state hospital can mean seeing the results of one’s research actually put to use quickly, rather than having yet another report sit unused on a manager’s dusty bookshelf (Goldstein *et al.* 1978). One of the most important rewards of this activity is being able to use one’s professional knowledge and training to help in dealing with one of society’s most enduring social concerns, the care and treatment of the seriously mentally ill.
Appendix A

Appointment As Program Evaluation Specialists

In the late 1970s, appointment to these titles was done by reviewing the professional credentials of the applicants, and then evaluating how much experience a candidate had. A few years later, a standard civil service examination was used to generate scores which, when combined with an assessment of experience, were used to place a particular individual on a statewide list. (Extra credit was given if the candidate had served in the armed forces.) Following standard practice, an individual facility that wished to hire a program evaluation specialist of a given rank had to interview at least the top three candidates then available from this list, and then could choose from among these three.

The four program evaluation specialist positions (Grades I to IV) differ significantly in their experience requirements, duties, and salaries. Qualifying experience to take the exam at different levels includes a combination of educational degree with direct program evaluation experience in mental health, mental retardation, developmental disabilities, substance abuse, alcoholism, public health or college or university teaching in a related field, and/or mental hygiene clinical practice or administration. For appointment to Grade IV, at least a year in an administrative or supervisory capacity as well as an oral exam administered in Albany were added to the written exams given to all levels.

We present these details because this type of information is rarely if ever published in professional publications in sociology. Yet without this information, even the most highly qualified social scientist would simply be ineligible for appointment. Position announcements are available from the New York State Department of Civil Service.

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EVALUATION RESEARCH AND THE PSYCHIATRIC HOSPITAL


Diversity: A Managerial Paradox

Karen Stephenson  
Assistant Professor, Human Resources  
President, Human Resources Round Table  
Anderson Graduate School of Management  
University of California, Los Angeles

"That's how I build a team: around a common view of the world."

[Executive Vice President of a Fortune 100 firm describing his management style, Interview notes, 1993]

Introduction

Opposition to diversity takes the familiar form: "You don’t look like me, you don’t dress like me and you don’t think like me; therefore I don’t want to know or understand you." This opposition may only come from a fetish for the familiar, e. g., "like seeking like" or "homophyly" (Ibarra 1993a, 1993b, 1992; Marsden 1998; Rogers and Kincaid 1981). But in a positive light, as in the quote above, interpersonal similarity increases ease of communication, improves predictability of behavior, and fosters relationships of trust and reciprocity (Kanter 1977; Lincoln and Miller 1979). However justifiable this opposition to diversity may be in some settings, in other settings it only masks the dark side, a fundamental fear of differences.
If this fear of differences can be overcome, there are substantial benefits from diversity: "You don't look like me, you don't dress like me and you don't think like me, therefore I want to know you in order to learn something new." These diversity benefits are hinted at by the range and reach of a network (Burt 1992). It differs from homophyly in that it refers to differences among contacts within a person's network. Having a broad range of network relationships provides greater access to instrumental resources (Aldrich 1989; Burt 1992). Thus, a network that includes peers, superiors, and subordinates provides greater support for the implementation of a manager's agenda and the development of power (Kotter 1982; Ragins and Sundstrom 1989).

The Myth of the Pipeline

Both approaches to diversity have converged in twenty-five years of affirmative action. Equal employment opportunities have provided equal access to entry but not promotion within an organization (Morrison and Von Glinow 1990). What this means is that targeted groups (women, people of color, the disabled) have come through the corporate doors but they haven't really climbed the corporate ladder in a substantive way. Most firms bring women and minorities into the organization but they are not succeeding in moving them up into the higher tiers of the organization. As a result, the major movement by women and people of color in organizations is in and out.

Corporate America has solved one problem, that of organizational access or entry, while it has created another problem, that of frequent voluntary turnover of these targeted groups. This results in a frantic search for replacements to comply with EEO goals and timetables. Not only is this vicious cycle a waste of money and resources, but it perpetuates a false stereotype, that of women and minorities not being able to "cut it" in organizations. In other words, women and people of color are "in" but not "of" the corporation (White 1992; Kanter 1977).

In the United States, this means that glass ceilings and walls mirror a social body that is decidedly white and male. For instance, targeted groups comprise 65% of the total workforce. However, women occupy only 3% of the top jobs and minorities hold about 2%. A typical rationale used to explain these low percentages is historical artifact. The conciliatory promise is that the targeted groups are "in the pipeline" for promotion. Unfortunately, historical facts unravel this myth. Women and minorities have been in the corporate pipeline for some time and they still are not getting promoted. The pipeline is plugged. Sometimes the plug is very obvious, other times it is invisible (Schwartz 1989; Gilligan 1982).
For the frustrated person of color or woman, this results in their departure from the corporation after a short period of time (Rosen, et al. 1989; Taylor 1986). Once they leave, corporations re-initiate a cycle of recruiting to comply with EEO goals. It is a never ending story: the targeted groups are recruited; they are excluded from key aspects of organizational life, until they get frustrated and leave in what is “single loop learning” by management. The bottom line is simple: preserving the thin white line of management requires that corporations continuously recruit in “designated” categories, and recruiting is costly to the shareholder.

Why this senseless cycle? Why can’t corporations hold on to these talented people in the first place? Why aren’t women and minorities meaningfully integrated in the corporate culture? Why aren’t organizations using all of the talent within them, “no matter how they are packaged”? Here I will try to answer these questions by illustrating how the invisible networks exclude others in organizations. Then I will outline a program for what executives can do to spot these dynamics, measure them, and monitor organizational progress through continuous improvement.

How the Pipeline Gets Plugged

Rather than endlessly debate why the pipeline is plugged, I will show how the pipeline becomes plugged and what senior managers can do about it. Figures 1 through 5 are different snapshots of the same managers and professionals in a financial services company. Each figure depicts a network based on work and social interactions around the office. The data are real and are derived from the organization’s hierarchy and from surveys administered to employees. The lines drawn connecting individuals with each other represent two-way communications/relationships. The thickness of the lines denotes the intensity of a relationship, with thicker lines representing relationships of higher intensity. Any mismatch (that is, person A reports an interaction with person B, but person B does not verify this) was followed up with individual interviews and resolved.

The Organization Chart

Figure 1 is the standard organization chart of a department of 16 employees in a division of 238 employees, only the chart has been modified to highlight the gender and ethnicity of the employees. Rectangles denote men and circles denote
women. Shaded circles and squares denote U. S. minority categories (Hispanic, Native American, Asian, African American).

The executive is a Caucasian male; his administrative assistant is a woman of color. Out of the five direct reports, three are male managers, one of which is a minority. There are two white female managers. Reporting to the managers on the organization chart are nine professionals, two of which are male. Of those two, one is a male of color, the other white. Of the seven women professionals, three are Caucasian, four are minorities.

**The Prescribed Network**

Figure 2 is the same organization. This time it is drawn as the prescribed network. All the linkages are the same, only redrawn as a 'hub and spoke' network rather than a vertical hierarchy. In the prescribed network all the relationships remain the same, only the executive is redrawn in the center. In this way, decisions flow from the central hub to the managers and professionals on the periphery. The
shaded boxes correspond to the functional working departments on the organization chart in Figure 1.

The hierarchy is reconfigured as a network for several reasons. The conversion from hierarchy to network reveals an interesting pair of assumptions. First, a distinction is commonly made between prescribed and emergent networks or, restated, formal and informal structures. A prescribed network (formal structure) is composed of a set of formally specified relationships between superiors and subordinates who are distributed across functionally differentiated groups.

Second, since the prescribed network is equivalent to the formal hierarchy, the person "on top" of the hierarchy is now at the center of the network. In hierarchies, the goal is to rise to the top, whereas the goal in networks is to become "central"—to be in the center or in the "thick of things." However, an executive in the center of the prescribed network (e.g., the top of a hierarchy) may not be at the center of other critical networks within the organization.
How Work Gets Done

Informal or emergent networks, in contrast to prescribed networks, involve more discretionary patterns of interaction in which the content of relationships may be work or socially motivated or a combination of both. An example of a work network is shown in Figure 3. Employees were asked with whom do they interact or work in order to get their job done in the department. This network is very different from the organization chart in several respects.

- The bulk of the work flows through a white female manager in the lower right-hand corner of the network.
- All managers are working with their professional subordinates with the exception of one white male manager in the work group on the right-hand side of the diagram. There is no link connecting this manager to one of his subordinates.
The Grapevine

Figure 4 is a diagram of the infamous "grapevine," the informal communication network. This network was determined by surveying employees regarding their involvement in the "rumor mill," that is, with whom do you talk if you want to really find out what's going on in the organization.

- The white woman manager through whom most of the work flowed in Figure 3 is not "in the thick of things" in the informal network. Perhaps she is too busy doing her work and the work of others to hobnob by the watercooler. In any event, she talks mostly to other women of equal or lower rank in the organization.

- The white male executive is mostly talking with a white male manager in one of the work groups. Perhaps the executive is grooming his replacement or this junior manager is his "source" to what is going on in the organization. If the latter, the executive is receiving faulty
information because his "source" is not very well connected in the work of the organization (Figure 3). Add to this the fact that the "source" is connected with other white men in the organization and not to the female subordinates or minority males. In a figurative sense, the executive's right-hand man is not as knowledgeable as others, is relatively disconnected from informed others, and is therefore an unreliable source of information.

Figure 5
The Support Network

Climbing the Corporate Ladder

Figure 5 is a network diagram of the support relationships, that is, who informs whom regarding professional career advice—what it takes to succeed or "get ahead" in the organization. The central players in this network are those who "know the ropes." In this network informal mentoring relationships may emerge.
- The Caucasian female manager through whom most of the work flowed in Figure 3 is not in "the thick of things" here either. She is integrated in the work networks but socially isolated. In all probability, she may grow frustrated and leave. Most likely her knowledge resides in her head and not in the written procedures of the organization. What impact will her departure have on the work flow in that department?

- Earlier I suggested that the executive may have been informally training an heir apparent. This initial insight is confirmed in the support network. Certainly these two white males are strongly connected in two networks. On closer inspection these strong non-work connections overshadow their actual working relationship. This high-level but strong association may generate gossip and suspicion.

- Relatively isolated are a male professional of color and a male manager of color. They are unique in the department because they are the only ones with their particular gender/ethnic mix. Perhaps they feel they have no one to turn to who is like them and who can advise them.

**Discussion**

Organizational research has indicated that persons who become part of key networks and information flows in organizations tend to be more committed to, and successful in, their organization (Burt 1992; Putti *et al.* 1990; for a more technical approach, see Bienenstock and Bonacich 1992). On the other hand, surveys have found that exclusion from these same networks and the information contained therein is a major reason given by women and people of color for leaving their employer.

A careful evaluation of the percentages of women and minorities throughout the hierarchy will give a picture of diversity in the formal organization. If a great disparity of women and minorities is found between two adjacent management levels in the hierarchy, then it is postulated that a glass ceiling exists between these two levels, preventing numbers of targeted groups from advancing beyond the lower level. It is fairly easy to observe the glass ceiling in an organization (Ellis 1988; Taylor 1986). The more difficult assignment is to determine what keeps this obstruction in place in spite of concerted efforts to remove it.
On this point, human capital theory attempts to explain continued sex- and race-related differences in management by suggesting that individuals are rewarded in their current jobs for their past investment in education and job training (Blau and Ferber 1987). However, this explanation assumes that investment pays off equally for all groups. Recent studies suggest that investment yields higher returns for white males than for women and minorities.

A second theory is the rational bias explanation. This psychological theory suggests that discrimination is influenced by contextual circumstances in which sexual or racial bias results in career rewards and punishments (Larwood, Swajkowski and Rose 1988b). In this case, a manager’s decision to discriminate is based on whether such discrimination will be viewed positively or negatively by relevant stakeholders and on the possibility of receiving rewards for discriminating. Rational bias illustrates why discrimination can continue to occur despite substantial regulations against it (Larwood et al. 1988a, 1988b).

A third set of theories highlights structural discrimination. Intergroup theory (Thomas and Alderfer 1989) suggests that two types of groups exist in organizations—identity groups (based on race, ethnicity, family, gender, or age) and organization groups (based on common work tasks, work experiences, and position in the hierarchy). When the pattern of group relations within an organization mirrors the pattern in society as a whole, then evaluations of members of low-status groups are likely to be distorted by prejudice or anxiety as racist assumptions go unquestioned (Nkomo 1992).

A subset of the structural approach is that interaction patterns which are embedded in the organizational context generate, or at the very least influence, race and gender differences in network patterns (Ibarra 1993). The structural perspective argues that organizational characteristics in society, not individual traits, account for most observed differences in behavior and organizational experiences (Moore 1990). Therefore, it is postulated that there is preference for interacting with same-sex or same-race individuals. Because white males tend to dominate in positions of power and authority, their group identity or network homophily is not in direct competition with access to their instrumental resources in the organization; that is, the networks of similar others (white males) and instrumental resources overlap or are one in the same.

This is not so for the networks of women and minorities within the firm. Women’s and minorities’ networks will have weaker and sparser network ties than their white male counterparts. Thus, personal networks are bolstered by structural arrangements in the organization that impose significant limits on women’s and minorities’ abilities to develop instrumentally useful heterophilous ties, that is, ties with different others (“different” in this context means white male).
These theories are embedded in a structural epistemology which has its roots in the sociological and anthropological disciplines. Essentially, the body politic, be it corporation or tribe, is organized around norms of inclusion and exclusion (Douglas 1986; Barnes 1969; see also “ascending and descending individualization” in Foucault 1977). There will always be categories of people excluded from privilege or security based on some societal or organizational attribute. Normative principles of inclusion and exclusion virtually guarantee that preordained groups of people will be systematically excluded and judged as politically ineffectual, dispensable, and disadvantaged. These individuals will seek one another and form networks which are homogeneous in that they share the common characteristic of exclusion. A problem for corporations is recognizing and reversing this tendency.
Implications

Navigating Relationships: Obviously many firms have been chasing after windmills by not looking deep enough into the problem. From the previous example, we can see that subtle forms of discrimination creep into social behavior. This behavior creates exclusionary hurdles which are felt but not seen. This behavior is easier for managers to understand if it is reformulated into two kinds of workplace relationships—formal and informal. These relationships can be either strong or weak. Using these two critical dimensions, a 2 X 2 matrix of relationships can be formulated in Table I.

When coworkers have strong formal (task oriented) and strong informal ties (socially oriented), they are well integrated both inside and outside the formal hierarchy. When coworkers have strong formal and weak informal ties, their relationship may be “all business.” After all, not everyone can be the best of friends at work. However, the lack of social ties between people who frequently work together could also signal exclusion in the organization.

For instance, the white female manager in Figure 3 had strong working relationships with her coworkers which did not carry over into other more “social” networks. This comparative analysis could indicate several problems. First, numerous and intense work ties concentrated in one person could signal a work process gone awry. Second, this asymmetrical pattern or communication dependency on one person makes a department “vulnerable” in the event the central person is unable to report to work or becomes counterproductive and sabotages work. Finally, on comparing her weak, almost nonexistent informal social ties to those of her white male superiors in Figures 4 and 5, she is most certainly excluded from the dominant coalition.

Weak formal and strong informal ties generally represent clubs, softball teams, and links outside the hierarchy. These informal ties can be instrumental in making work run smoothly when new responsibilities emerge, or goals requiring cross-functional cooperation must be achieved. The organizational context helps to determine how this particular pattern of ties should be interpreted. For instance, the white male manager “heir apparent” was strongly connected at an informal level to the executive, but weakly connected in a work network to his work group and the department. If he were to be promoted and assume executive responsibilities, he would have a greatly diminished understanding of how work gets done in the department. This lack of appropriate work knowledge may hinder his abilities as an executive.

Finally, weak formal and weak informal ties may represent the relative isolation of a new hire or stranger. The absence of ties or the presence of weak ties
could also signal stigmatization or rejection. For instance, in firms which have been surveyed before and after a layoff, peripheral people in the network, e. g., those with weak formal and informal ties, were subsequently laid off. Surprisingly, those layoff decisions were made without any knowledge of the network analysis results. What this surprising fact may indicate is that people have an implicit or tacit knowledge of how they and their coworkers are connected in important networks throughout the firm.

Table II
Costs of Exclusion

| Mangerial/Profession Population   | 10,000 |
| Women + People of Color           | 4,000  |
| Voluntary Turnover for White Males| 6%     |
| Voluntary Turnover for Women/Minority| 9%   |
| Turnover Costs                    | $20,000|
| Extra Costs (4,000 X 3% X $20,000)| $2,400,000 |

The Costs of Exclusion: Table II is an example of the costly consequences of exclusion. Assume you have a managerial and professional population of 10,000. Of that population, 4,000 are members of targeted groups. Within this total population, voluntary white male turnover is 6% while voluntary turnover for the targeted groups is 9%, a difference of 3%. At first glance this does not appear to be a large difference. A rough estimate for turnover costs, including recruiting, training and loss of productivity, is approximately $20,000 per exempt employee. The difference in voluntary turnover between white males and that of women and minorities is an added cost of $2,400,000 dollars.

Some companies shrug off these expenditures and justify them as the “costs of compliance.” The “cost of compliance” argument may have worked in the past, but these practices have ripple effects which derail productivity and organizational learning, costing the company even more dollars. In an increasingly lean and competitive environment, an organization must utilize all of its talent.
Training: Education and training help managers work together within a diverse workforce to reduce discrimination (Hauser and Woodard 1992). The value of programs on managing diversity is bringing issues into the open allowing people to discuss their beliefs. This type of training is likely to be most useful in areas such as career and leadership development.

Succession Planning: If the heir apparent is indeed the next real heir to the executive post, ambiguity can be diminished by implementing an explicit succession plan. Explicit recognition of who’s next in line helps to eliminate wasteful and sometimes harmful competition between those eligible.

Mentoring: Some research suggests that bias is most effectively decreased by exposure to and experience with member of the opposite sex and other races (Powell 1988). Mentoring programs offer one way for creating opportunities and environments for people of diverse backgrounds to work together (Martin 1990). For example, the white male "heir apparent" could be paired with the white female manager who was virtual leader in the work network. by working together, they may come to better appreciate one another’s roles in work and leadership.

Teams: Two recent findings that appeared in the Wall Street Journal further point to diversity’s advantages. An investment firm found that the 20% of companies rated highest for hiring women and minorities outperformed the stock market by 2.4% from 1988 through 1992. For the same time period the worst 20% trailed the market by eight points (WSJ 1993). In addition, research on the task effectiveness of diverse teams versus homogeneous work groups showed that, although diverse work groups lag in the early stages of a task, they have obtained superior results at the completion of the effort.

General Management: Networks are subtle forms of communication which require equally subtle forms of management. It is clear from a comparative analysis of the networks that the white female manager is isolated from social and career opportunities. Her heavy involvement in work, coupled with “social” isolation, may result in her voluntary exit from the organization. Perhaps more harmful, she could become disgruntled and, because of her central location, could impact the quality of work and morale in the organization. In either case, these are undesirable outcomes.

On viewing these graphs, the executive suggested a promotion for his female manager. However, simply implementing a promotion for retention purposes
may backfire. Her sudden and obvious elevation in the hierarchy may compromise her informal work relationships. Her coworkers will wonder if they can trust her. This change in status may make her less effective in the work network. Networks are invisible or subtle forms of working. Therefore, other less obvious incentives such as training, development, or bonuses may be useful in the short term to encourage her to remain with the firm. Mentoring her with her senior colleagues will ensure a more successful and subsequent promotion.

Conclusion

The final irony of diversity is that “by the numbers” the department is exemplary in terms of EEO compliance. The workforce is comprised of approximately 40% men and 60% women. The racial/ethnic mix is 56% white and 44% people of color. No matter what the numbers indicate, women and minorities are not being integrated into the workplace in this example.

Typically companies re-evaluate their human resources programs and policies and institute training programs in managing or valuing diversity in an effort to get their organizations sensitized to cultural diversity issues. However, these programs may miss the mark because they have few clues as to the real extent of their progress and the subtle aspects of human dynamics. Most companies do not document who they let out the back door through voluntary turnover. A closer look will reveal that those statistics are related to who is invited in the front door.

The relationship between personal network structure and outcomes such as career mobility, managerial effectiveness, and job satisfaction is a new area of research (Burt 1992; Ibarra 1992, 1993), the results of which pose interesting dilemmas for practitioners. The example in this paper suggests that there is indeed reason to believe that personal networks differ enough to account for differences in opportunities. One possible and major implication is that because structural constraints differ by race and gender, network characteristics associated with success and effectiveness for white males may not be the same as those that will be associated with success and effectiveness for women and minorities. Further research is needed to test the assertion that women and minorities must develop the ability to attain similar results using different means or by pursuing different approaches to access the same channels (Stephenson and Krebs 1993; Rizo and Mendez 1990). This research will lend needed insight into what appears to be differential returns for similar investments.
From a business strategy perspective, competition through product differentiation may be enhanced by an understanding of how human networks work. Competitive advantage in an information economy may mean the quick and effective combination of different information streams into new products and services. Therefore any corporation that can leverage the incipient diversity in its human resources will have the upper hand. Many countries and companies have optimized on homogeneity by default, leaving heterogeneity as a latent strength. In reshaping the firm to meet the challenges of globalization, competitive advantage may increasingly rely upon organizationally integrating and leveraging that latent strength in internal labor markets (Peters 1993).

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The figures are displayed using a state-of-the-art software, InFlow™ developed by Valdis Krebs of Krebs & Associates.

REFERENCES


DIVERSITY: A MANAGERIAL PARADOX


Educational Policy and Training
Implications of Social Science Research: Lessons from an Inner City Elementary School*

Nita L. Bryant
University of Virginia

David W. Hartman
University of North Texas

Dexter Taylor
University of Maryland

ABSTRACT

Participant observation research in an elementary school from 1989 to 1992 reinforces our understanding that often inner city children find a conflict between the behaviors and values that help them survive on the “street” and those that are expected in the middle-class educational system in which they are engaged on a day-to-day basis. While expecting middle-class responses, however, many teachers used archaic teaching strategies that have been abandoned in our best suburban schools. The research also makes clear the need for teachers to have high expectations for children while employing teaching methodologies that focus on individual students and their strengths and weaknesses. Policy recommendations are outlined that could alter the success of inner city education, if employed judiciously.

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The research reported here was conducted in an inner city elementary school in a middle-sized Virginia city. Research was conducted from September 1989 to May 1990 and again from September 1991 to May 1992. In addition to participant observation, researchers reviewed school records and conducted informal interviews with students and school personnel. As a part of their role, the researchers tutored in classrooms and acted as mentors for students.

The Neighborhood

The area in which the research was conducted is actually two historic neighborhoods that are contiguous with one another. Both neighborhoods are predominantly African-American and have high rates of poverty. The first neighborhood, Jamesbridge, is made up of deteriorating Victorian row houses intermingled with vacant lots and cleared land awaiting development. South of Jamesbridge is Blacksburg, which contains a mixture of turn-of-the-century frame houses in fair to poor condition and 600 units of scattered-site public housing. Blacksburg-Jamesbridge is separated from the mainstream of the city not only physically by a river, but psychologically as well. A major finding of a 1986 needs assessment was that residents feel abandoned by the city and powerless to halt the neighborhood’s decline.

Long-time residents of Blacksburg blame the area’s problems on the arrival of public housing and the influx of low-income residents. According to them, what was once a close-knit working-class community has been transformed by poverty, crime, and drugs. Contemporary newspaper accounts portray Blacksburg as an enclave of a violent underclass. Murders have become routine in this neighborhood. The neighborhood murder rate contributed heavily to the trend that helped the city rank fourth among U. S. cities for its homicide rate in 1988. In 1989, the city ranked fifth. In a 15-month period in the early 1990s, 34 homicides occurred in the housing projects in Blacksburg.

Many in the area place their hopes for the future on their youth, who comprise about one-half of the population. But others express grave concern, noting that as early as the fourth grade, children begin skipping school and hanging out on the streets. They cite truancy and its resultant behaviors, as one of the major problems confronting the area.
The School and Its Students

The neighborhood is served by Blacksburg Elementary School, originally built in 1888. Today, with additions, it houses about 900 students from pre-school through the fifth grade. Blacksburg is the only school in the city to employ a full-time security specialist. His job is to ensure the safety of the school environment by locating weapons, breaking up fights, and identifying trespassers, who are usually dropouts.

Standardized test scores for the school are consistently below the national, state, and city averages. In 1989, Blacksburg ranked lowest in the city on the Iowa Basic Skills test. Approximately 95 percent of the student body live in public housing and 97 percent receive free or reduced-price lunches. Sixty percent of the families represented in the school are single parent households, and fewer than 50 percent of the parents have a high school education.

The PTA at Blacksburg is virtually nonexistent, a situation which illustrates the chasm between home and school. According to the vice president of the PTA, parents are intimidated by the school setting and the administration, and most lack the skills to participate in their children's education in a positive way. However, they often show their interest by maintaining a combative stance with the school; confrontation is their major means of communication. Numerous attempts to include parents in the improvement and restructuring of the curriculum have failed.

The school's principal explains, "My students are not children. They are very young adults." In a newspaper interview in 1990 he discussed his students' lives: "My children are exposed to the rawness of life at 2, 3... pre-school age, before they are able to emotionally and physically deal with it." He notes that many of them have seen corpses and many have had family members that committed or were victims of homicides. "I've had some kids held hostage in their community because the SWAT team wouldn't let them out of their houses." Children tell him stories about crawling on the floor of their apartments while shots were being fired.

When speaking to people outside the community about his pupils, the principal often uses a striking analogy to characterize the circumstances of their lives. "Think of my children as oranges. If you were to squeeze them out, the juices, representing their life-experiences, would in no way compare to the juices of middle-class children." Over a third of the students have witnessed or been involved in violent crimes outside school. Likewise, social exchanges within the school are often characterized by violent outbursts. Anger and frustration are
acted out frequently in the form of physical confrontations, many of which result in suspension. Most of the 115 suspensions that occurred during the 1989–90 school year were the result of fighting. Repeated exposure to violence has made the children wise beyond their years. One fourth-grader reported matter-of-factly what to do if you heard gunshots. “You just hit the ground and pretend you’re dead. Then you lay there quiet to see what happens.”

Many of the children bear extraordinary responsibilities, often caring for younger siblings and running a household. Dante, a ten-year-old boy from the projects, cleans the house and goes to the grocery store alone. He cooks dinner for himself and two younger siblings most nights while his mother works. “Last night we had fried chicken. I cooked it. I put the oil in the pan and cooked it.” Dante is frequently absent from school. He has trouble keeping up with his assignments and is often too tired to stay awake in class.

Larisha, an eleven-year-old from the same classroom, also sleeps in school. She says there are drug dealers who come in and out of her apartment building at night, and sometimes she is afraid to sleep. For several weeks she stayed alone at night while her mother was in the hospital. There was no phone in her apartment, so a neighbor came over every morning to check up on her and wake her up for school. After school each day, she caught the bus to the hospital on the city’s Northside. She stayed with her mother until dinner was over, then returned home alone after dark on the bus. Larisha was a bright student, but was a behavior problem in the classroom. She sought constant attention from the teacher and other students, often to the point of being very disruptive.

Many children, for various reasons, are left unsupervised at home. For some this means extra responsibilities; for others, extra freedom. Those accustomed to freedom at home are rarely willing to give it up in the classroom. Shanita, a ten-year-old girl who was new to Blacksburg, was suspended several times during the year for failing to obey the teacher. She told one of the researchers that she could stay out as late as she wanted. When asked what she did on those occasions, she said she went places with her best friend, a nineteen-year-old who had her own car, a new jogging suit for every day, as well as her own Uzi.

In spite of their extraordinary life-circumstances, the students at Blacksburg spend much of their time simply being kids. They laugh, dance, and play like other elementary school children. They are curious, creative, and eager to learn. The school serves as a safe haven and a center for social interaction for the children. However, the effects of inner city life are often manifested in the children’s academic life. Many problems in the classroom have their origins elsewhere. However, many of the students adjust to school expectations. Almost half of the students succeed, while the others are either marginal or failing.
The fourth grade classrooms are not unlike many elementary classrooms elsewhere. Physically, the classrooms are in reasonably good shape. Although they are old, they are well maintained and are equipped with all the materials needed to teach at the fourth-grade level. Words of encouragement or the students' latest creations often cover the classroom walls, much as you would expect in a middle-class classroom.

However, many obstacles impede learning. On the surface, student behavior is a problem, and many of the students lack the academic and social skills that mainstream fourth graders usually have. Disruptions and misbehavior by students manage to consume time normally allotted for teaching. Some teachers manage to subvert this behavior by using innovative techniques which allow students to vent their energies through the use of contests and team building.

Many teachers appear to be well trained and innovative, normally using written, visual, and verbal presentations in their lectures. However, many students arrive 15 to 20 minutes late, which distracts students who are already restless. Teachers also often need to remind students to pay attention or raise their hands before speaking.

Classes usually disassemble around ten in the morning when a Chapter 1 reading and math specialist takes several students for remedial training. The remaining students often consolidate into a reading group on either a literature or social studies assignment. These students read in order around the table, usually no more than three or four sentences, some with great difficulty, and frequently needing assistance from the teacher. The final part of the reading period usually involves sending students back to their seats to complete an assignment. The students who are able to work independently are the most productive in these tasks. Lunch is from 11:45 A.M. until 12:15 P.M. and is usually occasioned by some disruptive behavior. After lunch, the day becomes less routine, rotating between a number of activities. But, there is no outside play time for students, a regular activity in most elementary schools.

Observations of different classrooms reveal the extent to which the teaching method affects the number and quality of student-teacher interactions. The teachers who have the best results rely heavily upon the use of games, some of which are designed as team contests, and others in the form of a challenge to the entire class to "see how many can find the answer to..." Noise is kept to a minimum by allowing students to cheer quietly, with raised fists and shouts of yes. The games teach academic and social skills such as cooperation and sportsmanship and seem to be an effective tool for stimulating and encouraging participation. This observation was validated by the children's response to an interview
question,"What do you like most about school?" The games also afforded the students an opportunity to get out of their seats, or to move around vigorously as they cheered.

Students frequently read aloud at the front of the room, or go to the board, maps, or overhead projector to be the teacher, providing a chance to move throughout the room and be in charge. Students are eager to be chosen and see this activity as another type of game. The reward for participation is a round of applause, and correct answers are additionally rewarded by praise from the teacher. Student-teacher interactions are frequent, supportive, and positive.

Activities are creative and move quickly, a result of the teacher's belief that this helps prevent discipline problems from occurring. The classroom format includes frequent discussions and is characterized by a well-ordered, but flexible system that allows for spontaneity. A great deal of time centers on positive student/teacher interaction, and much of the day is spent on task. Students are expected to achieve and to behave.

In these classes, students are not punished for talking unless it clearly interferes with work. Leaving one's seat is okay as long as it has a purpose, such as borrowing a book. Standing at one's desk, something that is very frequent for boys, is also okay.

Those who misbehave after several warnings are taken out into the hall and counseled, and often left there for a cooling off period. If that fails to remedy the situation, a tactic called prime time is used, which sends the student to another room to sit and work for a specified period of time. Fighting is never tolerated and means an immediate trip to the office—and suspension. Only as a last resort are students sent to the office for reasons other than fighting.

Many of these teachers are also very concerned about the external influences of the neighborhood and do what they can to negate them. These teachers engage students in discussions about drugs and murders in the area, giving them an opportunity to talk out their fears and frustrations. Aware of how quickly tempers could flare, some practice what can best be described as preventive discipline. They anticipate unacceptable behavior and halt it before it can escalate into a major problem.

Seating arrangements reveal a preventive measure that alternates boys with girls. Boys who are most likely to get into trouble are seated as far away from each other as is physically possible or in the front of the room where the teacher stands most of the time. Tempers are diffused by rapidly pulling angry students into the activity at hand. Children who act out are often diverted by being called upon to go to the board, or to collect books or papers. Those teachers who have effective
measures for dealing with discipline problems are able to spend more time teaching, and the students spend more time on-task. Those teachers who are fair and make clear their expectations and rules are perceived that way by the children.

Other teachers are not as successful. Through observation and conversations with other teachers it is clear that for some, the issue of primary importance is to maintain control at all times. Some teachers do this by avoiding activities that involve discussions or children leaving their seats. When children ask for further explanation of an assignment, answers are abrupt and insensitive to the fact that they have not adequately defined the task at hand. Frequent responses are, “If you had paid attention the first time, I wouldn’t have to repeat myself.” The number of times that children asked for help gradually diminished over time, and many who seemed eager and attentive at the beginning of the year simply chose to stop trying.

A lack of organization and planning is often a problem, resulting in confusion as to what has been covered, and what is next. As a result topics often move slowly, and students begin to talk or walk around the room—a situation that some teachers will not tolerate, but one that they never see as a result of their own actions. In some rooms bulletin boards are rarely used, and there is little feeling of fun, excitement, or accomplishment. Teaching methods often result in few learning-oriented student-teacher interactions.

Some teachers demand strict adherence to rules which preclude any type of student interaction and movement throughout the room. These rules are based on the teacher’s perception of the students as behavior problems, a situation that is blamed on last year’s teachers and the administration. These teachers expect misbehavior and never miss an opportunity to tell the students so. A typical comment from some teachers when spotting misbehavior is, “I don’t expect anything else from you but this. You all can’t do anything right.”

A disturbing pattern emerged early in the first year of research when a minor infraction was punished far in excess of its seriousness. This pattern continued throughout the year and resulted in a chain of events that ended in suspension for many students. One boy was singled out repeatedly for minor offenses. When he protested, he aroused the teacher’s anger further and she began to perceive him as disruptive. One day after discovering that the student had left his notebook at home, the teacher called his mother at work, telling her that her son was disinterested and unwilling to cooperate with her. Within minutes, the mother appeared at the classroom door with a belt in her hand. She pulled her son out into the hall and whipped him repeatedly. The noise brought everyone to their doors to witness this child’s pain. Later in the year he was suspended.
Some teachers arrange seating patterns so that the “worst” students are in front where they can be seen. Unfortunately, this puts a large number of boys into close contact, a situation that invites trouble and often results in suspensions. Students who misbehave are sent to the corner or out to the hall. In some circumstances, more than half of a class was sent to the office at one time or another. Students are sometimes required to write a punishment sentence 500 or 1,000 times in class. The most frequently used tactic, however, is to take points off the student’s grade, or to give him or her a zero for the day. Often when two or three misbehave, the entire class is penalized this way.

The system for maintaining order in some classes is unfair and insensitive. Rules are not consistently enforced, and specific behaviors that are tolerated with some are punishable for others. The students’ perceptions that they are not being treated fairly often results in anger and withdrawal from work to “get back” at the teacher. As the year progressed, behavior deteriorated, reinforcing the perception that these were “bad” classes. The following illustrates one teacher’s attitude: “It’s a well-known fact around here that you all are the worst class in the school! I didn’t do that! YOU did it to yourselves!” Negative student-teacher interactions in this room are frequent, and derogatory remarks accompany punishment.

In the first year of the study two classrooms were compared. The classrooms had equal distributions of low, medium, and high achievers. However, by the end of the year the children whose teacher had high expectations for them had marked differences in test scores compared to the second class. In addition, the class that experienced lower expectations had a ten times higher suspension rate than the other class.

**Observations**

Education continues to be a paradox for many poor, especially minority, children (Glasgow 1980). Although education is presented as a means of upward mobility, the academic efforts of many poor youth, especially African-American children, are met with failure and destroyed aspirations. They often find incongruities between the cultural system of the school and their own life experiences (Irvine 1990; Comer 1988).

Irvine (1990), for example, has demonstrated that the competing role demands of inner city environments and school social systems often lead to cultural conflicts. The ability of a teacher, parent, or a disadvantaged child to adjust to these social and cultural differences is often a determinant to academic
success. Comer argues that the values and beliefs required to succeed in schools, largely mainstream middle-class values, are often incongruent with African-American cultural values. Bowles and Gintis (1976) emphasize that schools in poorer neighborhoods tend to emphasize behavioral control and rule-making rather than the open systems favored by middle-class schools. William Julius Wilson (1987) argues that social isolation and the concentration of poverty also have a tacit influence on life chances, norms, and behavior patterns of inner city residents. In addition, Rosenfeld (1971), Brophy (1970), Rist (1970), and Ogbu (1974) have demonstrated the unremitting effect that teachers can have in shaping their students' low achievement. The self-fulfilling prophecy of expecting and consequently finding a low level of achievement has been well documented by others, including McDaniel (1984) and Crohn (1983). In addition, researchers have consistently found that many disciplinary procedures used in schools are counterproductive, do not change behaviors, and increase the drop-out rate. Fine (1988) argues that dropouts are often coerced into leaving school through an organized commitment to ridding the school of difficult students.

Children of the inner city are often forced to compete in an educational system based on mainstream values, while their day-to-day connection to these values is sometimes marginal. The children observed in some of the classrooms at Blacksburg were expected to perform tasks autonomously and quietly. Most of the students who received low evaluations on tests needed constant instruction, interaction, and reinforcement in order to perform their classwork, even to perform tasks they could easily accomplish. Tasks requiring delayed gratification were less effective with many of these children. They were much more productive when their work was acknowledged with positive reinforcement while it was still in progress. Often students who previously could not perform would work if coached and guided, or rewarded through interaction with the teacher or an assistant. To assume that self-reliance and delayed gratification will work is not appropriate when working with students whose environment cues them that immediate gratification is the only thing they can depend on.

Often after tests, students would swap papers and correct them as the teacher gave out correct answers. After that, each student's grades were called and students above a chosen criterion were asked to stand by their desk in recognition of their accomplishment. Although this procedure provided immediate gratification for a few, it was also publicly humiliating to many. It promoted competition rather than cooperation and embarrassed the poorer students rather than motivating them. The desire to compete for grades and a need for high achievement are assumed traits of students. However, when this is done in an atmosphere that
punishes the vast majority it can be devastating. The assumption of self reliance, delayed gratification, and competition are mainstream values. However, interaction and cooperation seem to be more effective in motivating low achieving students. For example, during one of the science activities, the children sat at a round table and shared in the task of gathering information from encyclopedias. This group task seemed to motivate some of the students who found it difficult to work independently, while continuing to offer relevant information.

Most of the discipline problems observed were the result of students’ inability to observe classroom rules. Simple tasks such as raising one’s hand before speaking created disruptions in the lecture. The social skills required of students, for some teachers to effectively manage a class, were lacking. Despite the fact that the students were reprimanded for deviation, each day class rules were repeatedly broken.

Classroom conduct and learning are often more the result of teacher expectations and behavior than the poor behavior and abilities of children. One student from a classroom with less progressive teaching techniques, related:

I wish I could be in a nicer class. My class is the worst one in the fourth grade hall. Our teacher has to scream to get my class quiet. I can’t understand why my class is the worst. The class keeps good people from learning.

In this classroom, as the year progressed, the time spent on punishment increased, followed by a decrease in the time spent on-task. Children were effectively barred from the learning process by spending time in the corner, the hall, writing punishment sentences, or in the principal’s office.

Upon questioning students whose work deteriorated over the year, one student responded, “I act up because she don’t treat me right and I don’t like her.” Another responded, “I don’t do the bad things the teacher says I do.” However, he continually had points taken off for “bad behavior,” which was not supported by field notes. Students believed that academic grades reflected behavior and believed that there was no reason to work hard if the teacher was going to take points off anyway.

In a survey of one class, only one student responded that she liked the teacher, and this was in spite of the teacher’s “meanness.” Twelve of nineteen students also indicated that they didn’t like school. The most frequent reason given was because they “always got into trouble.” When asked if they would like to change anything, they expressed a desire to stop the fighting, make the teacher be fair, and stop punishing the class.
In another class, only one student admitted to not liking the teacher and twice the number of students indicated that they liked school. They thought the teacher was fair, that the right students were punished, and that some students ought to come more often.

Conclusions

The school failure of poor children has long been a concern of social scientists and policy makers. However, the implications of school failure have perhaps become even more serious in recent years because of well-known technological changes and structural changes in the nation’s economy (Comer 1988; Wilson 1987). This failure of the schools to adequately prepare our children cannot be isolated from the general wellbeing of the larger society; it not only punishes, for a lifetime, the children who are affected, but it also affects the level of economic productivity and prosperity that the nation as a whole can achieve. Thus, in terms of social policy, any intervention that can change the circumstances of the poor and provide more successful educational experiences for children not only benefits them but also benefits the more privileged sectors of the society.

Children growing up in neighborhoods like Jamesbridge and Blacksburg suffer because they are both African-American and poor. Their poverty is more accentuated and concentrated because they are almost always the victims of high levels of imposed racial segregation as well as concentrated poverty. No other American group experiences these two debilitating problems in quite the same way.

This culture of segregation, as Massey and Denton (1993) refer to it in their new book *American Apartheid*, has resulted in the development of coping alternatives, to ameliorate the effects of concentrated poverty and diminished life chances. This situation of virtual isolation and imposed segregation has had the twin effect of emphasizing the differences between whites and blacks and also forcing many poor African-Americans to adopt cultural and behavioral patterns that help them get by, but at the same time are ones that are anathema to mainstream society, thus increasing the separation and isolation.

As long chronicled by social scientists, many young African-Americans have been unable to meaningfully fulfill their aspirations. As a result, several generations of African-Americans have grown up developing an alternative status system which is in opposition to that of mainstream culture. This pattern was seen
as early as the 1960s when Kenneth Clark (1965) described the situation in *Dark Ghetto*. This pattern has been further demonstrated by Ogbu (1974, 1983) in his studies of African-American neighborhoods. Ogbu and Signithia Fordham (1986) have specifically documented the effect of this oppositional black culture on educational achievement among black children. Their studies show that bright, motivated, and intellectually curious students will often go to great lengths to not “act white,” succeed in school, or achieve any academic distinction. Although this study did not specifically recognize this manifestation, it was in all likelihood present.

The children in Blacksburg and Jamesbridge maintain cultural and behavioral repertoires that are both alike and unlike their mainstream counterparts. Their culture is one that is mainstream in socio-economic aspiration, African-American in socio-cultural heritage, and is uniquely adapted to the ghetto space that is distinctly Blacksburg-Jamesbridge. Like other poor and African-American children, their culture and behaviors are a mosaic that allows them some footholds in difficult and often treacherous terrain.

If we are to meet the challenges of the urban environment and the needs of our inner-cities, we must, as a nation, bring ourselves to an understanding that the problems of the poorest among us are the problems of us all. There will not be a solution to the problem of America’s schools until we understand that we all have a stake in them and until there is a realization that any alternative rests on a generally improved status of children in our society.

As the authors re-examined neighborhood, school, and educational policy studies from the 1960s, 1970s, and the 1980s, we were amazed as to how short a distance the nation has come in the last thirty years. Much of what is published today is a reiteration of the past: the same neighborhood problems, only magnified, as well as the same solutions to teacher training strategies.

For the most part, the lessons of the last thirty years have not been heeded and basic research has not been turned into policy. Although clearly not exhaustive, the following recommendations could begin to solve the short-term problems of schools in our poorest neighborhoods. For example, teacher training should:

- Provide immersion for future teachers in the diversity of American society. We do not suggest a simple course in multiculturalism or practice teaching in the inner-city, but rather an integrated service-learning/reflective process that develops a true interplay between theory and reality in all dimensions of American society.
- Emphasize that future teachers must understand and recognize the special needs of individual children and develop strategies to personalize instruction to meet those needs.
- Demand an understanding of the importance of providing an atmosphere that recognizes the possibility of success in all children, while comprehending the difficulties that many children bring with them to school.
- While recognizing the special concerns, problems, and needs of children in these neighborhoods, emphasize the teaching strategies that are most successful in mainstream schools: creative programming, group learning, hands-on experiences, and a minimum of rules and regulations that impede interaction.

The research also supports policy level options that suggest the:

- Provision of environments in which community-based schools can be successful and allow decision-making at the lowest possible level, while maintaining the assurance that students, teachers, and staff receive fair and equitable treatment.
- Development of systems that allow teachers to teach and reward those who do it well, especially those who conceptualize the role of teaching as focused on motivating rather than on selecting and sorting students.
- Development of programs that foster positive interaction between parents and schools, a task that most staff are not trained to develop or implement. A perfect role for an applied social scientist.
- Provision of opportunities for other professionals to be hired to provide assistance with essential but non-teaching duties, i.e., replacement of guidance counselors with social workers. In order to meet the future needs of citizens, schools will, in all likelihood, become multi-purpose centers providing a focus for a broad range of community activities and services not dissimilar to the role that schools played in the nation's past.
- Necessity of hiring strategies that target individuals who have an understanding of the cultural backgrounds and neighborhood social patterns of inner-city students. Student/teacher congruence or fit may be the most important factor in the recruitment and success of new teachers.
- Importance of nurturing an environment where teacher's unions and organizations, as well as school system bureaucracies, can support a system where ineffective teaching and inappropriate responses to neighborhood specific problems are viewed negatively, and patterns of ineffectiveness and insensitivity result in developmental training, reassignment, or dismissal.
• Development of a network of relationships that assure that schools are integrally linked to the world of work. The school to work transition will be successful only if minorities can be convinced that the social and economic gap between them and mainstream Americans can realistically be closed. That gap can best be closed by trust. Unfortunately, this trust-gap appears to be growing wider.

Many of these recommendations are short-term measures however. As Lee Rainwater observed in 1968:

... if culture is an adaptation to life situations, if it is transmitted as the accumulated knowledge of the group about how to adapt, and if the learning of the culture is systematically reinforced by the experiences that individuals have as they grow up and go about their daily lives making their own individual adaptation to their own individual social and ecological situation, then one can predict that any effort to change lower-class culture directly by outside educational intervention is doomed to failure. Lower-class people will have no incentive to change their culture (indeed they would suffer if they tried), unless there is some significant change in their situation. ... [C]hange can only come about through a change in the social and ecological situation to which lower-class people must adapt.

Because we have not heeded Rainwater’s, and others’ advice about the state of the poor, and the effect of poverty on our life chances, the promise of this society has become dimmer over the years. Although there are significant specific strategies that can be changed in classrooms across the nation, none will be very productive unless there are changes in policies at all levels of the society that will realistically provide opportunities for all, and not just the few. If Rainwater is right, we must go beyond these simple approaches and seek fundamental and comprehensive changes in the development and implementation of educational, economic, and job training policies at the federal, state, and local levels.

This should not suggest, however, that small innovations not be implemented to assure the best short-term educational outcomes we can attain. If we can improve the lot of some in the process, it will be worth it, but long term success must be the result of more fundamental innovations in how we measure the success of our society.

In conclusion, Christopher Jencks (1992) recently reminded us, “America has never been very good at learning from its mistakes.” The problem we face is helping the American people and our political leaders understand that a strong
public education for all children is a national security issue and that a good education for *my* child alone will not get the society where it needs to be. There is a social contract and that social contract requires that all citizens assume both their rights and their responsibilities. Traditionally, this nation has been primarily a nation of "rights" and that must dramatically change if our society is to succeed.

**REFERENCES**


Health and Social Services, Formal Organizations, and the Mexican American Elderly*

Norma Williams
University of North Texas

ABSTRACT

Students of everyday life are making a significant contribution to understanding the manner in which persons carry out their daily activities. However, they have overlooked the impact of bureaucratic organizations on persons in various social settings. Based upon intensive in-depth interviews of sixty Mexican American elderly in Dallas, Texas, the research revealed numerous barriers to their utilization of health and social services and demonstrates why one must consider carefully how health and social service organizations affect the lives of elderly Mexican Americans. One must also recognize that the quality of life of Mexican American elders can be improved by increasing their knowledge of how formal organizations function.

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We shall examine an issue that has received insufficient attention by applied social researchers as well as social scientists who are studying problems that face the economically and politically disadvantaged racial and ethnic minorities in the United States. In a broad sense, we shall consider how such formal (or bureaucratic) organizations as the health care system and social service agencies shape the everyday life of the Mexican American elderly. In a narrower sense, we shall consider the barriers or obstacles that the Mexican American elderly encounter in securing services to which they are legally entitled. In dealing with these issues we fill a gap in our knowledge about the Mexican American elderly who are members of the second largest minority group in the United States.

Central Issues

Following Weber, most social scientists assume that bureaucratic rules are interpreted and applied in a universalistic, rather than a particularistic, manner. Thus, all persons who interact with organizational personnel in their everyday lives are treated “equally” and “fairly.” This ideal is widely accepted and is one which many organizational personnel typically seek to uphold. However, in practice the nature of bureaucratic organizations undermines the ideals of universalism. Formal organizations are used by persons who are in positions of privilege as a means by which they maintain or even advance their social and economic advantages and, at the same time, these organizational structures are used to keep economically and politically disadvantaged persons such as Mexican Americans “in their place.” The social constraints on minorities are reinforced by various kinds of racial and ethnic discrimination (Feagin and Feagin 1978).

One of my general goals is to provide an empirical grounding for a number of abstract generalizations in the literature. I wish to show how the everyday life of the Mexican American elderly is affected by organizational structures such as social agencies. One group of sociologists reasons that naturally occurring interaction is the basis of understanding society (Adler, Adler and Fontana 1987). They are critical of the “reification” of social structure or organizations (Karp and Yoels 1993). However, if we are to understand the everyday life of the economically and politically disadvantaged, such as the Mexican American elderly, we must recognize that the power of these organizations is real and affects how people interact in their daily lives. The Mexican American elderly are dependent on formal organizations, and they have little control over how the personnel apply the rules. By failing to examine the relationship between human agents and
organizations, social scientists ignore the latter’s impact on people’s everyday lives.

I develop my presentation in the following manner. I first outline the theoretical orientation regarding bureaucratic organizations and then discuss the kinds of data which I use in my analysis. Next, I will examine how the interaction of the Mexican American elderly with organizations shapes their everyday life. I conclude by discussing some of the larger theoretical and social policy issues, including programs of social intervention that will improve the quality of life of elderly Mexican Americans.

The Nature of Bureaucratic Organizations

We take as a starting point for analyzing bureaucracy the general framework outlined by Max Weber (Gerth and Mills, 1946). These organizations are characterized by, for example, hierarchy of authority, a complex division of labor, and a high degree of standardization on which the principle of efficiency is based. Weber also analyzed the role of universalistic criteria in hiring and promoting personnel and discussed how the role of the “office” is more significant than the person who occupies it.

Although an analysis of bureaucracy begins with Max Weber, it is possible to advance one’s analysis by relying on contemporary sociologists such as Giddens (1984). Giddens discusses the enabling and constraining functions of organizations, and he brings human agents into the study of organizations. However, Giddens does not give sufficient attention to the fact that organizations are more enabling for the privileged than for the nonprivileged sectors of a community.

As a result of the nature of bureaucratic organizations, the ideal of universalism is far more difficult to achieve than most students of bureaucracy have recognized. The hierarchy of authority, the specialization, and the stress on efficiency all make it difficult, if not at times impossible, for agency personnel to adhere to universalistic criteria in providing services for elderly Mexican Americans.

To understand these patterns we need to examine organizations more closely. As one moves from the top to the bottom of these organizations, the division of labor typically becomes greater and the rules more complex in nature. Persons in positions of power or authority are typically subject to fewer rules (or constraints) than the functionaries below, and the former have greater flexibility in interpret-
ing the rules than do the latter. In practice, organizational leaders (or managers) delegate blameability under the guise of responsibility. When the managers delegate responsibilities to lower-level functionaries, they are also able to blame them for any difficulties the organization encounters. It is not uncommon for the organizational leadership to engage in “deniability” for any failures of the organization and to place the blame on those who have less power. Consequently lower-level personnel become cautious in interpreting the rules. For example, the lower-level personnel must be very careful not to interpret rules in favor of clients, for their actions may undermine the efficiency of the organization or the ideal of “system maintenance.” In the process of maintaining the system, the leadership of organizations seeks to translate larger social issues into narrow technical ones. Thus, as Dill (1993) suggests, the organizational objectives override the needs of the clients.

Given this situation, the elderly Mexican Americans must interact with organizational personnel who are constrained by complex rules and often fearful of being blamed for errors (or mistakes). Yet we lack details about the process of interaction between economically and politically disadvantaged clients and the personnel who must conform to organizational rules (cf. Piven and Cloward 1971). We need more than an understanding of the providers’ and clients’ expectations of one another (Trevino 1988). Although we can not ignore these, we must understand the gap between the knowledge systems of providers and clients. Only then can we begin to cope with existing difficulties.

The Nature of the Data

During the summer of 1991 (and to some extent thereafter) I carried out fieldwork on the Mexican American elderly in Dallas, Texas. In the 1980s the Hispanic population in Dallas County had grown very rapidly (Murdock and Ellis 1991). By 1990 the Dallas-Fort Worth Metropolitan Area contained the eighth largest Hispanic population in the United States (Garcia 1993:6).

With regard to the sample, I interviewed 60 elderly Mexican Americans and carried out some field observations relating to the issues discussed below. The persons interviewed were typically between 60 and 85 years of age. However, two women were 59 and two persons were over 90 years of age.

I employed a snowball sample. In order to increase the diversity with respect, for example, to age, gender, and marital status in the sample, I used different “contact persons” in order to locate my initial respondents. Then a number of the
interviewees gave me names of persons whom I could interview. Also, to ensure that different subgroups of Mexican American elderly were in my sample, I interviewed respondents who lived in different neighborhoods (cf. Maldonado 1988). Although this procedure was time consuming, it meant that a rather diverse group of elderly Mexican Americans were interviewed.

The respondents were usually very helpful and cooperative. I was able, in part because I am Mexican American, to establish rapport with them. Also, I am bilingual; thus a number of interviews were conducted in Spanish. In addition, some of the respondents had grown up (or had relatives and friends) in South Texas. Inasmuch as I grew up in this region I had a basis for establishing a common bond with a number of respondents.

The resistance I encountered resulted from suspicion by the elderly of any strangers. The elderly Mexican Americans typically live in poor neighborhoods where the crime rate is high, and they have good reason to be fearful of anyone they do not know. In addition, some of the elderly are suspicious of white-collar officials, for they have had negative encounters with them in the past.

As in a previous study (Williams 1990), I utilized an interview guide. I asked all respondents standard background questions, and I asked all respondents about particular problems. Yet, the interview guide permitted me to explore some issues in depth. I would follow up their answers with additional questions or would probe by making various comments. The conversational style made the respondents feel at ease.

The primary objective in this fieldwork was to identify the social and linguistic barriers the respondents encountered in securing assistance from health and social service agencies. To achieve this objective, I asked questions about the social and economic backgrounds of the respondents.

Social Background and Family Relationships of the Elderly

Most of the elderly I studied in Dallas were poor; often they were very poor. Many of them were in ill health, and they lived in apartments and houses that were run down and provided the barest form of shelter. The present social circumstances of the Mexican American elderly are a result of their social backgrounds. Most of them had little formal education, and they always had to work in low-paying jobs. With only a few exceptions, the only income these elderly received were their Social Security checks.

When these Mexican Americans were young, educational opportunities for Mexican Americans in Texas (and elsewhere in the Southwest) were limited.
Although many barriers to education for Mexican Americans continue to exist, they are not as severe as when these respondents were young. Because of their poverty a number of respondents had to work at an early age in order to help support their family. Some found it difficult to attend school because of the lack of transportation. Still others suffered from discrimination in schools because of their poverty or minority group position (cf. Williams 1993).

The lack of formal education meant that the Mexican American elderly had to work at low-paying jobs. In the process they suffered from the "Zoë Baird problem." After President Clinton selected Ms. Baird as the Attorney General nominee in 1993, it was learned during the confirmation hearings by the U. S. Senate that she and her husband had not paid Social Security taxes for persons who cared for their children and the household. That incident led to a number of news accounts about how the privileged avoid paying Social Security benefits for their household help. But the pattern of avoiding paying Social Security taxes by individual employers or small businesses has existed for decades. A number of the Mexican American elderly realized that their employers had not paid Social Security taxes, and today they are perhaps receiving less money than they might otherwise have received.

But the plight of the poor elderly has not just been affected by their lack of education and work histories. Their current familial relationships make life difficult for them. The Mexican American elderly in Dallas did not, contrary to assumptions by many social scientists and social service personnel, receive support from an extended family system (cf. Trevino 1988). No one I interviewed had close ties to extended kin members—their brothers and sisters or nieces and nephews. As a result of geographical mobility a number of the elderly had lost all ties with their extended family members. Or they have outlived their brothers and sisters.

The lack of extended familial ties among the Mexican American elderly in Dallas supports the findings in my earlier research (Williams, 1990). In my study of working-class and business and professional families in the Austin, Corpus Christi, and the Kingsville region in Texas, I found that the extended family had disappeared as a basis for economic and social support. For many of these Mexican Americans the funeral ritual was the last link to the extended family.

In the case of the elderly in Dallas, the bonds with their children and grandchildren were tenuous. A number of their children or grandchildren lived outside the Dallas area. When their children or grandchildren lived in Dallas, they often lived outside of the respondent's immediate neighborhood. The limited means of transportation, as well as the lack of telephones because of their poverty, made it difficult for the Mexican American elderly to sustain ties with their
children and grandchildren. Also, few of the children of these elderly had achieved educational and occupational success. They were struggling to make ends meet. Moreover, some of their children were divorced or had other family problems that made familial ties difficult to maintain.

In some cases the Mexican American elderly were assisting their children. For example, I spoke with a few elderly who were taking care of their grandchildren so that the mother could work, and they were worried about what would happen to their children and grandchildren if they became ill or died (Williams 1993).

Interaction with Health and Social Service Agencies

The elderly Mexican American respondents wanted to discuss the obstacles or barriers they encounter in securing basic social services. However, one cannot understand these barriers without giving special attention to the Mexican American elderly's "stock of knowledge." Garfinkel (Heritage 1987), following Schutz, has emphasized the importance of one's stock of knowledge in carrying out one's activities (Holmes 1992). In everyday life, the knowledge of human agents overlaps with their cultural values and beliefs. Also social knowledge overlaps with the meanings that are so important in social interaction (Blumer 1969). While not ignoring cultural values or meaning, we shall, for purposes of this paper, give primary attention to the gap in social knowledge between agency personnel and the elderly, particularly the Mexican American elderly (cf. Rathbone-McCuan 1992).

That social knowledge requires special attention is supported by the work of Weick (1992) who draws a distinction between "professional knowledge" and "lay knowledge." The knowledge of the former may be at odds with the knowledge of the latter.

The knowledge system of the elderly Mexican Americans does not prepare them to interact in an effective way with organizational personnel. They lack knowledge of how members of professions define their everyday life experiences. For example, they are unaware of how physicians define the aging process with respect to various illnesses. In an even more specific sense, the elderly's lack of knowledge of the rules of the organization is basic to understanding some of the most important obstacles they encounter in gaining access to health and human services. As discussed earlier, these persons have had little formal education. Nevertheless, health and social service agencies expect clients to complete a
variety of complex forms. These forms are important for the agency in its effort to maintain internal accountability and to justify its activities with the general public. Although these forms may serve the needs of an agency, they often do not serve the needs of clients who are poor.

The Mexican American elderly are not only unable to read complex rules but some of them cannot read or speak English with any degree of fluency. They therefore find themselves in social situations in which they do not know what questions to ask. The observations of some of the respondents suggest that having to admit that one lacks basic information undermines one's self-esteem.

It is not just that the Mexican Americans cannot fill out forms; they also lack the proper knowledge of how to appeal decisions that are made against them. They seem unaware of the fact that most organizations have procedures by which negative decisions can be appealed. It is not only a lack of knowledge about how to fill out forms but a lack of knowledge of how organizations function that is a serious handicap for securing health and social services.

The Mexican American elderly's "stock of knowledge" adversely affects them in still other ways. They often have insufficient knowledge about the services they receive. This situation becomes serious in the area of health. For the elderly often do not understand what the health professionals are telling them. On a number of occasions respondents, who knew I had a doctorate, assumed I was a physician, and they began asking me about the prescribed medication they were taking. They had not been informed, in terms they understood, about how they should take their medications and the effect the medicine may have on them.

If one examines the health and social service agencies from the perspective of the Mexican American elderly, we find that there are few, if any, personnel who are able to assist the elderly in securing services or, as in the area of health, to provide the clients with the knowledge they needed to take these medications in a proper manner. These agencies are often understaffed and their personnel overworked. In addition, the personnel lack knowledge of Mexican American cultural beliefs and values. And they typically do not know Spanish. Respondents quite often complained about being unable to speak to someone in Spanish.

Another body of data I have collected suggests that personnel of health and social service agencies often work on a false assumption about the family patterns of contemporary Mexican Americans. (This false premise is also held by many social scientists.) The agency personnel assume that the Mexican American elderly have extended families to assist them. However, extended family arrangements (as noted above) do not provide social or economic support for the Mexican American elderly in Dallas. In practice, the elderly are generally unable to rely on
their children or grandchildren for social and economic support, for the elderly’s bonds with their children (and grandchildren) are tenuous. Also, contrary to many gerontologists, who indicate that children intervene in behalf of their parents in obtaining social services, the children in this study had not acquired the knowledge by which they can intervene with agency personnel in behalf of their parents. The interaction of the Mexican American elderly with health and social service agencies leads us to re-evaluate ongoing research on everyday life. Most of the researchers who are studying everyday life assume that “people transform their organizations as well as themselves through their interaction with one another” (Karp and Yoels 1993:205). But this generalization assumes equality among actors and overlooks the power relationships between organizations and the poor. The elderly may be transformed by their interaction with the agency personnel, but to think that the elderly poor reshape the structure of agencies overlooks the former’s lack of political and economic power and knowledge.

Up to this point, I have emphasized the manner in which Mexican American elderly’s “stock of knowledge” affects the way in which they secure and utilize basic services. But still other obstacles for securing adequate health and social services exist for the elderly. One is access to these services. The elderly, who live in the poorer sections of Dallas, often lack adequate transportation. Even frail or ill elderly typically must travel by bus and this means they may have to transfer several times before they arrive at their destination. In some instances their lack of transportation means they cannot make use of limited services that are provided. For example, some respondents were unable to make use of their food stamp allotment. It would have cost them more to take a taxi to the grocery store than the food stamps were worth. Even after the Mexican American elderly arrive at an agency they may find themselves having to wait. Queuing is a way of life for many of the Mexican American elderly, particularly when they are seeking health services. A number of respondents stated that they had to go to the hospital early in the morning and wait all day in order to secure needed medical services. And some had to return the next day and wait again. Having to wait in line undermines one’s definition of self, one’s sense of dignity and self-worth. This too is part of the everyday life of many elderly Mexican Americans.

Implications for Social Policy

There are a number of implications for social policy of the research I carried out on the Mexican American elderly. I outline some of these.
1. Although social surveys are an important means of gaining knowledge of social policy, they are not the only source of data on which we should rely. We need data not just on background characteristics or attitudes of persons but also on their everyday life activities (cf. Facio 1993). The symbolic interactionists in sociology have emphasized the importance of gathering data on persons in actual social situations and understanding their definition of the situation (cf. Mead 1934; Blumer 1969).

However, the symbolic interactionists have typically not analyzed the interaction of human agents with organizational personnel who work in bureaucratic structures (Vaughan and Sjoberg 1984). Many symbolic interactionists view organizations and structures as reifications, and state that we must emphasize interactions among persons. What they overlook is that persons, including professionals, who work in bureaucratic settings are greatly constrained by rules. Therefore, the elderly Mexican American client interacts more with the “office” than with the “authentic person.” In effect many personnel respond to their clients by stating that “I work here and these are the rules.”

The rule-oriented action of bureaucratic personnel greatly affects the lives of the Mexican American elderly, for they depend on health and social service agencies for basic necessities. Yet they lack knowledge of, or ready access to, the agencies on which they depend. For example, many elderly speak Spanish as their first language, and they lack the formal education that policymakers and organizational personnel take for granted.

We learn from research on the elderly in Dallas that persons with little formal education encounter serious barriers in securing needed health and social services. The persons who need the most attention seem to be the least likely to receive it. This finding and its implications have not found their way into the literature in gerontology (Clair, Karp, and Yoels 1993; Hooyman and Kiyak 1993).

2. The relationship between the Mexican American elderly and bureaucratic organizations has implications for the debates about the present problems faced by the politically and economically disadvantaged Hispanic population. Moore and Pinderhughes (1993) have edited a highly significant volume, In the Barrios: Latinos and the Underclass Debate. The editors and their collaborators assess the relevance of Wilson’s (1987) widely discussed book, The Truly Disadvantaged, for understanding what is happening to the Hispanic population in urban centers. The editors and the contributors emphasize the importance of economic restructuring for the persistence and growth of a Hispanic “underclass.”
Although economic restructuring is a major factor in understanding the
difficulties encountered by the Hispanic poor, other social arrangements must be
considered. I have emphasized the importance of examining the way in which
bureaucratic organizations limit access of the poor to health and other social
services. Although I studied the Mexican American elderly, the issues about
organizations and the plight of the Hispanic poor can also be observed if one
examined the drop-out rates of Hispanic (or Mexican American) youth. To
comprehend these drop-out rates we must understand the manner in which the
school setting, as a bureaucratic organization, keeps the nonprivileged in their
place. If we are to understand the Hispanic (or Mexican American) poor as
outlined by Moore, Pinderhughes, and their collaborators, we must examine the
role of bureaucratic restructuring in keeping the poor in their place.

3. We need to look closely at possible intervention strategies for assisting the
poor Mexican American elderly. I do not expect bureaucratic organizations to be
restructured any time soon; however, moderate steps could be effective in helping
the poor Mexican American elderly. One step is to develop programs that aid the
elderly in gaining more knowledge about the health and social service agencies
with which they interact. Although lacking formal education, these persons are
seeking this kind of information, and modest programs could greatly improve the
quality of life of persons who have worked hard all their lives. Another step would
be the training of constructive brokers (Zurcher 1986) in different neighborhoods.
These brokers, who would be educated as to how organizations operate, could
assist others who need to know about the system: how does one fill out complex
forms, how can one appeal rulings, and so on. These modest steps would do much
to alleviate the harsh conditions the elderly Mexican Americans face in their daily
lives.

NOTES

1. The materials I have relied on for my analysis of bureaucratic organizations include Sjoberg,
Brymer, and Farris (1966); Williams, Sjoberg, and Sjoberg (1983); Sjoberg, Vaughan, and Williams
(1984); and Lipsky (1980).
2. Although the concept of "underclass" can be easily misused, I will not consider that issue in
this paper.
REFERENCES


Field-Initiated Research to Predict Work-Motivation Among Navajo Vocational Rehabilitation Clients*

Jennie R. Joe

Dorothy Lonewolf Miller**
Native American Research and Training Center
University of Arizona, Tucson

ABSTRACT

This study presents the results of field-originated, field-based research on the Navajo reservation analyzing the motivation to succeed and the willingness to follow through of Native American clients in vocational rehabilitation (VR) programs. The study was divided into two components: 1) Socio-cultural differences between employed and unemployed Navajo reservation dwellers were analyzed and a number of statistically significant variables were found that correlated with successful employment. 2) These findings were then tested with an intensive case study of one “successful” Navajo VR client and one “unsuccessful” Navajo VR client. Interviews with these VR clients highlighted and verified the usefulness of sociocultural factors that are key variables which can be used to predict motivation for Native American clients to participate successfully in a VR program.

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**Refer all correspondence to: Dr. Dorothy Lonewolf Miller, Native American Research and Training Center, 1642 East Helen Street, Tucson, AZ 85719. Phone: (602) 621-5075; (602) 888-8960.

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This research study recommends that VR counselors who work with Native American clients recognize the significant importance of these selected socio-cultural factors in planning VR services for these clients.

Introduction

Community-initiated research often addresses the issues of practice, i.e., issues that emerge, for example, in the course of VR counselors working with clients. Such research is often termed “soft research” to distinguish it from experimental, theoretical, or laboratory research. Field-initiated issues also provide an opportunity to “discover” new theory and new approaches to practice problems and also require the use of scientific research methodology to examine VR agency practices and client outcomes. This is a report of one such research-practice experience arising from problems encountered by Navajo counselors in a Vocational Rehabilitation agency located on the Navajo Reservation.

Vocational rehabilitation (VR) service practices for injured Navajo clients must consider cultural and social factors when attempting to place their clients because the differences in value systems between mainstream culture and traditional Navajo culture on the reservation impact on client motivation. In this context, the Navajo Vocational Rehabilitation Project (NVRP) requested researchers from the Native American Research and Training Center (NARTC) from the University of Arizona to assess the level of motivation of its Navajo clients in order to improve the effectiveness and efficiency of their services. The findings presented in this field-initiated study address findings arising from two other field studies of Navajos in the work place conducted by the authors: 1) empirical findings from a survey of the work motivation of Navajo industrial workers, and 2) an analysis of the bicultural blending processes inherent in mainstreaming Navajo people into the labor force, a process and a situation that have been foreign to Navajo culture. Findings from these two studies provided a foundation for the design of this VR-based study of the nature of Navajo client motivation required for acceptance and utilization of NVRP services.

The Navajo Vocational Rehabilitation Program

The Navajo Vocational Rehabilitation Program (NVRP) is a demonstration project under the Rehabilitation Act. Once this resource became available, more
effort was made to identify disabled Navajos. Practice problems emerged from this effort, caused in part by the differences between the cultural views of Navajos and Anglos. Morgan et al. (1986) have discussed the failure of mainstream vocational services for one tribe, noting that in general mainstream “rehabilitation programs and facilities have done little to improve the employment prospects of disabled Indian populations” (p. 25). Failures of this kind may be related to cultural differences and insensitivity, and emphasize the inadequacies of conventional vocational rehabilitation practices.

The NVRP developed on the Navajo Reservation in response to these problems by focusing on three issues relevant to the Navajo people:

- The impact on Navajo clients of racial and cultural differences between Anglo and Navajo VR counselors;
- The assumptions that jobs are available and that Vocational Rehabilitation services need only to focus on fitting the disabled person to the job requirements; and
- The need to offer services that do not conflict with the values, lifestyles, and beliefs of Navajo people (Morgan et al. 1986).

These objectives are currently being met in the following manner:

**Unique Cultural Differences.** The Navajo Vocational Rehabilitation Program (NVRP) is directed by the Navajo Tribe with funding under the Rehabilitation Act of 1973. The project staff are all Navajo persons who live and work on the reservation and are adept at gauging community and family attitudes about the rehabilitative potential of individual clients. The Navajo Nation has adapted an Affirmative Action Plan that calls for the hiring of the disabled. For example, fifteen percent (15%) of the successful case closures in 1986 were placed in tribal employment (Elmer Guy 1991; personal communication).

**Availability of Employment.** Because the Navajo reservation has a high unemployment rate, it is often difficult even for a fully trained, non-disabled Navajo to find any type of employment on the reservation. Off-reservation jobs in nearby cities are also difficult for Navajos to obtain because of ingrained racist attitudes and widespread job discrimination. The NVRP faces these larger social issues and focuses on a number of innovative types of alternatives, e.g., by cooperation with Sheltered Employment settings and by developing craft workers and artisans (silversmithing, weaving, etc.). However, the barrier of structural unemployment for Navajos remains, and the project struggles with these barriers as a part of its daily function.
Services That Are Culturally Relevant. The NVRP uses traditional Native healing services to supplement the standard vocational rehabilitation services, i.e., the use of traditional medicine persons to perform native healing ceremonies and prayers. These services serve a psychotherapeutic function. Medicine persons are respected elders in the community, and their support gives credence to the clients' rehabilitative potential.

The NVRP has therefore sought to blend vocational rehabilitation services with the unique cultural lifeways of Navajo disabled clients. However, in spite of these efforts, VR counselors report a number of problems arising out of their practices, e.g., overprotectiveness of the client within his family, diffuse feelings of anger by the client toward some vocational rehabilitation procedures, and finally, the serious problem of assessing individual Navajo clients' level of motivation to carry on the planned rehabilitation process. The Navajo vocational rehabilitation counselors therefore asked NARTC to determine the best technique for evaluating one of the practice problems, that of the motivational levels of Navajo clients, i.e., what is the Navajo client's degree of motivation to enter into and follow through with a vocational rehabilitation diagnosis and service plan?

From preliminary studies by the authors, the following three factors emerged that influence Navajo worker motivation: 1) social-structural problems, 2) family variables, and 3) personality issues:

Structural Problems which Affect Navajo Clients’ “Motivation”

In the past, reservation-based Indians engaged in wage-work within a major industry have been rare. There are a number of institutionally based explanations to account for this situation:

a) Native Americans reside on small, scattered reservations located on “badlands” around the country, isolated from mainstream American life by distance and lack of adequate transportation;

b) There are very few industries, service organizations, or agencies which can be classified as “major employers” in base geographic areas;

c) There is a high level of racial prejudice toward Native Americans (Talbot 1985), who would not be hired into any scarce job openings in the nearby Anglo community; and

d) Historically there are few cultural role models of “a worker” available among reservation families or groups.

Cultural values and historical destruction of Native American lifeways are only part of the problem. In order to create a “rehabilitated worker,” a number of
NAVAJO VOCATIONAL REHABILITATION CLIENTS

Social requirements with reference to a labor market must exist. For example, in a recent survey of 100 southwestern Indian families, Joe and Miller (1987) found that while two-thirds of the adults had an occupational identity, less than one-half of all of them were currently employed. Furthermore, of those who were employed above the level of unskilled labor, nearly all worked for the tribal organization or for a Federal agency that administered a Native American program. The study concluded that “lack of skills, poor health, low levels of education, and impoverished life-styles are common problems faced by Native Americans.”

Family Variables That Impact on Navajo VR Clients’ “Motivation”

Sociological studies have shown that “working-class” families are the cradle of every generation of workers. In general, for Native Americans (with few exceptions such as the Iroquois high-rise workers) intergenerational “workers” have been non-existent. This is a socio-cultural phenomenon that has significant implications to employment of Native American peoples.

Native American families exist under great oppression and under threat of destruction—nowhere is this fact more evident than in the high percentage of the absence of Native American fathers in the home (Joe and Miller 1992)—they may be lost to alcoholism, to accidental death, to suicide, to imprisonment, etc. They are not likely to be a stable member of a work group. A Native American child often does not have any worker role-model in his/her family. Psychological studies support the importance of intimate family models for successful child rearing. Native American children, like other children, grow up and forge their identities from their primary group. If their father was a silversmith, an artist, an actor, a rodeo rider—they too wish to fill these roles. If their mother is a weaver, they may begin to weave “schoolgirl” rugs in order to learn their craft. But when they grow up in female-headed households, supported in poverty by public welfare and commodities, subjected to alcohol abuse, poor health, early pregnancy, and despair, and surrounded by embittered, depressed, and defeated adults, it is not likely such Native American children will develop into “worker material” for any employer.

Given this socio-cultural background, it is readily apparent that “the lack of motivation to seek employment” may be symbolic of deep-seated social problems inherent in the Indian reservation subculture. Thus the job of “rehabilitating” disabled Indians on the reservation for the labor market requires an understanding of both the cultural values and the social background as they relate to the concept of “work” among Native Americans.
Personality Issues Affecting Navajo Clients' "Motivation"

Most personality based studies in the VR literature examine personal characteristics of the client in order to determine the level of the client's "motivation." Many such personality variables are included in the batteries of psychological tests administered to VR clients. However, the VR tests are often unable to predict the level of the client's motivation to accept VR counseling and work placement over a period of time. In this paper, available VR testing data is accepted as given, but this paper suggests that two other levels of analysis might improve the psychological prediction of motivation, i.e., cultural factors and social structure. Therefore, this study also sought to evaluate additional cultural and social variables that might increase the accuracy of predicting Navajo VR client motivation for counseling and job-placement.

Study Design and Analysis

The NARTC attempted to examine "motivational" issues raised by the Navajo VR workers by designing two separate research projects: 1) a study of a sample of both employed and unemployed Navajos residing on the reservation in order to examine the motivation factors among Navajo workers, and 2) an in-depth case study of both a "motivated" and a "non-motivated" Navajo client currently in the Navajo vocational rehabilitation caseload in order to: a) examine empirically these types of clients, and b) to test the predictive value of the findings from the Navajo worker study. The following data represent the empirical findings from these two studies.

Study 1: Survey of Navajo Industrial Workers

The survey sampled four Navajo employee groups: 1) workers at the Peabody Mining Co., 2) workers at the Page Electrical Plant, 3) construction workers employed throughout the western Navajo reservation, and 4) a comparison sample of unemployed Navajo workers. These workers represent the emergent Navajo industrial workforce, employed on their own reservation by private enterprises operating under contracts with the Navajo Tribe. There is a strong element of Navajo pride and Navajo empowerment involved in their employment. There are also elements of deeply felt conflict, e.g., the use of irreplaceable ground water for the industrial processes and the mining of coal from the sacred Navajo mountain, leading to the pollution of Mother Earth and the air above (Joe and Miller 1992). Navajo workers must face these macro-level conflicts equipped with Navajo traditional values as well as the daily "blending and bending" of their traditions with those of the profit-oriented industrial workplace.
Navajos who are employed in these industrial plants located on the Navajo reservation must adapt to the eight-hour day, to the specialization and divisions of labor, to a hierarchal authority structure, and to a high-risk environment. Because these are dangerous jobs, Navajos who work there are potential clients of a vocational rehabilitation agency because of the high levels of injury risk on the job.

The groups of Navajo workers (N=74) were subjects in a study of the “meaning of work” in a rapidly changing cultural situation, and of their understanding of, and use of, Vocational Rehabilitative Services. The survey also collected comparative data on another Navajo subgroup: a group of former workers (N=29) who are now unemployed and who are presently receiving unemployment assistance or temporary work aid from their tribe.

These Navajo workers are traditional, still holding and practicing many of the Navajo cultural and religious beliefs. Joe’s Traditionality Scale (Joe 1975) items were used to establish levels of traditionality with the percentage of responses given by the subjects as shown in Table 1.

<table>
<thead>
<tr>
<th>Items</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaks Navajo Fluently</td>
<td>82%</td>
</tr>
<tr>
<td>Considers family traditional</td>
<td>78%</td>
</tr>
<tr>
<td>Spouse is Navajo</td>
<td>77%</td>
</tr>
<tr>
<td>Participates in Navajo elections</td>
<td>75%</td>
</tr>
<tr>
<td>Uses prayer pollen</td>
<td>72%</td>
</tr>
<tr>
<td>Names Sacred Mountains</td>
<td>66%</td>
</tr>
<tr>
<td>Uses traditional healers</td>
<td>64%</td>
</tr>
<tr>
<td>Traditional or Native American church</td>
<td>54%</td>
</tr>
<tr>
<td>Tells children Navajo customs</td>
<td>47%</td>
</tr>
<tr>
<td>Can assist with a Sing</td>
<td>42%</td>
</tr>
<tr>
<td>Keeps Sacred Earth Bundle</td>
<td>32%</td>
</tr>
</tbody>
</table>

As this table shows, these Navajo workers still hold strongly to many Navajo cultural values and practices.

The degree of traditionality held by Navajo workers becomes an important factor for Navajos who are adapting to the Anglo work ethic—to be a traditional Navajo means that one may hold certain basic values that may differ from those of the majority culture. Such differences can impact upon an individual’s perception of the importance of work and his/her motivation to do work. It can also influence a wide range of other behaviors in the workplace.
The Navajo Labor Investigation Task Force (1984) has reported that the Navajo culture often presented problems in the industrial work situation:

Social and cultural conflicts about jobs are created among employees, and between employer and employees. Where Navajos work, the company philosophy is diametrically opposite to the Navajo work ethics which emphasize the sharing of wealth as the priority. When these priorities cross paths, as they often do, conflict arises. (p. 2)

This study finds that Navajo workers have adopted a number of strategies which enable them to “blend” their traditional Navajo views with the demands of an industrial work setting. For example, these workers still practice “sharing” while at the same time maintaining regular work attendance, engaging in fewer drinking episodes, honoring punctuality at work, and accepting work discipline and work norms.

One might suppose that it is difficult for anyone in an unstable work situation to maintain a high motivational state or to develop a viable worker identity. Indeed, among these Navajo workers, nearly half have been in unstable work situations during the past five years.

Most of the Navajo subjects identify themselves as “workers.” In order to empirically study the degree of each subject’s identity as a worker, we focused the next set of items on aspects of the “worker identity” as presented in the table below.

<table>
<thead>
<tr>
<th>Items</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work is important to my identity</td>
<td>69</td>
<td>93%</td>
</tr>
<tr>
<td>I am a steady worker</td>
<td>64</td>
<td>85%</td>
</tr>
<tr>
<td>Father was employed</td>
<td>53</td>
<td>71%</td>
</tr>
<tr>
<td>Believes a good job is a steady one</td>
<td>46</td>
<td>62%</td>
</tr>
<tr>
<td>Has childhood friend working there</td>
<td>37</td>
<td>47%</td>
</tr>
<tr>
<td>Belongs to a union</td>
<td>41</td>
<td>55%</td>
</tr>
<tr>
<td>Siblings are employed</td>
<td>28</td>
<td>35%</td>
</tr>
<tr>
<td>Would like child to do same work</td>
<td>21</td>
<td>27%</td>
</tr>
<tr>
<td>Mother worked for wages</td>
<td>16</td>
<td>20%</td>
</tr>
</tbody>
</table>

The overall worker identity, although strongly held, was not as important to them as their cultural identity (See Table 1).
There is a considerable body of findings (Talbot 1985; 1981) that asserts that the exploitation of Indian resources and discrimination against Indian people foster astronomical rates of unemployment and poverty. For example, Talbot states that "Native Americans occupy a particularly oppressed niche in the working class of the United States." Other factors contribute as well. For example, Jorgenson (1978) asserts that Indian underdevelopment, unemployment, and poverty are due not so much to rural isolation and aboriginal values as to the way the urban centers of finance, political influence, and power have grown at the expense of the rural areas.

American racism also affects the potential motivation of workers. Leukens (1953), in a study of the employment of Navajo miners, found that "Anglos were always hired by the company in preference to Navajos. Navajos were nearly always hired as helpers, the lowest grade, regardless of the economic conditions, mining capabilities, and previous experience. Generally, Navajo workers did not hold any of the other skilled or supervisory positions, even though qualified."

Leukens's assertion is borne out by the survey data in Table III, which shows that only a few of the Navajo work force are employed in either administrative or supervisory positions.

**Table III**

<table>
<thead>
<tr>
<th>Position</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adm. Super.</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Professional</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Technical</td>
<td>61</td>
<td>84%</td>
</tr>
<tr>
<td>Laborer</td>
<td>7</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>73</td>
<td>100%</td>
</tr>
</tbody>
</table>

Thus, despite years of on-the-job experience, only three percent (3%) of these Navajos hold administrative or supervisory positions. The Navajo Labor Investigative Task Force (1984) found evidence of on-the-job discrimination against Navajos in favor of other workers:

Navajo workers complain that non-Navajos are filling job vacancies through patronage rather than based on ability. The company fails to train Navajos for supervisory and management positions, while they do train non-Navajos for promotions. (p. 18)
The report also noted discrimination in the area of worker discipline, i.e., that Navajos are more harshly disciplined than non-Navajos. The report quotes one Navajo worker who stated: "The foremen only complain about us Navajos having poor English, yet they don’t complain about Mexican men who only speak their language (Spanish)." Thus, it appears that discrimination against the Navajo worker remains a serious problem in the workplace even on the Navajo reservation.

Vocational counselors are often impotent against the racism and discrimination facing Native Americans in the workplace and often must work with disabled Native American clients as though there were no racist barriers operating in the labor market. There is a need for a broader understanding of the social forces that impact upon the motivation of the disabled Navajo worker. In particular, vocational rehabilitation counselors need to be aware of the problems of structural unemployment, so pervasive and important, that are linked solidly with the distribution of wealth and jobs in the national economic scene.

Training Native Americans for jobs and counseling them regarding the attitudes and motivations toward the Anglo work ethic is only one piece of the picture. In fact, the survey data shows that among Navajos, vocational training was commonplace. Sixty-three percent (63%) of all subjects had some vocational or technical training, i.e., two-thirds of the employed Navajos, and fifty-six percent (56%) of the unemployed Navajos had received such training. As to motivation toward work and personal attitudes toward work, both groups showed a surprisingly positive attitude toward the work ethic. For example, positive responses to the statement: "Work is important to my identity" were made by ninety-three percent (93%) of the employed Navajos and eighty-six percent (86%) of the unemployed group.

In fact, the significant differences between the unemployed and the employed Navajos are more related to actual work experience and to disillusionment and anxiety related to the trauma of unemployment itself. If there were stable, good paying jobs to go around, one might posit a very low unemployment rate among these Navajos in the reservation work force. Indeed, structural unemployment is a more crucial problem than individual motivational differences between workers.

Such findings tend to illustrate the limited area of personal change that the present clinical practices of Vocational Rehabilitation counselors can address since they cannot impact directly on the broader social issues. Indeed it may be another example of "blaming the victim" for his condition but within a limited area of personal factors, such as "lack of motivation."
Predicting Motivation for Vocational Rehabilitation Services

Data from the Navajo workers' survey responses regarding a series of issues were analyzed and were found to be of potential use to Navajo Vocational Rehabilitation counselors who work with disabled Navajo workers within the clinical model of adjusting an individual to the job market.

Selected social background variables were found to be related to positive attitudes toward work and toward actual employment. These factors derive from a data analysis which compared currently employed Navajos to unemployed Navajos. When comparing and contrasting the two groups on a series of factors, we found several factors related to high employment potential at statistically significant levels. These predictive factors can be divided into two groups: 1) Social Variables, which are related to socio-economic factors, and 2) Attitudinal Variables, which are personal attitudes toward work. “Personality factors” are not the focus in this motivational report, because VR Counselors have available to them test scores from a series of standard personality tests. The present study focuses, rather, on cultural and social factors that are related to satisfactory work adaptation and to job satisfaction, and which form the structural background of motivation to work.

Table IV

Results of a Comparison of Job Indicators of Employed and Unemployed Navajo Blue Collar Workers By Degree of Statistical Significance (N=103)

<table>
<thead>
<tr>
<th>Social Variables</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents employed</td>
<td>(Trend)*</td>
</tr>
<tr>
<td>Had father in the home</td>
<td>(Trend)</td>
</tr>
<tr>
<td>Got A-B’s in school</td>
<td>(Chi Square=7.65, 1 df, p&lt;.01)</td>
</tr>
<tr>
<td>High School grad or above</td>
<td>(Chi Square=4.440, 1 df, p&lt;.05)</td>
</tr>
<tr>
<td>Not placed by the court as a child</td>
<td>(Chi Square=7.621, 1 df, p&lt;.05)</td>
</tr>
<tr>
<td>Now work with childhood friends</td>
<td>(Chi Square=4.973, 1 df, p&lt;.05)</td>
</tr>
<tr>
<td>Friends are employed</td>
<td>(Chi Square=7.594, 1 df, p&lt;.01)</td>
</tr>
<tr>
<td>Had a job goal when growing up</td>
<td>(Trend)</td>
</tr>
<tr>
<td>Had vocational/technical training</td>
<td>(Trend)</td>
</tr>
<tr>
<td>Worked off reservation</td>
<td>(Trend)</td>
</tr>
<tr>
<td>Married</td>
<td>(Chi Square=7.783, 1 df, p&lt;.01)</td>
</tr>
<tr>
<td>Spouse employed</td>
<td>(Trend)</td>
</tr>
<tr>
<td>No serious arrest record</td>
<td>(Trend)</td>
</tr>
</tbody>
</table>
Table IV (continued)

<table>
<thead>
<tr>
<th>Attitudinal Variables</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is careful at work</td>
<td>(Chi Square=7.312, 1 df, p&lt;.05)</td>
</tr>
<tr>
<td>Doesn't drink, miss work</td>
<td>(Chi Square=7.003, 1 df, p&lt;.05)</td>
</tr>
<tr>
<td>Doesn't miss work if feels like it</td>
<td>(Chi Square=7.163, 1 df, p&lt;.05)</td>
</tr>
<tr>
<td>Think punctuality important</td>
<td>(Trend)</td>
</tr>
<tr>
<td>Feels qualified for the job</td>
<td>(Chi Square=7.4, 1 df, p&lt;.05) Re-</td>
</tr>
<tr>
<td>Retirement plan important</td>
<td>(Trend)</td>
</tr>
</tbody>
</table>

*Trend are those relationships which are at the p < .10 or less, but do not meet the .05 level of probability required in conventional research.

These findings are either statistically significant or are “trend” findings from the comparison between employed and unemployed Navajos.

If Vocational Rehabilitation counselors wished to gauge an individual worker’s “motivation” for re-training or for job placement, it would seem feasible to collect similar social and attitudinal data from each VR applicant and to “score” them on the above social/attitudinal factors. One could be scored by the number of positive items in each of the two categories. For example, if a client had eight (8) or more of the positive social variables, he could be scored “high” on the social factors for work motivation. If one scored four (4) or more on positive attitudinal variables, the client could be rated as high on positive attitudinal variables, the client could be rated as high on positive attitudes toward motivation for work. If a Navajo client scored high on social background variables but low on the attitudinal variables, then intense vocational counseling might be directed at individual attitudinal change. If the Navajo client scored low on the background social factors, perhaps additional vocational training should be implemented. Persons scoring poorly in both areas would present a motivational problem that would undoubtedly require both retraining and intense counseling in order to prepare that client to re-enter the labor market.

The survey indicates that Navajo Vocational Rehabilitation counselors must have an acute awareness of the broader job market as well, particularly relating to jobs available and to the insidious forces of racial prejudice. They must also be able to “diagnose” each Navajo client’s work motivation as indicated by his scores on the social and attitudinal variables that are derived from empirical research.
Study 2: Motivated and Non-Motivated Vocational Rehabilitation Clients: Case Studies

The second empirical study is that of the "Ideal Type" case-study of two Navajo vocational rehabilitation clients, one judged by the Navajo VR counselor to be more "motivated" than the other. The social and attitudinal factors in each case are analyzed according to the previous empirical variables found to be statistically significant in the Navajo industrial worker study. (See Study 1 above)

Case-study methodology utilizes the concept of empathy, insight, introspection, intuition, and reciprocity (Greenwood 1960). For an empathetic initiative relationship to be utilized effectively, the researcher must be thoroughly familiar with the cultural background and the social situation of each client. Assuming data on the natural history of the problem (Indian disability and VR services), the analyst can spot points of change and/or of insight. Data are then subjected to a "free-flowing" analysis, i.e., an unformalized and unformalizable mental process interlaced with intuition and insight. Such an analysis is essential because the researchers must explain the relationships discovered in each case. Glaser and Strauss (1970) state that data should be collected and analyzed in a way which allows the basic social, socio-psychological, and structural processes inherent in a phenomenon to emerge naturally so that the analyst can "discover" what is going on. The "think work" of such analysis requires the analyst to conceptually connect all types of diverse information, attempting to make sense out of what seems to be confused and scattered items. This analytical process clarifies "gaps" in the analysis and suggests additional theoretical issues.

For these Vocational Rehabilitation case studies, we studied two disabled Navajo workers who were currently active Vocational Rehabilitation clients. The cases were selected by NVRP case workers and represent one VR client who seemed "motivated" and one who seemed "not motivated."

Upon analysis, Case A is a "modern, progressive Navajo" and Case B is a relatively "traditional Navajo Indian." Both Case A and Case B were injured on the job and are beginning the rehabilitative process as clients of the Navajo Vocational Rehabilitation Program.

Case A: "Motivated" Navajo Client

This disabled Navajo man, age 34, was a Peabody Mining Co. worker driving heavy equipment. He was injured when his grader ran over a pile of rocks, injuring his spine. This spinal cord injury developed over a number of years of doing this heavy work, and he is now receiving 30% disability. His rehabilitative goal is to be re-
trained for another line of work which will not threaten his injury. He is a member of the Navajo tribe, married to an Anglo woman. They have four children in their home. His wife is regularly employed. He is a high school graduate from a public school on the reservation. He liked school and did well academically (B student) and participated in athletics (football, track and field). When he was growing up, his mother was regularly employed in the health field while his father was a part-time laborer. He does not consider himself to be very religious, although he belongs to the Baptist Church. He says he and his family are considered mostly modern rather than "traditional." He is not really fluent in Navajo, but rather uses English in all of his communication. He states he sometimes speaks Navajo with his friends and relatives. However, he lives apart from his parents and most of his family. He does not use traditional Navajo healers and is not able to assist in a Sing or a curing ceremony. On Joe’s Traditionality Scale, the client scores as “high in acculturation.” When he was growing up, he wanted to get a job in the field of forestry, and he was interested in outdoor work. However, he applied for a job at the Peabody mine in 1983 and never pursued forestry work. If he had a “real choice” about the kind of work he would like to do, he listed three choices: 1) a job working for the Federal Government; 2) a job working for the tribe; and 3) a steady job off the reservation. He appears to be highly motivated to accept retraining and job placement, indicating he is willing to go anywhere—that “nothing can stop him from accepting a suitable job.” He has excellent and positive attitudes toward work, he doesn’t drink, and he has had no legal problems. He seems to represent an ideal candidate for Vocational Rehabilitation training.

Case B: “Non-Motivated Navajo” Vocational Rehabilitation Client

This 28-year-old Navajo man was employed as a carpenter in construction, working for a private contractor. He is married to a Navajo woman, and they have four children. He is a high school graduate from a BIA school and a public school on the reservation. He liked school, was a C student, and was a wrestler in the athletic program at school. He had no serious difficulties in adolescence, although he was punished a few times in school for truancy. He has many close friends, and most of them are still his friends today: a few worked with him before he was injured. He has no non-Indian friends. He was reared by his mother and grandmother. His father was not in the home when he was growing up.

He was injured after only three weeks on the job when he hit a nail off center, and it hit his eye, injuring it seriously. This family lives in
poverty, dependent upon General Assistance since his Workers Com-
pensation ran out. His car is unreliable, and he needs better transpor-
tation if he is to travel to job training or employment. He considers
that he and his family are both traditional and modern, although he
states he is a “traditional Navajo” in his religious affiliation. He
speaks fluent Navajo in his home and with his friends. He utilizes
traditional healers at least twice a year. When asked if he had a “real
choice” for the kind of work he would like to do, he first stated he
would like to work with his hands or to do seasonal work outdoors, or
finally, he would like to work for the tribe in some capacity. He had
prior vocational training in the field of carpentry and operating heavy
equipment but now feels at a loss as to what kind of work he could get,
given the injury to his eye. His drinking sometimes causes him to miss
work. He admits he has a drinking problem. Drinking made him
careless on the job and may well have contributed to his injury on the
job, although he only alludes to this in a tangential way. He admits he
sometimes lost his temper on the job. Given his very short work
history and lack of stability, this client poses a counseling problem as
well as a job training problem for the Vocational Rehabilitation
counselor.

Ideal Type Case Analysis and Discussion

Both Navajo clients show areas of strength that will aid them in their
rehabilitation process. In both cases, their wives would be helpful in this process
since both men have heavy family responsibilities, each with four small children.
Both men are young, in good health (other than their injuries), and are high school
graduates. Neither are anti-social, nor do they have serious legal problems. One
has had a long period of steady employment; the other has had some job-training
experience.

Yet these two cases are also quite different and require different counseling
approaches. Case A is a “modern Navajo,” acculturated and ready to move after
training into almost any appropriate job placement, even if it were off the
reservation. Case B is a semi-traditional Navajo who could use traditional
medicine as well as alcoholism treatment to help him maintain discipline, assume
control over his drinking, and move to a higher level of maturity. He needs a wide
range of social service and financial support as well as job retraining and intense
counseling.
Combining the Case Study With Survey Findings

In search of "motivational" prediction, as requested by the Navajo field workers, NARTC compared the "motivated" vocational rehabilitation client with the non-motivated vocational rehabilitation client on the previous study's "motivational variables" as shown in the following table:

**Table V**
Motivational Predictor Items Compared Between "Motivated" and "Non-Motivated" Vocational Rehabilitation Clients

<table>
<thead>
<tr>
<th>Motivational Predictor Items</th>
<th>Social Variables</th>
<th>Case A Motivated</th>
<th>Case B Non-Motivated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents were employed</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had father in home</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Got A-B's in school</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduate</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Not placed as child by court</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Friends now employed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had job goal as youth</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had vocational training</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Worked off reservation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Spouse employed</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No serious arrest record</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>5</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Attitudinal Variable**

| Careful at Work                                | X                |                  |                      |
| Doesn't drink or miss work                     | X                |                  |                      |
| Doesn't miss work if "feels like it"           | X                |                  |                      |
| Thinks punctuality important                   | X                |                  |                      |
| Feels qualified for job                        | X                |                  |                      |
| Retirement plan important                      | X                |                  |                      |
| **Total**                                     | **6**            | **0**            |                      |

**Total Score**

17  5
When the two vocational rehabilitation clients are compared on the work motivational predictor items derived from the empirical study of employed vs. non-employed Navajo workers, the “motivated Navajo client (Case A)” scored on 17 of 18 of the empirical items.

A Navajo Vocational Rehabilitation counselor faced with such empirical findings might work quite differently in meeting the service needs of these two clients. Case A appears to be ready for retraining and job placement, with a high potential motivation for “success.” Case B appears to need extensive personal counseling, perhaps referral for alcoholic treatment, and job training at a level of employment commensurate with his ability and interests (e.g., outdoor work or employment by the tribe, perhaps working with traditional persons).

Discussion

Since the advent of the State-Federal Vocational Rehabilitation program, psycho-educational and vocational assessment have played a critical role in the rehabilitation process. The development of a viable rehabilitation plan and effective services delivery is often contingent upon having comprehensive and accurate assessment data. This allows informed decisions to be made concerning eligibility for VR services, entrance into training programs, job placement, and development of plans for the client to enhance areas of strength and improve areas of weakness.

Currently, a large portion of rehabilitative clients receive traditional psychological, educational, and vocational evaluations as part of the diagnostic and planning process. Some of the specific behavioral areas that may be examined during these assessments include: (1) basic academic skills (e.g., reading and mathematics); (2) cognitive and intellectual abilities, and achievement; (3) personality and emotional functioning, screening for organic brain dysfunction and learning disabilities; (4) career interest and vocational aptitude testing; (5) dexterity testing; (6) physical capacities and tolerances; (7) worker personality; (8) job-seeking skills; (9) work habits; (10) paper and pencil tests (both-group and individual); (11) individually administered measures of personality and of cognitive and intellectual functioning; and (12) situational assessments.

A voluminous body of literature exists documenting the fact that many of the traditional assessment instruments and methodologies now being employed were developed using non-disabled Anglo populations. Olmeda (1981), Organist (1982), and Samudo (1975) have summarized critical issues and questions
regarding the applicability of traditional assessment methods to disabled minority populations because of the possible bias of the testing instruments. An important concern is whether any of these instruments and techniques are sensitive to unique cultural variables of Navajo clients.

Native Americans possess values, customs, patterns of thought, language, and interests different from those drawn from the culture for which assessment instruments were designed. A few specific technical questions raised about these instruments include: (1) Are disabled Native Americans represented in the norms? (2) Are disabled Native Americans represented in the samples utilized in the reliability and validity studies? (3) Is the content and level of language appropriate for disabled Native Americans? (4) Are there personality and motivational variables associated with the Native American's cultural identity which have a differential impact on test performance (Organist 1982)? Most important, the examiner must have confidence that the results obtained constitute a reliable and valid basis for making decisions about the client’s future.

We used two social research methodologies to determine how Navajo Vocational Rehabilitation counselors could improve their diagnosis of work motivation potential in their Navajo Vocational Rehabilitation clients. First of all, structural, social, and attitudinal factors were examined that differentiated motivational factors found in a survey of employed and non-employed Navajos. Selected variables were found to be either statistically significant or nearly so in predicting employment. Data on two “Ideal Types” of Navajo Vocational Rehabilitation clients drawn from the NVRP’s active case load were then analyzed. One Vocational Rehabilitation client was clinically assessed as being “work-motivated”; the second client was viewed as presenting a case of poor “work-motivation.” These two Navajo Vocational Rehabilitation clients were then subjected to an in-depth case study using Greenwood (1960) and Glaser-Straus (1970) methodologies, which were used to “test” the work motivational factors that emerged from the survey of Navajo industrial workers. We found that the work-motivation predictors derived from the Navajo worker survey did discriminate the degree of work-motivation clinically noted between the two Navajo Vocational Rehabilitation clients. These results are especially important because of their significance to the vocational assessment processes of predicting the degree of motivation of Navajo VR clients.

Rather than modify or attempt to use pre-set “tests,” this research project also evaluated empirical data on Navajo employees who were “successful” and “motivated” in their work roles, deriving statistically significant variables from a comparison study with “unsuccessful” Navajo workers in order to develop a set of social and attitudinal indicators.
After these research studies and analyses were completed, we were able to develop and validate a set of eighteen social and attitudinal variables that appear to permit the Navajo Vocational Rehabilitation counselors to predict motivational levels and to assign Navajo Vocational Rehabilitation clients to different levels and types of Vocational Rehabilitation services.

Not only were the social and attitudinal variables important, but also these variables were found to be of equal importance to Navajo cultural values. We found that in general that the more "acculturated" the Navajo client, the better that client's level of motivation for vocational rehabilitation services. The basic dilemma facing the special Navajo Vocational Rehabilitation program, therefore, is that in traditional Navajo culture, "work," i.e., "employment," may not be a dominant value for non-acculturated Navajo clients.

**Implications of this Research Study**

It is a widely held notion that cultural factors are of crucial importance in any communication or action system that occurs between diverse groups. When groups are other than power-equals, as is the case between Western and developing nations, between Euro-Americans and neocolonist peoples, and between the Federal government and Native Americans, the power and status dimensions combine to make cultural problems even more complex and potentially disturbing. The role of vocational rehabilitation tactics with Native Americans clients might be seen as one such example of a potentially confusing exchange, i.e., the centrality of the value of "employment" is largely an Anglo concept, as is the model of client/counselor relationships as a way of delivering Vocational Rehabilitation services. These models are at cultural variance with the traditional relationship styles of a folk society, such as that found among Navajo tribal members. Most important of all, these cultural values appear to affect worker motivation. Therefore, it seems imperative that there be an understanding of the cultural variables underlying so much of the communication and interactions between Anglos and Navajos, and between Vocational Rehabilitation counselors and Navajo American clients.

Definitions of situations arise from a peoples' understanding of their world, i.e., as a people define a situation as real, so it becomes real in its consequences. Traditional Native American culture did not define "work" in the same way as did Anglo culture, and therefore working for cash wage to the Native American may be a foreign concept. Historically among Navajos, productive activity arose from
deeply held attitudes, beliefs, and unspoken understandings within the group. The social organization of Native American “work” varied greatly from tribe to tribe, since some were hunters and gatherers, some were agriculturalists, and some were fishermen, etc. All such activity had in common a direct relationship between man and nature, between human need and natural solutions. Native Americans had no common understanding of exchanging personal time and labor for money, of exchanging money to meet basic human needs, to acquire additional property, to hire the labor of others, or to accumulate goods for “profit.” Native American productive task-oriented activity was group oriented, not based on individual greed or on status-attainment goals.

On the other hand, working for wages is the cultural basis and source of identity for the majority of non-Indian persons living in the United States of America. The labor market determines not only their status, identity, and lifestyle, but also the basis of the nation’s prosperity, stability, and economic existence. Taxes from the wages of millions support government functions vis-a-vis the Social Security program. The economic wealth of the nation and the financial status of each citizen is rooted in their participation in the labor market.

There are some exceptions to these direct labor market programs, e.g., the so-called “entitled” groups, such as veterans, public-welfare recipients, the elderly, etc. Native Americans, too, occupy a special “entitlement” position within American life in recognition of their relinquishment of their land under agreements and treaties with the federal government. This special status over time, for good or for ill, has formed the basic definitions which impact upon all relationships between Indians in return for giving up their land—among those are the “right” to health, education, and welfare services. How these “rights” are implemented varies greatly, and this implementation is generally the source of much anguish, misunderstanding, and bitterness between Anglo and Native American groups.

Historically, there has been a clash between Anglo and Native American cultural definitions of “work,” which have been a constant source of irritation. The majority group has consistently attempted to force Indians into the Anglo labor market model. As Red Cloud, a famous Oglala Sioux chief stated: “Don’t take my young men away to work, for they will have no time to dream.” And in the religious view of the Sioux [and most Plains Indian people], dreaming was the proper work for young men, i.e., to dream, to search for their vision, for their identity, and for their purpose in life. The idea of “working” for wages only to lose individual freedom to a “job” was utterly foreign and totally unacceptable. To read the history of Anglo attempts to “civilize the savages” is to read a long and
sad story of cultural destruction and confusion, failure, bitterness, and mistrust. Likewise, the attempt to “educate the savages” by removing children from their families, their tribes, and their cultural milieu, to place children in public and religious boarding schools in order to “train them to work,” has continued the cultural and personal destruction of Native values and has established a great lack of trust between Native and Anglo people.

Navajo children’s initial institutional contacts with the Anglo culture are with the Indian Health Service, the tribal welfare system, and the Anglo educational system. However, the work force is not as structured as is the health, education, and welfare systems. There is not a clear bridge between those institutional systems and adult participation in the work force. Approximately 85% of all employment on the reservation is with one or the other of the tribal or government agencies. Private enterprise employment generally occurs when reservation Indians relocate to the cities. The adult socialization mechanisms leading to the work force are poorly institutionalized. Further, Native Americans experience considerable difficulty in obtaining steady work. Since their traditional culture does not necessarily define persons in terms of their occupation nor assign value according to their status in a work situation or a career, adult Native Americans are often termed to be “unsuccessful” in their work roles.

Unemployment is epidemic on most Indian reservations and thus the Native American’s personal integration as a “worker” may be flawed. In the Anglo world, adult identities are assigned largely by an individual’s work role. In the Native American world, adult identities are assigned largely by the individual’s relationships with his family, clan, or friends. Hence traditional Vocational Rehabilitation services that are so closely tied to the Anglo work force, and those VR counselors (both Anglo and Native) who are trained in the technique of preparing and supporting the disabled in filling employment roles, have special problems when working with Indian reservation dwellers.

The differences in values between Anglo culture and traditional Native American culture regarding work are deeply rooted; therefore, if Vocational Rehabilitation services are to be made meaningful to Native Americans, it is essential to understand and utilize their residual cultural values regarding work because these values are a factor in work motivation.

The Navajo Vocational Rehabilitation project is one experiment with bridging the cultural gap and can therefore be seen as one more type of acculturating, culture-blending institution available to bridge reservation Native Americans into the Anglo culture.
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Latina Immigrant Women and Paid Domestic Work: Upgrading the Occupation

Pierrette Hondagneu-Sotelo
University of Southern California

ABSTRACT

This article discusses sociological research and practice with Latina immigrant women who do paid domestic work. Community activism and participant observation methods were integral parts of the research process, and the study findings were later used in an innovative information and outreach campaign aimed at Latina immigrant domestic workers. Research on immigrant women and work, scholarship on paid domestic work; and the emergence of the immigrant rights movement contextualize the discussion of the research and the applied focus.

Until recently, the orientation of the scholarly literature on immigration and the activist immigrant rights movement shared one significant feature: a traditional androcentric bias that obscured women's issues as immigrant women. This began to change in the 1980s, with the proliferation of new scholarship on immigrant women, and 1991 saw the first national conference on immigrant and refugee women, where activists discussed a diverse array of issues including alternative employment strategies for immigrant and refugee women. A key breakthrough in these developments is understanding immigrant women as agents in their own right, as workers with their own particular migration trajectories and employment needs.
This article discusses the intersection of research and activism with immigrant women who do paid domestic work. After discussing some of the limitations of both scholarship and activism on immigrant women’s issues, I describe the methodology and research findings from a study I conducted in a San Francisco Bay Area community where many undocumented immigrant women are employed in domestic work. Participant observation was an integral method in developing an understanding of the issues facing Latina immigrant women who do paid domestic work, and it was also key in providing a framework for simultaneously conducting community activism with research. Research findings were later applied and disseminated in fotonovelas, didactic, illustrated leaflets, through an advocacy project aimed at Mexican and Central American immigrant women who do paid domestic work in Los Angeles.

The themes in this article reflect the convergence of concerns and issues drawn from three arenas: research on immigrant women and work, scholarship on paid domestic work, and the emergence of the immigrant rights movement. The section below examines the intersection of some of these issues in order to situate the discussion.

Intersections: Immigrant Women, Immigrant Rights, and Paid Domestic Work

Immigrant Women Work?

The myth that Latina women, and especially Mexican immigrant women, do not typically seek employment still persists in spite of evidence to the contrary (e.g., Fernandez and Garcia 1990; Kossoudji and Ranney 1984; Simon and DeLey 1984). This stereotype is perpetuated by research that implicitly characterizes Mexican immigrant women as “dependent migrants” who migrate principally for family reunification. Typically, dependent migrants are posed dichotomously with independent labor migrants, but in reality, even immigrant women who enter a country as “dependent” migrants often exhibit high rates of labor force participation. Women often migrate both to be reunited with their families and for financial reasons. Since they work to help support their families, who may either remain behind in the country of origin or may accompany them in the new country, family and employment are intrinsically linked.

The myth that immigrant women do not participate in the labor force is also contradicted by numerous cases of “female-first” migration streams to the United
States and Western Europe, where women have in fact preceded the men (Brettell and Simon 1986). Mexican immigration does not fit this pattern, because the temporary contract labor programs instituted during WWI and between 1942–1964 recruited primarily Mexican men for work in U. S. agriculture. Evidence suggests, however, that in other instances, Latina women have pioneered labor migration streams. These female-led streams are often induced by immigration policies or practices that favor the entrance of paid domestic workers. For example, sociologist Terry Repak (1990) discovered that in Washington, D.C., the pioneer settlers of the substantial Central American population that grew during the 1980s were Central American women who came to the U. S. in the 1960s and 1970s as live-in domestic workers with families involved in the diplomatic corps.

Although immigrant women in the United States work in numerous sectors of the economy, most of them cluster in a few occupations: paid domestic work, the garment industry, family enterprises in the ethnic enclave, and in highly skilled service sectors jobs, such as nursing (Pedraza 1991). Mexican undocumented immigrant women are faced with even a narrower set of alternatives. They are concentrated in jobs as factory operatives, domestic workers, low-level service sector jobs, and in informal sector jobs such as vending. This concentration reflects more the labor market interplay of race, class, gender, and legal status/citizenship, than it does human capital resources. Due to discrimination, and the difficulty of obtaining legal permanent resident status, work authorization, and the transfer of credentials, even Mexican and other Latina immigrant women who were teachers and nurses in their home countries often find themselves working in the informal sector in the U.S., as street vendors, domestic workers, or doing garment assembly. Increasingly, the particular employment issues of these women are becoming issues for research and mobilization.

Immigrant and Refugee Rights Advocacy

Passage of the Immigration Reform and Control Act of 1986 (IRCA) signaled a new era in the immigrant rights movement in the United States. While IRCA offered amnesty-legalization for some undocumented immigrants, it also created problems for many undocumented immigrants by imposing employer sanctions. IRCA effectively criminalized employment for undocumented immigrant workers, since it prohibited the hiring of anyone without legal permission to work in the U. S. An unanticipated and paradoxical consequence of this legislation is that it generated and rejuvenated activism in defense of immigrant rights. In every major U. S. city with a large immigrant population there are now large umbrella
coalitions that include community, church, legal, and labor groups working to define, establish, and defend civil rights and workplace rights for immigrants and refugees. These advocacy groups are working outside the traditional and exclusive category of U. S. citizenship. Advocacy groups have developed many innovative strategic approaches but, until recently, many of these efforts were directed only at men.

Work is a key issue for immigrants and refugees, and on street corners in cities across the U. S., immigrant men congregate to find jobs in construction, packing, gardening, painting, or as temporary furniture movers. Day laborers wait for potential employers to hire them for a few hours, for a day, or a week. Abuses by employers, police, and immigration authorities are rampant, and immigrant rights advocates in San Francisco, Los Angeles, and New York have responded by meeting with elected officials, local business owners, and police officers, by setting up hiring halls, and they have attempted various organizing efforts.

The plight of day laborers is certainly serious, and in the context of continued levels of immigration, the ongoing recession, and employer sanctions, the numbers of immigrant workers offering their services as day laborers appear to be increasing. Immigrant women, at least in California, do not gather or wait on street corners to be picked up by strangers for potential employment, but immigrant women, like immigrant men, also work in many unprotected, unregulated, informal sector jobs. Immigrant women workers and their jobs, however, are often less visible than are their male peers. For various reasons, among them the "invisibility" of immigrant women's employment, immigrant rights advocates have been slower to defend immigrant women's labor rights. In the fall of 1990, I began meeting with a group of lawyers and community activists associated with the Coalition for Humane Immigrant Rights in Los Angeles (CHIRLA) to organize an advocacy program for paid domestic workers, the majority of whom in Los Angeles are Latina immigrant women. Some of the research findings from my project were integrated into this information and outreach program.

Paid Domestic Work

The sociology of occupations has traditionally overlooked paid domestic work. This may be due to the belief that paid domestic work would soon become obsolete in modern society because the job is atavistic, based largely on ascribed status, and requires the performance of non-specialized, diffuse menial tasks (Coser 1974). Feminist scholarship, however, has drawn attention to this hidden
occupation, and much of this research has been guided by efforts to examine the interlocking systems of race, class, and gender (Chaney and Castro 1989; Clark-Lewis 1985; Glenn 1986; Rollins 1985; Romero 1992).

Paid domestic work is currently organized in various ways. The dominant form of organization, however, has historically shifted from live-in employment, to day work, and ultimately, to job work (Romero 1988, 1992). In “job” work, the house cleaners work for different employers on different days, and are paid not by the hour, but a certain amount for performing agreed upon tasks. Under these arrangements, domestic workers are able to position themselves as “experts” to sell their labor services in much the same way a vendor sells a product to various customers, and since they work for several employers, they are less likely to become involved in deeply personalistic employer-employee relations (Romero 1988).

Regardless of these improvements, paid domestic work continues to occur in an isolated, largely non-regulated and privatized environment. When paid domestic workers negotiate job terms and pay, they generally do so without the benefit of guidelines established by government, unions, employment agencies, or private firms. A labor agreement established by two lone individuals who are operating without standard guidelines heightens the asymmetry of the employer-employee relationship, and domestic workers must locate and secure multiple sources of employment to survive. Paid domestic work is increasingly performed by Latina and Caribbean immigrant women, a group of workers who, due to their class, race, gender, and legal status, are among the most disfranchised and vulnerable in our society. I examined and then later disseminated research findings on how immigrant women domestic workers strategize to improve their employment in job work. The research process itself was also contextualized by community activism.

Research Description

My research on domestic employment comprises part of a larger study on changing gender relations among Mexican undocumented immigrant women and men in a San Francisco Bay Area community (Hondagneu-Sotelo 1992). This well-defined immigrant barrio is bordered by middle-class and more affluent residential areas, and the women seek domestic employment in these surrounding communities. Some of the surrounding residential communities are characterized by lavish suburban and semi-rural estate residences; three of the nearby cities rank
among the top ten wealthiest cities in California, each of them surpassing the per capita income of Beverly Hills.\(^5\)

I had not initially entered the field with the intention of examining how the women organize paid domestic work. In fact, as I started my research, numerous leads had led me to believe that most Mexican immigrant women in this community worked in laundries, hospital cafeterias, and convalescent homes. As it turned out, jobs located in these types of institutions were more typical of women who had secured legal permanent resident status. As I became immersed in many activities and groups in this community, I quickly learned that although undocumented immigrant women worked in numerous jobs, they typically held jobs as paid domestic workers in private households, usually working for different employers on different days.

I began the research in November 1986, just as the Immigration Reform and Control Act was signed into effect. At that time, I attended a large public forum held in a community center where I had once been employed. Several hundred undocumented immigrant women, men, and children had crammed into a multi-purpose room to learn more about this then highly publicized, but poorly understood law, and it was on that evening that I accepted an invitation to join a small neighborhood service and advocacy organization that was forming to address many of the issues arising from IRCA. This group began meeting on a bi-weekly basis, on Friday evenings in a classroom at a local elementary school. The meetings initially drew as many as forty people on a regular basis. We typically sat on folding chairs arranged in a circle, and at each meeting we educated ourselves about the new immigration law and discussed how it might impact the local community of undocumented immigrants. We planned various strategies for organizing community members and for disseminating information, and as employer sanctions went into effect, we monitored and tried to ensure the protection of civil liberties. The group also circulated petitions, sponsored public forums, and organized fundraising events. Discussions of strategy and concrete work tasks were sometimes superseded by conversation about everyday experiences, including shared employment and discrimination experiences. My participant observation extended to various other venues where people were also talking about the new immigration law and how it might affect their work and family lives. These topics dominated discussions at social events, in small clusters of individuals gathered to eat at taco trucks, in private homes, and in other organizations and church groups.

In these venues, I began to pay particular attention to what the women were saying. As a participant and as a “known” observer in many settings, I saw women
talking about how they managed paid domestic work. Everywhere, it seemed, employment issues and concerns surfaced as a popular, everyday topic of conversation. As I focused part of my research on these issues, I began to read broadly in the historical and sociological literature on the topic. The ideas and approaches used in these studies prompted new questions for me, and so my ethnographic and interview research emerged in dialog with both the research literature and community activism.

Much has been written about the solitary quality of the housecleaning job, but the social interactions I observed among immigrant women domestic workers provided a sharp contrast to the portrait of privatized employment. In various social settings, at picnics, baby showers, at a parish legalization clinic, and in people's homes, I observed immigrant women engaged in lively conversation about housecleaning work. Women traded cleaning tips, tactics about how best to negotiate pay, how to geographically arrange jobs so as to minimize daily travel, how to interact (or more often, avoid interaction) with clients, how to leave undesirable jobs, remedies for physical ailments caused by the work, and cleaning strategies to lessen these ailments. The women were quick to voice disapproval of one another's strategies and to eagerly recommend alternatives. These interactions were not embedded in formally organized cooperatives, as they are for some Latina immigrant women domestics (Salzinger 1991), but neither were the consultations with one another as haphazard as those that have been described among some African-American domestic workers (Rollins 1985; Kaplan 1987).

My discoveries about how the domestic work occupation is organized derive mainly from participant-observation and informal conversations that occurred in various public and private locales. It is also supplemented by interviews with seventeen women who were at the time of interview working as non-live in domestic house cleaners, or had done so in the recent past. The majority of the seventeen women interviewed were between thirty and fifty years old, although one woman had begun working as a domestic in the United States at the age of 15 and another was still energetically working at the age of 71. Fifteen of the seventeen women were currently married or living in consensual unions, and they came from diverse class and occupational backgrounds in Mexico. All interactions and interviews were conducted in Spanish.

To date, most studies of domestics are largely based on information gathered from interviews and historical materials (Dudden 1983; Glenn 1986; Katzman 1981; Romero 1988, 1992). An exception is Rollins's study (1985), which is based on interviews with domestic employers and employees, and on participant-observation material gathered by Rollins when she went "undercover" as a
domestic worker, a method that provided a wealth of insights. The novelty and strength of participant-observation in this study is that it occurred in tandem with community activism and it was conducted in multiple settings. I participated with the women and gathered information at parties, church and community events, and in people's homes. Observing paid domestic workers in their daily social life reveals that many social connections and exchanges undergird what appears to be a privatized economic relationship.

Research Findings and Advocacy

Research findings from this study were disseminated in Los Angeles through an information and outreach project sponsored by an immigrant rights group, the Coalition for Humane Immigrant Rights in Los Angeles. The key people in this project are the outreach workers, who are Latina immigrant women who have experience doing paid domestic work. As they ride the public buses and visit certain westside parks and bus stops to distribute the informational materials, these outreach workers advise domestic workers on their employment rights, and they provide resource information on where to obtain legal assistance for job related problems. The outreach workers also distribute small notebooks and encourage domestic workers to daily document all work hours, tasks performed, and pay received, so that if a labor dispute should arise in which they pursue a legal remedy, they will have documentation to present in court.

"Fotonevelas" are the key materials for disseminating information in this program. Fotonevolas consist of booklets with captioned photographs that tell a story, and in Latin America, where they are widely read for entertainment, they are typically aimed at working-class men and women. The Dignity for Domestic Workers advocacy group developed the text for several didactic fotonevolas, and hired an artist to draw the corresponding caricatures. Based on the research with paid domestic workers, I prepared a fotonovela that is primarily aimed at newcomer immigrant women who lack experience and peer information about the occupation. In this section, I summarize some of the major findings on occupational organization, and describe how these were applied in the production of fotonevolas for domestic workers in Los Angeles.

The ongoing activities and interactions among the undocumented Mexican immigrant women that I observed in my study led me to develop the organizing concept of "domestics' networks," a concept that counters the view of the domestic occupation as an entirely privatized and individualized labor relation
Domestics’ networks are immigrant women’s social ties among family, friends, and acquaintances that intersect with housecleaning employment. These social networks are based on kinship, friendship, ethnicity, place of origin and current residential locale, and they function on the basis of reciprocity, since there is an implicit obligation to repay favors of advice, information, and job contacts. In some cases these exchanges are monetarized, as when women sell “jobs” (i.e., leads for customers or clients) for a fee. Generally, however, more informal reciprocity characterizes these interactions. Immigrant domestics rely on their network resources to resist atomization and enhance their work, but the networks themselves can also be oppressive.

Although the domestics’ networks played an important role in informally regulating the occupation, jobs were most often located through employers’ informal networks. Personal references were very important to employers of domestic workers, and employers typically recommended a particular house cleaner to their own friends, neighbors, and co-workers. Although immigrant women helped one another sustain domestic employment, they were not always forthcoming with job referrals, since there was a scarcity of well-paid domestic jobs. Competition for a scarce number of jobs prevented the women from sharing jobs leads among themselves, but often male kin who worked as gardeners or as horse stable hands provided initial connections. Many undocumented immigrant women were constantly on the lookout for more housecleaning jobs. Indeed, part of the occupation seems to be the search for more jobs, and for jobs with better working conditions and pay.

Since securing that first job is difficult, many newly arrived immigrant women first find themselves subcontracting their services to other more experienced and well-established immigrant women who have steady customers for their services. In interviews and informal conversations, many women told me that this served as their entry into the occupation. In some cases, this arrangement provided an important apprenticeship and a potential springboard to independent contracting. The relationship established by the two women, however, was not characterized by altruism or harmony of interests.

While a subcontracted arrangement is informative and convenient, especially for an immigrant woman who lacks her own transportation or minimal English language skills, it can also be very exploitative, and one part of the didactic fotonovelas focuses on this aspect of the occupation. Through a series of caricature drawings, a simple comic strip narrates the story of a modestly dressed, newly arrived immigrant woman, who is picked up on the street by a more prosperous looking immigrant woman driving a large car. The woman with the
car offers to take the newly arrived woman in as her housecleaning "helper," and in the subsequent drawings, we see that the newly arrived woman is indeed working, but her subcontracting employer is withholding her pay until she performs the job "correctly." The leaflet is intended to warn domestic workers, especially those who may be newly arrived immigrant women, of the dangers of this arrangement.

The pay for domestic work varies widely across different regions in the country and even within a given area. There is no union, government regulations, corporate guidelines, or management policy to set wages. Instead, the pay for housecleaning work is generally informally negotiated between two women, the domestic and the employer. The pay scale that domestics attempt to negotiate for is influenced by the information that they share among one another, and by their ability to sustain a sufficient number of jobs, which is in turn also shaped by their English language skills, legal status, and access to private transportation. Although the pay scale remains unregulated by state mechanisms, social interactions among the domestics themselves serve to informally regulate pay standards.6

Unlike employees in middle class professions, most of the domestic workers that I observed talked quite openly with one another about their level of pay. At informal gatherings, such as a child's birthday party or at a community event, the women revealed what they earned with particular employers, and how they had achieved or been relegated to that particular level of pay. Working for low-level pay was typically met with murmurs of disapproval or pity, but no stronger sanctions were applied. Conversely, those women who earned at the high end were admired.

Since most women obtain jobs through employer referrals, in their new job, they generally ask for at least the same rate they are presently earning elsewhere or they ask for a slightly higher rate. Women at the upper end of the pay scale were able to clean more than one house a day, and they generally asked to be paid by the job. They wanted to be paid a fixed fee for the house cleaned, rather than by the hour. Women who could clean quickly, and who drove, found that they could clean two, sometimes even three houses a day, so their earnings put them into the upper levels of the occupation. Other women who lacked private transportation also often preferred to be paid by "the job" as opposed to "the hour" because it allowed for greater scheduling flexibility and job autonomy. So another fotonovela was designed to advise domestic workers to charge by the house, not by the hour, and this leaflet shows a paid domestic worker negotiating for higher pay with a new employer.
Domestic work is a very unstable job. Paid domestic workers are always at risk of underemployment as some employers go on vacation, remodel their houses, or periodically decide that they can no longer afford cleaning services. Women who are not well connected to networks of employers who provide referrals, and to other domestics who offer strategic advice, run the risk of severe underemployment. One final part of the *fotonovela* shows several women chatting about their work as they watch their children play at a birthday party in the park, and advises the workers to share job information with their peers. In my study I found that information shared and transmitted through the informal social networks was critical to domestic workers' abilities to improve their jobs. These informational resources transformed the occupation from one of a single employee dealing with a single employer, to one where employees were informed by the collective experience of other domestic workers.

In the instance described in this article, community activism contextualized participant observation, and it was this method that led to a particular set of research findings about the domestic work occupation that were then later disseminated in an advocacy project. Domestic work is typically thought of as one of the least desirable occupations. It is a low status, stigmatized, dead-end job with no avenues for promotions; there are no guaranteed benefits, written contracts are the exception rather than the rule, and the job requires hard physical labor for relatively low wages. Moreover, the legacy of slavery and servitude linger in the occupation, since paid domestic workers are treated condescendingly and are often required to express deference in exchange for their employers' maternalism (Rollins 1985). Yet for many immigrant women, domestic work is not the worst possible job. In fact, when it is properly organized and recompensated, many women view it as a relatively desirable job that offers more flexible hours, job autonomy, and potentially higher pay than other job alternatives.

Paid domestic workers have used various strategies to upgrade the occupation. Previous research has shown that Chicana women upgraded the occupation by claiming expertise (Romero 1988; 1992), Black women have sought to improve their working conditions and maintain their dignity by finding "one good employer" (Dill 1988), and Latina immigrant women have attempted to impose standards and allocate jobs by organizing in domestic worker collectives (Salzinger 1991). My research focused on how Mexican undocumented immigrant women have improved their working conditions and pay by informally sharing job information and techniques among themselves (Hondagneu-Sotelo 1994). As transborder capital mobility and immigrant settlement signal the waning of nation-state borders, we see the emergence of membership rights and claims of
those who are neither "insiders" with official citizenship status nor "outsiders" who work and reside elsewhere. Together with the increasing visibility of occupations such as domestic work, and the recognition of immigrant women as workers, this sphere has provided a rich location for community activism and participatory research. The proliferation of new scholarship on immigrant women, and the simultaneous increase in xenophobia and the immigrant rights movement suggest new avenues and needs for innovative sociological research and practice.

NOTES

1. In October 1991, the first national conference on immigrant and refugee women drew more than 300 hundred women, most of them Latina and Asian immigrants representing a myriad of organizations and agencies. The conference, titled “Dreams Lost, Dreams Found: Women Organizing for Justice,” was held in Berkeley, California, October 5–7, 1991, and was sponsored by the Family Violence Prevention Fund and the Coalition for Immigrant and Refugee Rights and Services, a San Francisco Bay Area coalition that includes over 85 organizations.

2. Studies that implicitly characterize women as dependent migrants generally examine only male heads of households who are assumed to be independent labor migrants. The two most highly acclaimed studies released in the late 1980s on Mexican immigration are based solely on responses from male immigrants. In Alejandro Portes and Robert Bach's book, Latin Journey: Cuban and Mexican Immigrants in the United States (University of California Press, 1985), the researchers restricted their sample to “male family heads,” and in the book by Douglas Massey et al., Return to Aztlan: The Social Process of International Migration from Western Mexico, (University of California Press, 1987), the researchers interviewed heads of households as well as those with migration experience, whom they characterize as “a few older sons” (p. 19).

3. For similar instances in different international contexts, see the article by Foner and Caspari and Giles in Rita James Simon and Caroline B. Brettell, editors, International Migration: The Female Experience (New Jersey: Rowman and Allanheld, 1986).


5. An article entitled “California Cities: Rich and Poor” in the Los Angeles Times, July 6, 1992, reports that the 1990 census listed per capita income ranging from $55,721 to $68,236 for these three municipalities.

6. In the study, I did not interview the employers of the domestic workers, although I know that they represented different socio-economic classes, because they included teachers, nurses, and secretaries as well as residents of very affluent, upper-income neighborhoods. Salzinger (1991) suggests that in paid domestic work there is a dual wage structure that is set according to the economic means of employers, so that high-income employers pay at the top of the scale, and single mothers or elderly on fixed incomes pay toward the bottom of the scale. This proposition is contradicted by the reports of outreach workers in the Dignity for Domestic Workers program in Los
Angeles. They found that many live-in domestic workers in exclusive residential areas such as Beverly Hills and Pacific Palisades were earning as little as $90–140 a week in 1992 and 1993.

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Clinicians are increasingly aware that a single technique for individual or family counseling is inappropriate in an ethnically complex society. All clients in counseling seek relief for their distress, but, as Mayo (1991: 318) has pointed out, "The paths to that goal are many." Consequently, several works clarify the characteristics of different social and cultural groups, particularly with reference to their acceptance of professional counseling and the most effective techniques. (See McGoldrick, et al. 1982; Mindel, et al. 1988; Baca Zinn & Eitzen 1993).

At best, such works, and courses based on them, provide summaries of a broad spectrum of ethnic cultures. For example, one work on ethnic families covers 19 cultures, another 17 (McGoldrick, et al. 1982; Mindel, et al. 1988). While this is a valuable broadening of therapeutic technique, experience in clinical work as well as in teaching clinical method illustrates its insufficiency. Any compendium must be limited to a description of the modal pattern in the best-known communities; for several reasons it has limited value as a guide for a specific client.

Some clients may come from groups which are relatively new on the American scene. Among Asians alone such relatively new and unknown groups as the Hmong, Laotians, or Kampucheans are unlikely to appear in materials readily available to clinicians (Baca Zinn & Eitzen 1993: 162). For such cases, the standard description of common ethnic cultures will miss the mark. Even for the most commonly known minorities, recent arrivals may not resemble their
predecessors: they may be more educated, of urban rather than rural backgrounds, or of different income levels than their predecessors (Baca Zinn & Eitzen 1993: 161). Furthermore, recent arrivals, by definition, have experienced an altered version of the home culture than their predecessors (Sengstock 1982). Hence a clinician cannot consider existing analyses of ethnic communities to be descriptive of newer populations from the same areas.

Finally, even with widely studied ethnic communities, knowledge of the modal type may prove inadequate for dealing with an individual client. Numerous members of any group do not follow the most frequent pattern. Billingsley (1968), for example, identified 12 different family patterns within the Black community, and several families which did not fit any of these. Such deviant types may lack social support and be disproportionately likely to appear in a clinician's office. It follows that a description of a variety of ethnic patterns is necessary but not sufficient preparation. Training must also acquaint clinicians with the dimensions of cultural diversity and techniques for determining the unique pattern of each individual.

Contents of Clinical Training about Ethnic Patterns

Obviously clinicians should have a broad introduction to a variety of different ethnic patterns. While the specific examples presented in various clinical programs may vary, it is important that these examples represent a broad spectrum of types. British families, for example, are highly individualistic (McGill & Peare 1982: 458–459); the importance of extended kin and of respect and obligation towards parents is emphasized by other ethnic communities, such as Asians (Shon & Ya 1982: 212–214), Mexicans (Falicov 1982: 140–145), and Blacks (Hines & Boyd-Franklin 1982: 458–459). Mexicans and British also illustrate the maintenance of ethnic patterns for several generations following immigration. Especially important is an introduction to major groups residing in the region the clinician serves. In the southwest U. S., knowledge of Hispanic patterns is important; those who work in major urban areas of the industrial Northeast and Midwest should be introduced to Black culture; Mormon culture should be known by those working in the Utah or Idaho, etc.

Clinicians should also be sensitive to the diversity of subtypes which may exist even within a specific culture. Every community exhibits a variety of subpatterns, and one cannot assume that all members conform to the dominant ethnic type. Variant patterns may represent types considered by the group to be
deviant or may represent equally acceptable variations. Such diversity is particu-
larly likely if there have been several waves of immigration from an area, if the
group has been in the U. S. for several generations, or if members of the ethnic
group intermingle with persons from other backgrounds, particularly by mar-
riage.

In the Polish community, for example, the most numerous members are of
peasant origin and immigrated in the early part of the Twentieth Century; those
who came later are more educated and wealthier and have had an easier time
assimilating to American society and culture (Mondykowski 1982: 394). Similar
migration era effects have been found with Cubans (Bernal 1982: 189) and Iraqi
Roman Catholics (Sengstock 1982). In Mexican families, the presence of several
persons from different migration eras contributes to family dissonance (Falicov

Since it is impossible for clinicians to be knowledgeable about all possible
patterns they may encounter, it is important that they become aware of the major
dimensions on which cultural patterns may vary. Kluckhohn (1951), for example,
has developed a model of variation in cultural value orientations, including: time
orientation, the nature of humanity, most valued human relationships, proper
relationship with nature, and whether active or passive. As Spiegel (1982: 37–42)
points out, the dominant American culture is future oriented, individualistic, and
activist; assumes humanity to be a mixture of good and bad; and believes that man
should dominate nature.

Persons from cultures which differ on one or another dimension have special
problems in acculturation. Native Americans, for example, differ dramatically
from middle-class Americans in their present time orientation and their belief that
humans should live in harmony with nature (Attneave 1982: 63). Family relation-
ships are considered to be more important than the individual by many groups,
including Italians and Irish (Spiegel 1982: 39–41), Asians (Shon & Ja 1982),
Blacks (Hines & Boyd-Franklin 1982), Mexicans (Falicov 1982), and Native
Americans (Attneave 1982). According to Greeley (1971), such family patterns
are particularly important and may persist the longest, probably because they are
not viewed as ethnic patterns but are simply accepted as the manner in which
parents handled the family during a person’s formative years.

Other important dimensions of variability include the group’s immigration
history, the degree of discrimination and prejudice it has encountered, or
important historical events for the group (slavery or the Holocaust, for example).
The therapist who is unaware of these differing assumptions may make inappro-
priate demands of a client. Expecting Native Americans or Italians to oppose
family expectations or assume an activist role is likely to exacerbate problems rather than alleviate them.

Lastly, clinicians must learn techniques of tactful inquiry for eliciting information about an individual client's specific patterns. Ascertaining such data is likely to be highly sensitive and must be obtained quite early in the clinician-client relationship without unnecessary damage. Knowing some possible variations as well as sensitive techniques of questioning are useful skills in this regard.

Conclusion

Clinical training should provide a broad background through which a clinician can understand the proper management of every client encountered. These can be provided by offering an introduction to a variety of cultures, an appreciation of the subtypes existing within different cultures, the dimensions on which cultures may differ, and a methodology for determining the specific cultural patterns observed by each specific client. These should provide a clinician with the background to work with a variety of cultures, even those with which s/he is not familiar.

REFERENCES


On the Development of Reflexive Thinking: A Practice Note

Linda Weber, Ph.D.
State University of New York
Institute of Technology

Introduction

In this practice note, a case study is presented which focuses upon this practitioner’s attempt to integrate theoretical insights of George Herbert Mead into a therapy session with an “agoraphobic” female. It is hoped that this presentation will provide some insight into the utility of theory in clinical practice.

Annie, a 35-year-old, white, never-married woman from a working-class background, presented as a self-labeled agoraphobic. In response to the question of why she wanted assistance, Annie replied that she wanted to be cured from agoraphobia, a condition that she knew she had ever since seeing a Phil Donahue show on this topic. During the initial consultation, Annie’s various nervous ticks (e.g., pushing her glasses up her nose, twitching her eyes, and shaking her hands) accentuated the anxiety she was under.

Background

Annie had been previously seen in the family practice center at the medical center where the counseling took place. She had been referred to the family therapist in the Behavioral Medicine Department and subsequently referred to me due to my growing specialization in the treatment of stress and due to my...
willingness to take cases that others did not want. The referral was initiated by Annie’s physician on request. The physician felt that Annie’s extreme anxiety surrounding the medical establishment would be problematic in the future if impending emergency treatment or elective treatment were performed.

Annie’s only other experience with counseling was through the voluntary services provided by a lay hypnotherapist who was a friend of the family. Her immediate family was comprised of a still living father, mother, and older sister.

The following factors were identified by Annie as contributing to her present state of fear/anxiety about everyday living:

1. constant fighting between her parents during her childhood
2. seeing a neighborhood boy being hit by a car at age 6,
3. her father threatening her mother with a gun at age 8,
4. constant harassment about being a special needs student,
5. a sexual assault (i.e., rape) on her first date at age 18,
6. a constant non-supportive environment by her parents, especially her mother, during the above events.

Although not revealed in the initial interview but in a subsequent session, it should be noted Annie was sexually abused by her father from the age of seven years to the age of 12 years.

All of Annie’s tensions and anxieties surfaced in two previous suicide attempts and frequent bouts with depression. Until Annie had seen the Donahue show, she has been living primarily in seclusion, too fearful to go outside her apartment. When she did venture out, she would frequently be overcome by anxiety attacks.

**Intervention**

As a symbolic interactionist imbued with the ideas of conflict theory, I generally focus on issues of the self and power relations. Annie appeared to have no power in any of her interpersonal relationships. With the idea of empowerment in mind, I asked Annie to design her own therapy. Since viewing the Donahue show, Annie had read a few lay, self-help books on agoraphobia. In some sense, she had more knowledge than I did on this particular ailment. Annie’s first reaction was, “That’s your job to cure me.” I responded that my job, as I defined it, was to assist her in achieving her goals for personal growth. Annie responded back, “Well, then I’ll go to a psychiatrist.” I asserted that I would help her find a psychiatrist; however, if she decided to use my services, she could meet with me
the next week with a list of fears, a list of things that would help her get better, and a list of things that would tell her that she was getting better. Annie left miffed.

Needless to say, Annie returned and together we worked on her lists. On her list of things that frightened her, she had included things related to sickness/illness (e.g., emergency rooms, sirens, ambulances), to storms (e.g., tornadoes, thunder, lightening), to relationships (e.g., meeting people, talking with people), and to everyday occurrences (e.g., crossing the street). On her list of things to get better, she included walking around the hospital, possibly volunteering, learning more about the hospital and storms, and possibly joining a group. She felt that the main issue/criteria for improvement was her ability to participate in any of these things and not have an anxiety attack. For the purpose of these counseling sessions, we decided to focus on overcoming her medical fears and the fears of people since we could work on these objectives in the medical center setting.

Although Annie was placed in charge of the specifics of her program, I did not believe that her problem could be solved solely by addressing specific behaviors. If this were the case, we would be in counseling together, forever. Instead, a more generalized approach was needed.

According to Turner (1987) in his presentation of an interactionist model of motivation, the capacity for reflexive thought formulates the basis for the development of a substantive self-concept which subsequently determines behaviors by influencing the definition of the situation. Reflexive thinking is characterized by the ability to view oneself as an object (Mead 1934). This object, the self-concept, is comprised of both identity and self-esteem. Self-esteem is the evaluative component of the self whereas identify is the content of the self-concept (Gecas 1982). One’s self-concept acts as a filter through which selective perception and recall occur. Hence, one’s beliefs, encompassed by the phrase “the definition of the situation” are influenced by one’s self-concept which subsequently influences behavior.

In Annie’s case, I felt that part of her “fear” may have arisen from an inability to view herself in the context of her social situation. Hence, she would be unable to see herself as a participant; thus, she would be unable to make effective judgments concerning her behavior.

The extent and nature of an individual’s identity is commonly assessed using Kuhn and McPartland’s Twenty Statements Test (TST) (1954). The TST is an unstructured questionnaire in which respondents answer the question “Who am I?” with up to twenty statements.

In an attempt to assess the extent and nature of Annie’s identity, a number of methods were employed. First, the TST was utilized during one session. Annie responded that she didn’t know what I wanted her to do. Upon clarification, she
still did not know how to describe herself. Second, I then asked Annie to close her eyes, to picture herself, and to describe her image. She said she did not see anything and did not know how to describe herself. Finally, I asked her to draw a picture of herself. She responded by drawing a stick figure with curly hair.

The above testing procedure appeared to indicate that she had a very vague to nonexistent concept of her self. Although people may say that I really tested her verbal, writing, and artistic abilities, it is important to keep in mind that the basis of self formation, from a symbolic interactionist viewpoint, is language. However, I was not planning on giving her English lessons; instead, I was planning on developing her ability to see herself as an object.

The intervention developed into the following routine for approximately eight weeks. During the first half of the hour session, Annie and I would walk around the first floor of the hospital. I would allow her to direct the tours. We frequently ended up at the doors of the emergency room. She did not want to and would not enter this area. Upon coming across patients, and especially trauma victims, we would slow down so Annie could catch her breath. I noticed her immediate tendency was to stare directly at these patients as she entered her panic attack. We avoided all panic attacks by retreating from the area, by her learning to not focus on these victims, and by her learning to breathe deeply during these encounters. Slowly, the number of times she had to stop on these rounds were reduced. The emergency room, however, was still a barrier.

The second half of the intervention dealt with building her self-concept. We started with some basic methods. First, she would stare in mirrors and describe herself. Second, she would close her eyes and try to conjure up these images. During these sessions, two minimal occurrences, but nonetheless “breakthroughs” were noted. In one instance, Annie came in with a tape of scary sounds. She was real proud she could listen to these sounds and not get scared. My immediate response, in a teasing manner, was to say “You, the person who is scared of everything, bought a tape of scary sounds?” Now, we’ve all had those crucial moments which are usually filled with dead silence, where we could kick ourselves for saying something not thought out. Well, this was one of mine. Realizing the intensely serious way Annie viewed herself and the world, this attempt at humor could have easily backfired. She finally burst out laughing, commenting, “That’s funny, isn’t it?” This was the first time she had laughed about herself or her actions during counseling.

In another instance, Annie and I were talking about a thunderstorm that had occurred that week. I asked her to imagine that she was floating by the ceiling and looking down. I then asked her to describe herself and her behaviors. She vividly recalled her activities, which included hiding under tables, and covering herself
with her mattress in her tub while waiting out the storm. As she was describing herself, she smiled and commented that she guessed she had gotten a little carried away.

After this eight-week session, I asked Annie to join the group therapy session I was leading, in part because she had gained some confidence about herself, and, in part, because I felt that the group could confirm, and disconfirm some of her beliefs about reality. Annie was able to manage her group member role quite well. During this time period, Annie "discovered"/remembered that she had been abused sexually by her father from age 7 to age 12. A referral was given to her for the rape crisis center which was currently treating adults molested as children.

The symbolic culmination of my work with Annie was a visit to the emergency room. At the end of approximately four weeks of group therapy, Annie felt that she would be able to go into the emergency room. I arranged with a nurse to give us a tour and we purposely chose mid-week afternoon to avoid potential chaos. The visit was successful, with two ambulances arriving with sirens blaring, dropping off patients, and leaving without Annie having a panic attack. In addition, she was not even visibly upset by the activities in the emergency room.

By this time period, both Annie and I had received some comments about her improvement from her physician, other therapists at the medical center, and her family. Although not a solid measure of improvement, these comments are at least an indicator of such.

Conclusion

The symbolic interactionist perspective has a great deal to offer the field of counseling clinical sociology. Reflexive thinking, as the basis for self-concept formation, and subsequent behaviors, provides an ideal entry point for intervention. For those individuals found lacking in social skills, training in the area of reflexive thinking should enhance the ability of these individuals to participate in more successful social relationships.

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Harris Chaiklin
University of Maryland at Baltimore.

The relationships between social factors and heart disease are elusive. There are many clues but few definitive findings. This study is fortuitous. Early 1960s health statistics showed that Roseto, Pennsylvania, had lower rates of myocardial infarction than surrounding towns. Other disease rates did not show this difference. Roseto was not religiously homogeneous. The life style was similar in all towns; there were high cholesterol levels, high rates of smoking, and few people exercised. The chief differences were that in mainly Italian Roseto there was an emphasis on the extended family, community socializing, and participation.

The authors say that family contact and community participation explain the lower rate of myocardial infarction. Over the next twenty-five years several studies were done by these and other researchers. This volume reports on research from the late 1980s. It is a stripped down replication since funds were not available for a full replication.

There is a well-grounded history of Roseto and the research but the story is not clear. There is some difficulty in following the time sequence, especially as to when the various studies were done. Some of the history is repetitive. The outline of the argument and the literature used to support it is excellent.

Now, even though the diet is better, the rate of myocardial infarction in Roseto matches surrounding towns. There is a changed social structure. Roseto is now more middle class. The slate quarry and clothing factories on which the town had depended are gone. The children of immigrants are successful and many have moved away. Participation in the face-to-face extended family has declined and community institutions are either defunct or moribund. The authors interpret
the increased myocardial infarction rate as being due to rapid social change, specifically the change in family and community participation.

This reviewer questions accepting the rapid social change interpretation on two grounds. The first is the move from strenuous occupations to a more sedentary work life. While exercise is mentioned as a possible factor it was not controlled for.

The second is that it is not the rapidity of the social change but its absoluteness that makes the difference. Social isolation experienced as deprivation has never predicted a healthy life. Other research shows that family contact and support mechanisms continue to exist even when people become widely separated. What is missing is the face-to-face contact. Loose, all-purpose explanations, like rapid social change, explain nothing. This work contributes more to showing the importance of checking out social factors in medical practice than it does to the sociology of medicine.

Despite this reviewer's differences in interpretation this is a highly useful work. It reflects the importance of the slowly dying tradition of field research in sociology. It is to be hoped that the authors continue and refine their work in Roseto. They have a chance to make a contribution to unraveling the tangled relationships between social and biological factors related to health.

L. John Brinkerhoff
The Center for Individual and Family Services
Mansfield, Ohio

An alternative title might have been "Postmodernism and the Schizoid Condition of Being." While the author seeks to introduce a quantum approach to analyzing and understanding contemporary social process, the primary vehicle for doing so is in explicating the schizoid condition, the "cornerstone" for understanding postmodern culture.

The author, a clinical psychologist, has sought an audience beyond psychology, while acknowledging his relative lack of grounding in other social sciences. Indeed, clinical sociologists might re-frame easily much content within such sociological paradigms as symbolic interactionism, ethnomethodology, role theory, alienation theory, and the sociology of knowledge. The wise reader, however, might do well to resist such temptation, since what the author proposes is a means of conceptualization and change going far beyond the explanatory
powers of any single field, let alone subfield. It is with the quantum approach that the author proposes dissolving the artificial boundaries separating the social sciences from each other, from other sciences, and from other means of grasping our world.

By "quantum," what is intended is a basis for thought and action, borrowing from physics, that is non-linear and holistic, among other things. Working primarily from within the framework of clinical psychology, the author contrasts this model, and its application to social problems, with the current, or "classical," model and its assumptions of linearity, reductionism, and abnormality. The author argues that, in the "real" world, not only is the latter inadequate for addressing many of our, seemingly, more intractable problems, but, in some instances, actually worsens matters, in its simplistic cause/effect assumptions underlying decision-making. Rather than supplanting the classical model, the quantum model is inclusive of it: "Together, the combination leads to a more questioning, accepting and less rigid method of understanding behavior (p. 46)."

In analyzing postmodern culture, the author focuses particularly upon the fragmenting social conditions of human life. The resultant estrangement is marked, the author believes, by emotional splitting and the "as if" personality: "In public, the individual can appear one way and yet act and feel in contradictory ways in private. Separate and distinct lines of inner and outer Self-development become manifest (p. 95)."

This reviewer found Quantum Psychology, overall, thought-provoking and worthwhile reading. Unfortunately, at times, the author seemed strident, for instance, as in the apparent view that humans, most assuredly, are headed down a ruinous path: "As a species, we are increasingly evolving in a distorted manner—one of self absorption (p. 148)." Little of positive note seems present, yet, in diagnosing the condition, the author proposes little corrective. Also, premises are occasionally stated as fact, as with:

Although there is no doubt that true biological homosexuality exists, it is still a relatively rare phenomenon. The majority of homosexuals I have had experience with were not hormonally predisposed, but rather manifested extreme identity confusion and disturbed interpersonal relationships with the opposite sex. . . . By assuming a homosexual personality . . . a person can avoid the turmoil and conflict intrinsic to relating to unresolved, or split-off, parts of the self system (p. 88).

A preference, too, would have been for either greater explication of the material covered, especially of the quantum model itself, or less material covered,
in greater detail, within the same number of pages. As it was, even given the clearly introductory nature of the book, this reviewer was left feeling vaguely dissatisfied. What might have been more satisfying would have been the same attention given to all subjects as that given to, in the opinion of this reviewer, the excellent chapters "The Deconstruction of the Self" and "The Ecology of Being."


Charles S. Green III
University of Wisconsin-Whitewater

The book documents rather thoroughly the scandalous treatment of international seafarers and by so doing should provoke much further research. Much of the book consists of case material drawn from over 1600 report forms sent by seafarers to chaplains who apparently then forwarded the forms to the Center for Seafarers Rights. The latter organization was established by the Seamen’s Church Institute of New York and New Jersey. A lawyer was hired by the Center to research laws and regulations pertinent to seafarers so that the Center’s staff could be of better assistance to seafarers. As part of this effort, the author of the book under review began to publish a column on “Know Your Rights” in a newspaper for seafarers distributed free by the Missions to Seamen in London.

The book consists of an Introduction and seven chapters. The Introduction, by economist Clifford B. Donn, serves to place the issues raised in subsequent chapters in the context of the international organization of the commercial cargo maritime industry. Donn distinguishes between liners and bulk carriers. Liners are organized like common carriers in railroading and trucking, carrying almost any cargo at rates established by cartel-like liner conferences. Bulk carriers, by contrast, transport single cargoes for single shippers, so there is a constant turnover of crews. Price competition is high and therefore there is considerable pressure to reduce wage costs. Not surprisingly, most of the mistreatment of seafarers documented in the rest of the book occurs on bulk carriers. One way for the latter to reduce costs is to operate under under the flag, i.e., the jurisdiction, of a nation which has few regulations and/or little interest in enforcing regulations. As Donn points out, many Third World nations have found that registering ships is a low cost way to raise revenue. In addition, it is from the very poorest of Third World nations that most international seafarers are now recruited. Furthermore, technology has affected life on board: very large cargo ships now require
smaller crews than in the past and spend less time in ports loading and unloading. Thus there now exists a set of structural conditions that virtually guarantees that seafarers will be ill-treated.

Chapters One through Six address particular sorts of abuses. Chapter One, "The Sea as a Workplace," documents conditions on ocean-going vessels—cruise ships as well as cargo ships—that echo the conditions reported over a century and a half ago in Dana’s *Two Years Before the Mast*.

Chapter Two, "Getting a Job," may be a revelation to those unfamiliar with maritime recruiting practices. The chapter shows that poor nations can earn significant amounts of scarce foreign exchange money by systematically marketing sailors to shippers. For example, Chapman reports that in 1988 twelve percent of the Philippines’ total earnings from exports came from overseas workers who have now overtaken semi-conductors as that nation’s top export! To be sure, not all overseas workers are seafarers; but a significant proportion are. Moreover, there isn’t much incentive for the “exporting” countries to make sure their workers are well treated. Indeed, Chapman shows that poor nations compete with one another to make their seafarers “attractive” to cost concious shippers.

Chapter Three is titled "Employment Abuses." The chapter examines a variety of ways in which carriers exploit seafarers: blank contracts of employment, dual sets of payroll accounts (one to show regulators, the other the real accounts), abandonment of ships, failure to pay repatriation costs, underpaid overtime work, foul and dangerous working and living conditions, etc.

Chapter Four is concerned with "Unions—East and West." As noted earlier, seafarers today increasingly come from the Third World. In fact, this book suggests that possibly three-fourths of all seafarers come from poor countries. To such people, seafaring is a comparatively attractive occupation, a fact that makes organizing them into effective unions virtually impossible. Moreover, the scattering of seafarers around the world, the small number who work on any given ship, their transiency, and the ability of shippers to relocate to the friendliest of registering nations compounds the problems of organization. National unions are virtually powerless in the face of such conditions. Finally, the effectiveness of the International Transport Workers’ Federation is, according to Chapman, compromised by the conflicting interests of its Western and Asian affiliate unions. "Maritime Law and the Protection of Seafarers" is the topic of Chapter Five. This chapter shows that although there are a number of international laws designed to protect seafarers, there are few means of enforcing them effectively.

Chapter Six deals with "The Stresses of Seafaring." Chapman notes that since ships are “total institutions,” careful screening would be desirable to assure an effective match between seafarer and shipboard conditions. But virtually no such screening exists except in a few economically advanced nations. Moreover, little
sensitivity is shown by ship owners or captains to the cultures of their employees, to the complexities of managing culturally diverse crews, or to the impact of long absences on family and community life.

Chapter Seven is devoted to "What Can Be Done?" Chapman reviews a number of the structural sources of seafarer mistreatment including individual ship owners who are undercapitalized, owners who avoid liability by hiding behind an often multi-layered veil of corporate identities, the proliferation of ship registries and the freedom of owners to shift from one flag to another, etc. He also provides a critical review of the reform efforts of unions as well as those of church-sponsored agencies. He notes with respect to the latter that the boards of directors of seamen's centers are often made up of "respectable" members of their host communities who are unable to empathize with the seafarers' plight, and that "the tendency of the church to avoid conflict or deny conflicts that already exist further reduces effectiveness." Chapman goes on to recommend that all human institutions be judged "by their effect on the people who participate in them" and proposes seven specific reforms for the shipping industry. These reforms include: worker associations; permanent contracts; reduction in the length of time at sea; outlawing policies which make it possible for shippers to demand virtually unlimited overtime; more worker participation in decision making both on board ships and within corporations; and preventing registering countries from hiding owners' identities. Chapman recognizes that achieving these reforms would require a significant shift in power. But he then goes on to claim that "it is only as seafarers realize their own strength that they will be able to claim authority over their own lives." Given that Donn and Chapman himself have documented the massive structural obstacles to organization that even outside parties such as churches and unions have failed to overcome, it struck this reviewer as ludicrous that Chapman should place the burden on workers for solving their own plight.

This book is a good read for anyone totally unfamiliar with the plight of seafarers: it succinctly analyzes the causes of their plight and provides heart-rending examples of that plight in seafarers' own voices. Thus it might be considered as a supplement for courses in occupations and organizations, though a true ethnography of seafaring would be much preferable. Even though the book clearly establishes the case that much more research on the maritime industry is required, this book is not itself a contribution to that research. The reliability and validity of the data base (report forms to chaplains) are suspect and the interpretation of that data relies heavily on secondary sources without making any new contribution to theory. Is the book of any value to clinical and applied sociologists? Not really—except as a casebook of failed attempts at social change.
Ramona Ford
Southwest Texas State University
San Marcos, Texas

Postmodernism, postindustrialism, post-Fordism views (see Chap. Eight) hold that a new society is emerging and replacing the old routinized modernist one. On the contrary, sociologist Ritzer finds routinization (called McDonaldization—because of the burger chain’s well-known standardization of product and process) is spreading into all of our social institutions and around the world. The appeals of this mass consumer, fast-food, quick news, franchised, entertainment-oriented, shopping mall world are many. Ritzer wants the apt undergraduate and general reader to think about the more negative aspects—lack of information behind the headlines, poor quality products and service, routine and deskilled jobs, lack of creativity and autonomy in work and leisure, and the cultural values of greed and short-sightedness being promoted. He shares Weber’s “iron cage” view of the coming polar night of icy darkness and hardness.

The first two chapters introduce the basic principles of a modernist society. Weber’s concept of rationality (technical, instrumental, formal), his characteristics of modern bureaucracy, Taylor’s scientific management, and Henry Ford’s expansion of the assembly line are discussed, along with a little historical context. The contributions of Marx to the analysis of the effects of routinization of work on human beings are not mentioned in the text, but his “affinity” to the subject is alluded to in the end notes on page 191.

Chapters Three, Four, Five, and Six discuss the four main dimensions of technical rationality: efficiency, calculability and quantification, predictability, and control. Examples within each of these areas are cited from the realms of food production and franchise marketing, education, news, politics, medicine, religion, tract house construction, sports, entertainment, packaged travel, dieting, car repair, etc. In juxtaposing examples from seemingly different fields, Ritzer challenges readers to think about underlying commonalities. This is a major contribution toward critical thinking.

Chapters Seven and Eight (“The Irrationality of Rationality” and “The Iron Cage of McDonaldization?”) underline what the above processes may be doing to “us.” Are we “amusing ourselves to death,” being manipulated, losing our potential creativity, becoming deskilled and underpaid, performing “trivial
pursuits," buying into quick-bite-photo-op "info" instead of real background information, becoming isolated and disengaged from other human beings in our communities?

Chapter Nine, however, gives the individual a few ideas on resisting a dehumanized society. Two of his thirty specific suggestions are to organize in your own workplace or school to protest corporate practices. The other suggestions are to try to save your individual sanity by carving out niches of autonomy in your own work and leisure life. His main emphasis is on not doing business with national franchises but with locally owned stores. Some suggestions are serious and some appear a little tongue-in-cheek (such as blindfold your child if you have to go into a fast-food place on the highway). If Ritzer has lost much optimism, at least he has maintained a sense of humor. His message appears to be consider where you are spending your money, organize, read critical materials, and think.

There are some minor details the classroom teacher might want to consider when using this text. (1) Readers will possibly be put off by the repetitious nature of some of the examples. How many times must we be told about McDonald's' standard procedures, menus, personnel training, customers run through an assembly line for "refueling" food or a few seconds of Disneyland amusements after an hour's wait in line before being shunted out of the way to make room for the next buyer? Perhaps if warned ahead of time, readers will smile in recognition instead of quitting in disgust when they read something for the third time by the middle of the book.

(2) Weber's "substantive" rationality (Wertrational, which deals with human implications of values and goals) could have been introduced along with instrumental, technical, formal rationality (Zweckrational). Instrumental rationality becomes dysfunctional when it does not lead to human-oriented rational ends. This would save us from the odd terminology that any philosophy or organization with human considerations is "irrational" or "nonrational." There is more than one kind of rationality, as Weber noted, and teachers might want to bring this to students' attention. Ritzer comes close to saying this but it is buried in an end note on page 191. Weber is not given a by-line for observing the rationality of humanist goals and Marx's humanist goals are relegated to an end note which I expect few readers will find.

(3) The suggestions in the last chapter on how to resist the dehumanizing effects of McDonaldization could have been expanded. Ritzer fears that most of us will find this society a "velvet cage" instead of Weber's "iron cage," but he could have alerted us to more of the work being done to resist entrapment. Perhaps Chapter Nine should have mentioned twenty-eight types of organizations to work with and two individual things to do (pay attention to where you buy and talk to
your kids about what society is telling them on TV and in the store, skipping the blindfolds). For example, Ritzer points out that some companies have had to make their products safer or more nutritious or processes less polluting because of external pressure. (So let's hear it for the wide variety of community, consumer, and environmental groups that chip away at these problems all across the country every day. These groups don't always agree with each other on tactics or even what are humanitarian ends.)

With regard to humanizing the workplace, Ritzer notes Saab and Volvo reorganized part of the auto assembly line into workteam production. Also mentioned are Peters and Waterman's "skunk works," which use semi-autonomous teams to obtain flexibility and creativity within large organizations, and examples of socially responsible corporations with new management practices and philosophies, such as Ben and Jerry's. However, readers need to know there is a large body of literature out there regarding the theory and practice of human resources management and alternative organization (as opposed to Taylorism, routinization, etc.). Alert business schools (and Malcolm Baldridge Award hopefuls) are stressing decentralization, teamwork, attention to customer and community needs, and employee participation in decision-making and ownership. While such talk is only hype and lip service in some corporations, others that try it with sincerity find that it works. Readers do not have to start from scratch when making demands of their own McDonaldized workplaces.

A starter list of types of advocacy groups which readers might examine includes: environmental (Native Americans for a Clean Environment, Greenpeace, for example); minority and women's rights (too many to name); community grassroots (Texas alone has 300 such groups networked under the Texas Industrial Areas Foundation); consumer protection (Ralph Nader spin-offs in every part of the country); employee ownership (National Center for Employee Ownership, Industrial Cooperative Assn.); democratic unions (Association for Union Democracy); microbusiness lending (the Grameen Bank model in Bangladesh has been copied in the U. S. and elsewhere); international human rights (Amnesty International); stockholder protest; cleaner politics (Common Cause); and religious organizations bent on the betterment of community and society along humanist lines (CARITAS, the Friends, Maryknolls, etc.). At present, environmentalist issues offer an opportunity for common cause among many of the different types of groups.

(4) The end-note documentation system is a problem—no numbers in the text to tell readers there is documentation on an idea or an expanded discussion on some point. The average reader is not likely to turn to the back of the book at the end of every page. This is where the best comments on human-oriented (substan-
tive) rationality and one mention of Marx's contributions are located. Obviously the index should also have included the footnotes. (On the other hand, the bibliography of related works is useful.)

Undergraduate students, teachers (sociology, cultural anthropology, business school, social psychology, coordinators of student internships), organizational analysts, managers, and the concerned public will profit from this analysis. The avid reader and teacher will want to go on from here. Ritzer has written a readable monograph to get people started in lively discussion.


*Rosemarie Livigni*
*The Fielding Institute*

Trice starts his book by discussing the now common belief that organizations form distinct cultures. He then goes on to state that organizational cultures are really made up of subcultures. These subcultures can be much stronger than an overall organizational culture.

Occupations are seen as subcultures. Occupations are designed to include any grouping of people that share common socialization, education, and shared knowledge to perform a specific task and the control over that knowledge. This knowledge base and control are "in a constant state of flux." Trice sees occupations moving through a life cycle, where some live, some change, and some die. Some occupations survive while others are "de-skilled" (i.e., die out because management or the administration fracture, reassign, or render the occupation obsolete).

In chapters One and Two there are some very basic definitions of "culture." Cultures share values, visions, practices, knowledge, "consciousness," and a primary reference group. Trice introduces a grid dimension as a tool to position an occupational subculture's adherence to its common values. The first position describes the subculture's adherence to group norms (i.e., the depth of identification). The second position reflects adherence to the norms relating to structure or interaction within the occupational subculture. The grid is split into four quadrants: weak/weak, weak/strong, strong/weak and strong/strong.

The main focus of Chapter Three is the ideology associated with specific subcultures. Two ideologies are discussed. These are unionism and professionalism. The author discusses how ideologies can be dysfunctional to the organiza-
tion as a whole. The next chapter deals with the myths, songs, symbols, and other trappings of ideology that are used to convey ideology to its members. The final chapter in the first section discusses the rites of passage in occupational subcultures. Rites of passage include those characteristics that attract people to a specific profession and the entry and acceptance criteria.

The second part of the book discusses how occupational subcultures impact the larger organizational culture. Trice focuses on the adaptation, assimilation, and forced tolerance that allow co-existence of subcultures with each other and with the larger organization. The next three chapters discuss the conflicts that emerge between subcultures and "management" or the "administration." Trice spends two chapters discussing the various forms of assimilation and adaptation that occur between subcultures and management. Finally, in the last chapter Trice discusses the relationship among leaders, management, and subcultures. Trice concludes by stating that any study of organizations must include a study of occupational subcultures.

As a reviewer I found that Trice made some interesting observations that he backed up with fact and detailed references and notes. Overall this book is a good summary of other works in the area of subcultures. It serves as a good introduction to organizational subcultures. As Trice points out, this field has seen a resurgence of interest in the last ten years.


*Ruth Harriet Jacobs*

*Wellesley College Center for Research on Women*

Clinical sociologists who work with women and families will find quite useful this book by a psychologist with a sociological perspective on the expanded and stressful roles of mothers today. Dr. Hoffnung, a professor at Quinnipiac College in Hamden, Connecticut, starts the book with an excellent chapter reviewing changing ideas about motherhood linked to economic and technological changes in America and the increasing workforce participation of women.

She then gives in-depth portraits of eight mothers from different economic and social backgrounds, with different educations, career commitment, work histories, and proximity to kin. Reading the stories of these women is enlightening to clinicians who encounter similar women. The stories also make excellent background for discussion in family courses and women's studies courses. We
also learn about the roles of the fathers as they impact the mothers. From the book, we get an understanding of the division of labor in the marriages involved.

The eight case studies were selected from thirty women the author studied in depth. She chose the eight as representatives of different types, including mothers with career commitments and those without. How the women work out the conflicting expectations of work and family is the major issue of the book.

In her conclusion, “Motherhood Today and Tomorrow,” Hoffnung points out that there is no single way to arrange work and motherhood that is right for all women. She suggests, however, that strategic planning seems to provide the key to increasing life satisfaction and reducing stress. Women who become full-time homemakers because the job fits their skills and desires are happier and healthier than women who become full-time homemakers out of a sense of feminine duty. Employed mothers who choose to work, and choose their work, are happier than those who are forced to work at jobs that are demanding but give them little control. Women do best when they consider the role of full-time mother and homemaker as they would consider any job, rather than assume it is their fate. This means weighing the alternatives. It also means discussing the terms of homemaking with their mates, rather than taking on all associated tasks singlehandedly. (p.198)

The author concludes that “social values are changing in ways that facilitate choice. More young women are learning to value the place of work in their lives. More young men are seeking wives who have professions. But the problems for women combining career and family have not been solved” (p.199). Hoffnung suggests more support services for parents, including non-profit and neighborhood and work-based childcare centers, flex-time work schedules, and reliable after-school care. She states, “For the most part, however, women continue to bear the burden of rearing their children because as individuals they lack organizational skills or resources to challenge the traditional expectations of full-time at-home mothering. In many cases they have no mates and must go it alone” (p.199).

She urges women to educate themselves about their options and to plan. Those who counsel women and run programs for them will find this book useful in helping women to plan.

Mary C. Sengstock
Wayne State University

What happens as the workforce ages? Do older workers have different needs than younger ones? Do they have different expectations in terms of salary and benefits? Are they treated differently by their employers? As indicated in the subtitle, this series of essays purports to consider the “Costs, Benefits, and Policy Challenges” of an aging workforce.

The volume originated with a 1991 conference on the topic, sponsored by Cornell University’s School of Industrial and Labor Relations. Participants included experts from government, business, labor, and the social sciences. The collection is less diverse, since nine of the authors, as well as the editor, are economists. A demographer and a human resources expert contribute the remaining two chapters.

The book’s three sections focus on international comparisons; possible job opportunities for an aging workforce; and the “policy challenges” of an older workforce. Two papers (Chaps. Two and Three) present a valuable look at the pitfalls of workforce predictions, given the difficulty of foretelling personal decisions regarding fertility, labor force activity, etc.

Some previously ignored issues receive attention. Chapter Ten explores the interrelation between worker disability and age related retirement, particularly for those disabled who lack job skills (pp. 211–214). The description of postcareer job placement for retired Japanese workers is fascinating, though it is questionable whether this approach would be acceptable in the American setting (p. 105).

On the other hand, some critical issues are ignored. Data on Social Security and pensions pertain primarily to males (Chaps. Eight and Nine), though the demographic data predict a considerable increase in women’s labor force participation (p. 47). Also missing is an analysis of the problems of lost pensions, as companies are sold and pension rights disappear.

A major problem of the book is the uneven quality of its editing. The introduction, for example, includes the rather confusing suggestion that “. . . postretirement schemes . . . offer reemployment opportunities for older workers who have the potential to become popular in the United States . . .” (p. 9, ital. added). Is it the older workers who will become popular? Or is the author referring to reemployment opportunities which may become popular? At another point, the
strange word "available" appears (p. 197). One wonders whether there may be similar inaccuracies in the tabular data, where the errors are not only more critical but also more difficult to detect.

An irritating feature for noneconomists is the use of economic jargon in the essays. Economists may understand that "OECD" is the "Organization for Economic Cooperation and Development" (Chap. Six), or that "LFPR" refers to "labor force participation rate" (Chap. Three), but others will find themselves constantly referring back to earlier pages to check their meanings.

What is the value of this book for a clinical sociologist?

The reader looking for social policy recommendations will be disappointed, as these are sparse. The essays focus on economic data; social or psychological data are largely ignored. The economic data and perspectives may prove useful for our own consulting efforts, however. Finally, the essays could be a useful tool for teaching students to use economic data in the development of policy recommendations.


Jan Wilkerson Weaver, M.A., R.N.
Texas Institute for Research and Education on Aging, University of North Texas Health Sciences Center

In 1982, Timothy Diamond, Ph.D., went to work for minimum wage as a nurses' aide in a Chicago nursing home. He gave showers, made beds, cleaned feces from soiled linens, and fed elderly, incapacitated individuals who could not feed themselves. While performing these various tasks, Diamond learned about the structural components of the institutional system and the forces that prohibit normal quality of life for nursing home residents. Ten years later, Diamond accurately depicted the daily reality within America's long-term care system in his book, Making Gray Gold.

Making Gray Gold is not merely another sociological ethnography, but rather a powerful outcry for reform of the American health care system. When Diamond began the project, he had been studying health care organizations as a sociologist for more than ten years and was teaching medical sociology at a local university. His motivation to learn more about nursing homes resulted from a number of factors, including the realization that very little was known about what actually goes on inside nursing homes, and the influence of feminist theory. Diamond was
aware of the statistics indicating that nursing assistants—most of whom are minority women—are the largest single category of health care workers in the U. S. In planning the research for his study, Diamond followed the strategy of Dorothy Smith, feminist theorist, who suggests that much can be learned about how organizations and societies operate by observing the ordinary everyday world of work performed by women. Smith points out that a disjunction exists between everyday life and the administrative accounts of it. This perspective provided Diamond with the framework for his book.

Another major influence for Diamond as he began the research for the book was the recognition that nursing homes have evolved into industrial enterprises. An article by Jeff Blyskal entitled “Gray Gold” (Forbes, November 23, 1981: pp. 80–84) inspired not only the title for the book, but also its thesis. Blyskal encourages investment in the growing nursing home industry. He concludes: “the graying of America . . . is a guaranteed opportunity for someone. How the nursing home industry can exploit it is the real question.” The book’s ultimate assumption is that caretaking is no longer viewed as a social responsibility, but rather as an industry in which labor, management, and profits characterize the care of frail, elderly individuals. The daily realities of nursing home life, as depicted in Making Gray Gold, are afflicted by the overarching issue of care as a business whose primary concerns involve productivity, efficiency, and profit.

Throughout the book, Diamond’s sensitive and accurate depiction of the role of nursing assistants is explicitly expressed through dialogue with other nursing home workers, administrative personnel, instructors, and residents. The narrative format produces a captivating and original account of the organizational structure and the quality of care in America’s nursing homes. Diamond’s sympathetic view of nursing assistants and residents bears striking contrast to owners, administrators, and bureaucrats as he criticizes the constraints placed by those who enforce government regulations and budgetary priorities. It is not necessary for Diamond to establish proof of his theory that the medical model of nursing home care is mechanical and manipulative. The nursing assistants and residents he quotes do that for him.

Ironically, it is the nursing assistants and the residents—and not the owners, managers, and bureaucrats—who are aware of the solutions that are needed to correct the problem of enterprise as the primary motive in institutional care. During his year of orientation to the real world of long-term care, Dr. Diamond learned a great deal from his peers—most of whom were poorly educated women of color. The lesson he learned and that he is boldly teaching others in Making Gray Gold relates to basic human rights. Nursing home workers have the right to fair and adequate compensation for their skills. Nursing home residents have the
right to receive humane care and to participate in treatment decisions. These basic assumptions are prevalent as discrete but powerful messages throughout the book to confirm the magnitude of its importance.


*Nancy A. Naples
University of California, Irvine*

Melvyn Fein has written a book that flies in the face of contemporary postmodern critiques of grand narratives and totalizing discourses. No therapeutic perspective is missing from his broad reach as he argues that

> a role-problem/role-change paradigm turns out to be a useful instrument. In the best tradition of science, it brings order to enormous diversity. It permits a grand synthesis that demonstrates the connections between apparently antagonistic perspectives. (p.207)

Fein’s overall goal is to demonstrate that “a social-role framework can enable competing therapists to integrate what have seemed to be antagonistic worldviews and will help them make further advances in developing effective helping technologies,” which will also lead to “a greater utilization of sociological knowledge” (p.vii). He outlines the relevance of role theory to psychotherapy in Chapter One, further describes the role change process in Chapter Two, then broadly compares and contrasts diverse therapeutic specialties in Chapter Three.

One of the basic problems with Fein’s analysis is his broad definition of roles: “Indeed, for every social task we can distinguish, there exists a corresponding behavior pattern that can be labeled a role” (p.16). To begin with, Fein never addresses who determines the content of the behavior patterns appropriate to certain social positions. Next, roles discussed range from family position (mother, husband, daughter) to job (doctor, artist) to such diverse personal characteristics or experiences as caretaker, free spirit, winner or loser, the leader, the martyr or scapegoat, and the fat one. Since Fein views the goal of therapy as one of fostering role change, the unreflexive inclusion of categories such as careers or family positions is problematic. This approach obscures how power is imbedded in these social positions. For example, a term frequently associated with sociological role theory is role conflict. Women are likely to experience a conflict between the role of mother and the role of worker. These are structural tensions best alleviated
through increased valuation of women's paid and unpaid labor and material changes in the gender division of labor. In other words, the solution may not be located within the individual or even between role partners.

Chapters Four through Seven further explore the usefulness of role theory for evaluating different psychotherapies. By presenting such a wide ranging set of therapeutic approaches, frequently lumping divergent perspectives under one broad category, Fein often truncates and misrepresents them. Consequently, his approach may function inadvertently to undermine his overall goal. Chapter Four applies role theory to psychoanalysis. The sweep of Fein's project is most apparent in Chapter Five where he considers cultural therapies. Combined together in this chapter are "those who brought social insights to their critique of Freud," including Alfred Adler, Erich Fromm, Karen Horney, Harry Stack Sullivan, Heinz Hartmann, Ronald Fairbairn, Edith Jacobson, René Spitz, Heinz Kohut, and Margaret Mahler (p.98).

In Chapter Six, Fein turns his attention to ecological therapies: family therapy, group therapy, labeling theory, social reform, sociotherapy/milieu therapy, community psychiatry, temperamental fit, and alcoholism counseling. In this chapter, he considers Alcoholics Anonymous (AA) alongside what he terms "alcohol therapies." Given the decentralization of AA and its avowed resistance to systematic research, Fein's bold assertions about the philosophy and practice of AA are troublesome.

Chapter Seven covers what Fein calls "romantic" modalities. Therapies included under this term are: "client-centered, gestalt, primal-scream, and existential therapies, and also transactional and Jungian analyses" (p.143). Fein criticizes these therapies for sharing "an overly simple view of human nature and interpersonal relations." Chapter Eight addresses itself to academic modalities; behavior modification; cognitive, affective, and eclectic behavioral strategies. Chapter Nine presents so-called "antitherapies": medical interventions which rely upon pharmacotherapy, strategic therapy and hypnotherapy; reality therapy; and vocational therapy.

Fein's terse presentations and dismissal of many therapeutic frameworks could serve to alienate the audience he most wishes to convince. His book highlights two significant and unavoidable obstacles to developing a broad-based theoretical framework for psychotherapy. First, fundamental premises that undergird divergent social and psychological perspectives cannot be ignored in the interest of finding overlaps. In fact, such an exercise may deny the very grounds upon which the particular theoretical frame is built. Second, Fein believes that
most practitioners are well aware of the convergence between their work and that of others. It will be gratifying if this realization can be ratified on the neutral conceptual ground of role theory. (p. 208)

However, no social or psychological theory stands upon "neutral conceptual ground." I recommend Fein's comprehensive effort to anyone interested in identifying "convergences between their work and that of others" with the caveat that his lens into and across the wide span of therapeutic models is but one way of seeing a very complex and contradictory sea of approaches. *Analyzing Psychotherapy* could also serve as a model and provide the basis for interesting discussion in graduate classes on evaluating clinical practice.
La société et le Moi: un cadre symbolique ‘interactionniste’ pour la pratique de la sociologie

Jannet Mancini Billson

Les concepts ‘interactionnistes’ et les explications du comportement humain qui sous-tendent les théories principales de la psychologie sont esquissés ici en rapport avec les principes symboliques ‘interactionnistes’, c'est-à-dire, les principes d'émergence, du libre arbitre, et du processus. L'auteur est d'avis qu'une partie importante de la théorie de base de la psychologie est de nature ‘interactionniste’, que les doctrines de l'‘interactionnisme’ symbolique sont entremêlées à la théorie psychologique, et que les mêmes prémisses ‘interactionnistes’ peuvent servir de base tant à la sociologie clinique qu'à la sociologie appliquée.

Les attitudes de l’enquêteur à l’égard des malades mentaux

Rosalind J. Dworkin et Anthony Gary Dworkin

Il a été prouvé que les attitudes et les attentes de l’enquêteur en ce qui concerne les sondés ont tendance à influencer la qualité des données. Quand les sondés sont issus de groupes déviants, comme par exemple, les malades mentaux, certains problèmes particuliers peuvent surgir. Dans la présente étude, 188 individus, sélectionnés parmi un groupe d’enquêteurs potentiels, ont complété les
questionnaires. Le but de l'étude était de mesurer leurs préférences pour a) les groupes cibles, b) les sites de l'enquête, c) leur expérience antérieure et d), les dangers ressentis face à des handicaps mentaux. L'étude révèle que des sites offrant des niveaux de contrôle et de coopération plus élevés seraient souhaitables. Pour mener à bien leur étude, les chercheurs se sont servis de la méthode “path analysis.” Finalement, ce sont la variété des contacts antérieurs ainsi que la façon dont l'enquêteur perçoit le danger qui ont le plus influencé les préférences de ce dernier.

Classifications cliniques établies par les épouses d’athlètes professionnels: l’enquêteur sur le terrain dans le rôle de thérapeute

Steven Ortiz

Le travail des ethnographes ou des chercheurs sur le terrain consiste à formuler et à vérifier des hypothèses, ou à développer des guides quant à la manière de mener des interviews, ou à trouver la bonne méthode pour recueillir des données, ou encore à abandonner carrément la recherche en question. Dans le présent article, l’auteur explique comment, au cours de sa recherche sur le terrain sur les épouses d’athlètes professionnels, il a été amené à explorer un aspect souvent négligé de la recherche qualitative. En particulier, il a tenté de découvrir comment les sujets étudiés construisaient les identités du chercheur. Une question plus centrale peut-être, concerne l’effet que le chercheur sur le terrain a sur les sujets qu’il étudie. La méthode dite “interviews séquentiels” s’est avérée être un moyen essentiel à l’élaboration de ce processus de classification. Cette méthode présuppose ce qu’Egan (1986, pp. 212-219) appelle “empathie supérieure.” Celle-ci dépend de la création de rapports au travail ou du mode d’interaction thérapeutique susceptible de faciliter la confiance, les bons rapports, le soutien ainsi que tout changement de thérapie. Les implications quant à la manière dont nos identités de chercheurs sont élaborées par ceux que nous étudions soulèvent des questions de méthodologie intéressantes. L’auteur souligne l’importance de l’analyse dans ce processus de classification. Selon lui, la perspicacité de ceux que nous étudions peut nous permettre d’apprendre bien plus à leur sujet. La recherche qualitative future qui utilise la méthode des “interviews séquentiels” peut nous guider vers une meilleure compréhension non seulement de nous-mêmes dans ce domaine, mais aussi de ceux que nous étudions ainsi que de notre présence dans leur univers particulier.
De la façon dont il a été possible, en pleine guerre du Golfe, de faire de la recherche sur une communauté irakienne: le chercheur dans le rôle du clinicien

Mary C. Sengstock

Les groupes de nationalité diverses se trouvent toujours dans une situation vulnérable lorsque des rapports tendus se développent entre leur pays d’adoption et leur pays d’origine. Ce phénomène a pu être observé lors de la guerre du Golfe, non seulement dans les communautés irakiennes mais aussi dans les communautés arabes américaines. L’auteur dirigeait un projet de recherche sur les personnes âgées de ces communautés quand la guerre du Golfe a éclaté. Cette guerre a eu des répercussions profondes, tant au niveau de la recherche, c’est-à-dire, la façon dont celle-ci a été menée, qu’au niveau de la communauté elle-même. Ceci a entraîné une restructuration du projet de recherche. De plus, l’équipe affectée au projet s’est vue contrainte d’assumer le double rôle de chercheur et de clinicien. En particulier, l’équipe de recherche est intervenue pour aider les membres de la communauté à confronter leurs problèmes et leurs préoccupations face à la guerre et un avenir incertain aux États-Unis. Bien que le projet ait examiné, en premier lieu, les besoins des personnes âgées, les effets à longue échéance de la guerre sur ces communautés ont fourni une seconde matière à cette étude.

Vers une intégration de l’intervention et de l’évaluation: comment éviter les pièges théoriques

Kees Mesman Schultz

C’est à partir d’une évaluation des résultats de diverses politiques, que Mayer et Greenwood (1980) ont développé leur modèle de concepts ayant un rapport de cause à effet. Ceux-ci illustrent le processus entier, à partir de la formulation des projets d’une politique jusqu’aux résultats qui en découlent. Par la suite, ce modèle a été adapté à l’évaluation de programmes de traitement dans le domaine de l’assistance à la jeunesse (Mesman Schultz, 1987). Il s’est avéré que chacun de ces modèles fournissait une base solide à l’élaboration de projets de recherche divers. Cependant, en essayant de trouver une explication aux résultats médiocres d’une politique donnée, suite à une évaluation faite ex-post-facto, on doit s’attendre à deux pièges possibles. Ces pièges se présentent lorsqu’on omet de tenir compte du raisonnement qui nous pousse à choisir une certaine politique ou programme de traitement (le point de départ dans les deux modèles). Le premier
piège illustre la tendance du faiseur de politique ou du praticien à effectuer un “prototypage rapide,” c’est-à-dire, la concrétisation immédiate d’une idée dans le but de résoudre un problème donné sans trop se préoccuper de la justesse ou la validité de cette idée. Le deuxième piège se rapporte à l’antinomie susceptible de résulter quand les mesures d’une politique ou d’un programme d’intervention à objectif similaire sont mis en œuvre simultanément. Les modèles de Social Research & Development (Rothman, 1980) ou d’Intervention Research (Rothman & Thomas, 1989) peuvent servir à éviter ces pièges, étant donné que toute activité innovatrice exige une coopération étroite de la part du praticien et du chercheur.

Vers un modèle tridimensionnel du suicide

Kimberly A. Folsey et Dennis L. Peck

Dans cette étude, les cas recueillis dans les dossiers de médecins légistes sont utilisés pour l’évaluation d’un modèle tridimensionnel du suicide raté. D’après les données, le suicide chez les adolescents et les jeunes adultes peut être expliqué en partie comme étant: a) une réaction à la façon dont l’échec est ressenti, b) le sentiment que les proches négligent de fournir le soutien et le secours nécessaires, et c) la conviction que les autres également considèrent cet individu comme un raté. L’article traite de la portée de ces résultats dans le contexte du modèle proposé.

La recherche sur l’évaluation d’un hôpital psychiatrique: l’intégration de la gestion et de la recherche dans le contexte de la sociologie clinique

George W. Dowdall et Diane M. Pinchoff

Cette étude traite des rôles multiples que des sociologues ont assumé au cours de leur recherche dans le but d’évaluer un hôpital psychiatrique important. La clé permettant de comprendre cette forme particulière de la sociologie clinique réside dans l’alliance de la gestion et de la problématique, dans un contexte d’organisation unique. Les deux auteurs qui dirigent le service d’évaluation du Centre Psychiatrique de Buffalo depuis sa fondation en 1979, fournissent des exemples concrets des travaux réalisés dans ce service d’évaluation. De plus, ils examinent le rôle joué par les sociologues en ce qui concerne le recueil, l’analyse et la version des données dont les directeurs d’hôpitaux se servent dans l’élaboration de leurs
plans stratégiques, les programmes visant à l'amélioration des soins, ainsi que la vérification des tendances en ce qui concerne la gestion du recensement, la quantité de travail et les projections quant à l'engagement de personnel. Selon les auteurs, les facteurs qui ont influencé la manière dont l'évaluation des programmes et la recherche appliquée ont été menées sont les suivants: la politique du secteur public, les contraintes budgétaires, les changements intervenus dans l'élaboration de normes nationales pour les hôpitaux psychiatriques faisant l'objet d'une révision périodique (accreditation), ainsi que l'introduction d'ordinateurs personnels sur le lieu du travail. En conclusion, les auteurs nous proposent divers modèles pour le perfectionnement de la formation de sociologues intéressés à ce genre de pratiques.

Immigrées latino-américaines et rémunération des travaux ménagers: vers une revalorisation du métier

Pierrette Hondagneu-Sotelo

Cette étude traite de la pratique et de la recherche sociologiques chez des immigrées latino-américaines accomplissant des travaux domestiques rémunérés. L'activisme au niveau local ainsi que les méthodes communément appelées "participant observation" (l'interaction continue entre chercheur et sujet) fournissent les parties intégrales du processus de recherche. Par la suite, ces résultats ont été utilisés dans la promotion d'une campagne d'information afin de sensibiliser ces immigrées aux divers services et prestations mis à leur disposition. La recherche sur la matière ainsi que la documentation relative au mouvement des droits des immigrants ont été mises en relief dans la présente étude.

Recherche initiée sur le terrain visant à prévoir le degré de motivation au travail chez des Indiens Navaho participant à un programme de rééducation professionnelle.

Jennie R. Joe et Dorothy Lonewolf Miller

Cette étude présente les résultats de recherches sur le terrain qui ont été effectuées sur une réserve Navaho. La motivation de la part des sujets pour réussir au programme ainsi que leur volonté de persévérer dans leur entreprise, c'est-à-dire, leur participation à un programme de rééducation professionnelle (RP) ont
études ici. L'étude comprenait deux composantes: 1) Les différences socioculturelles qui distinguent les Indiens d'une réserve Navaho ayant un emploi des Indiens au chômage ont été analysées. Un certain nombre de variables statistiquement significatives ont été relevées. Ces dernières corrélaient avec l'emploi rémunéré. 2) Par la suite, ces résultats ont été analysés au moyen d'une étude de cas d'un client Navaho RP, ayant réussi à compléter le programme avec succès, et d'un autre, un "malchanceux," qui a échoué dans son entreprise. Les interviews avec ces clients RP ont servi à souligner et à vérifier l'utilité des facteurs socioculturels qui constituent les variables clé dans la prévision du degré de motivation chez les Indiens d'Amérique de participer de manière constructive à un programme RP. Cette recherche recommande aux orienteurs professionnels s'occupant d'Indiens américains de ne pas sousestimer l'importance des facteurs socioculturels en question lors de l'élaboration d'un programme pour leurs clients RP.

Résultats d'une enquête réalisée chez des sociologues et comparaison de ces résultats avec les thèmes d'articles publiés dans les Footnotes de l'Association Américaine des Sociologues (ASA): la problématique concernant la discipline de la sociologie

Josephine A. Ruggiero et Louise C. Weston

Cet article examine les résultats d'une enquête récente réalisée auprès de sociologues praticiens. Au cours de cette enquête, les sondés ont été censés identifier les trois problèmes les plus saillants confrontant la discipline de la sociologie à l'heure actuelle et dans les cinq années à venir. Les sondés ont été choisis principalement parmi les membres de la Sociological Practice Association ainsi que de la Sociological Practice Section de l'American Sociological Association. Les réponses des sondés ont été examinées, d'une part, en relation à leur affiliation à une seule association et, d'autre part, à leur affiliation à plus d'une association à la fois. Les auteurs, ensuite, comparent les réponses des sondés avec le contenu d'articles publiés dans les Footnotes de l'ASA pendant une durée de temps comparable. Les auteurs tentent de dégager les implications relatives à la participation des sociologues praticiens à l'ASA ainsi que l'importance de ces implications pour la discipline de la sociologie, en particulier, la manière dont ces praticiens peuvent contribuer à la direction future de la discipline.
De la manière de mettre fin, de façon naturelle, à la dépendance de l'alcool et de la drogue: identités des sujets en phase de post-dépendance et refus du traitement de la part de ceux-ci

William Cloud et Robert Granfield

Cet article traite des caractéristiques des alcooliques et des adonnés à la drogue qui se débarrassent de leur dépendance sans pour autant avoir recours à un traitement. En utilisant des méthodes communément appelées "procédés naturels de guérison," les sondés ont mis un terme à leur dépendance sans l'intervention d'un traitement classique ni l'intervention de groupes "self-help" (visant à aider ces personnes à atteindre leur but grâce à des efforts personnels). Les données de la présente étude sont basées sur des interviews approfondis avec 25 alcooliques et toxicomanes. Ceux-ci ont été identifiés au moyen de techniques d'échantillonnage arbitraires (des techniques "boule de neige"). Dans un premier temps, les auteurs examinent les identités des sondés en phase de post-dépendance afin de dégager l'image que ces derniers se font d'eux-mêmes par rapport à leur dépendance antérieure. Puis les auteurs explorent les diverses raisons que les sondés indiquent en ce qui concerne leur refus d'un traitement ou l'intervention de groupes "self-help." Les auteurs tentent également de découvrir ceux des facteurs liés au mode de vie des sondés qui ont contribué au rétablissement naturel de ces derniers. Pour conclure, les auteurs insistent sur le rapport des résultats de leur recherche avec le traitement clinique et les politiques sociales.

Services sociaux et services de santé, organisations formelles et les personnes âgées américaines de souche mexicaine

Norma Williams

Les chercheurs qui étudient les problèmes de la vie quotidienne font une contribution importante à notre compréhension de la manière dont les gens vaquent à leurs occupations journalières. Ce qui leur échappe, cependant, c'est l'impact que les organisations bureaucratiques ont sur des personnes âgées évoluant dans des cadres sociaux divers. A partir d'interviews approfondis de soixante personnes âgées, des Américains d'origine mexicaine résidant à Dallas, dans le Texas, la recherche révèle les obstacles multiples auxquels ces personnes
doivent faire face lorsqu'elles cherchent à avoir accès aux services sociaux et aux services de la santé. La recherche, de plus, démontre pourquoi nous devons considérer avec soin l'effet que les organismes de la santé et les services sociaux ont sur les vies des Américains âgés, d'origine mexicaine. Selon l'auteur, nous devons aussi reconnaître que la qualité de la vie des personnes âgées américaines, d'origine mexicaine, peut être améliorée en étendant leur champ de connaissances, en particulier, en ce qui concerne le fonctionnement des organisations formelles.

Nita L. Bryant, David W. Hartman et Dexter Taylor

La recherche dite "participant observation" (l'interaction continue entre chercheur et sujet), effectuée dans une école élémentaire entre 1989 et 1992, sert à renforcer la conviction des auteurs que, souvent, les valeurs et les comportements des enfants habitant au centre de la zone urbaine—valeurs et comportements leur permettant de survivre dans la "rue"—sont en désaccord avec les valeurs et les comportements qui caractérisent le système d'éducation de la classe moyenne, un système dans lequel ces enfants sont censés se prouver au jour le jour. Tout en essayant de provoquer, de la part des élèves, des réponses analogues à celles de la classe moyenne, il s'est avéré, que bon nombre d'enseignants utilisaient des méthodes archaïques, les mêmes que nos meilleures écoles suburbaines ont abandonné depuis un certain temps déjà. Cette recherche insiste également sur la nécessité pour les enseignants a) d'avoir des attentes élevées en ce qui concerne la performance scolaire de leurs étudiants, et b) d'utiliser des méthodologies de pédagogie adaptées aux besoins particuliers de l'élève ainsi qu'aux points forts ou faibles de ce dernier. Des recommendations en vue de l'amélioration des politiques pédagogiques sont esquissées dans le présent article. Il est possible que ces dernières, à condition d'en faire un usage judicieux, puissent contribuer à la réussite du système d'éducation mis en place au centre de la zone urbaine.