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Clinical sociology involves the creation of new social systems as well as the intervention in existing ones 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 or the practice of it.

A new quarterly journal, *Sociological Practice: A Journal of Clinical and Applied Sociology,* will replace the *Clincial Sociology Review* beginning in March, 1999. For Guidelines for Authors of the new journal consult page 113

Membership inquiries about the Sociological Practice Association should be sent directly to the administrative officer: Richard T. Bedea; Sociological Practice Association; Division of Social Sciences; Anne Arundel Community College; 101 College Parkway; Arnold, MD 21012; phone (410) 541-2835; fax (410) 541-2239; e-mail rbedea@clark.net.

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CLINICAL SOCIOLOGY REVIEW
Volume 16, 1998

Editorial Board

CLINICAL SOCIOLOGY REVIEW
Volume 16, 1998

Contents

BOOK REVIEWS

Editor's Preface

John G. Bruhn, Ph.D.
Provost and Dean
Professor of Sociology
Penn State Harrisburg

This is the final issue of the *Clinical Sociology Review*. But this is good news as Plenum Publishing Corporation has agreed to publish a new quarterly journal, beginning in March, 1999, called *Sociological Practice: A Journal of Clinical and Applied Sociology*. The field of clinical sociology or sociological practice is gaining a greater audience and more advocates as sociologists intervene to prevent, solve, or ameliorate social problems at many levels in our society. In addition, the links between practicing sociology and applying sociological theory and methods to study how to create and direct change, and evaluate the effectiveness of interventions, seem not only reasonable, but useful to practicing and applied sociologists, hence the name of the new journal.

The new journal will continue to publish peer reviewed articles which describe, report, compare, or evaluate clinical interventions as well as articles which report research data and findings pertinent to sociological problems that warrant intervention or analysis. The tradition of including book reviews, practice notes and teaching notes will continue as space permits in the new journal. With a quarterly journal there will also be the opportunity for guest editors to invite authors for special issues. The increased frequency and international audience for this new journal are certain to help the Sociological Practice Association and its work flourish. We welcome your contributions and ideas as we undertake this exciting venture.

Because of the need to assemble the first few issues of the new journal while also putting together a final issue of the CSR, this issue of CSR is somewhat smaller in size than prior issues. We debated not having a Volume 16 of CSR and going directly to the first issue of the new journal, but we felt there was too great a hiatus in scholarly contributions without a final issue of

CSR, and we felt the membership expected a CSR for 1998. While smaller in size than previous CSR's, I am sure you will find the articles selected by peer review to be interesting and challenging. The articles represent a spectrum of issues and represent a sampling of the range of interests of clinicians and applied sociologists.

I would like to thank the many editors, editorial board members, contributors, and reviewers of past issues of CSR for creating and maintaining an annual journal of clinical sociology that has helped stimulate the level of interest and momentum leading to the birth of a new quarterly journal. Over the past sixteen years clinical sociology has taken root in many countries outside of the United States and academic programs specializing in clinical sociology have grown. These are signs of a vibrant future for the field.

At the end of this volume you will find an announcement about the new journal and where to continue to send your contributions. If you are not a current member of the Sociological Practice Association we welcome your membership. Please contact Richard Bedea, Administrative Office of the SPA, Anne Arundel Community College, Arnold, Maryland 21012.

John G. Bruhn, Ph.D.
Editor

About the Authors

John G. Bruhn is a certified clinical sociologist who is Provost and Dean and Professor of Sociology at Penn State Harrisburg. After receiving his Ph.D. degree from Yale University he focused his research efforts on stress and coronary heart disease and later became involved in several projects in health education, rehabilitation, and prevention. His recent research interests are in the health of organizations and organizational dynamics.

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Mixing Apples and Oranges: Sociological Issues in the Process of an Academic Merger

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ABSTRACT

This paper describes and analyzes key sociological issues that arise during the merger of a campus with a college within a large university. The issues arising in this case study are analyzed within the framework of a model for reframing organizations. The skills that a clinical sociologist can bring to a merger situation to help minimize delay and failure are discussed

"Merger is not a process designed to make all participants happy."
John D. Millett (1976)

Colleges and universities increasingly are merging with each other for a variety of reasons, such as mutual growth, expanding missions, enriching the quality of programs and services, building a shared vision, and cost efficiencies (Martin 1993-94). There are many types of mergers and restructuring models which range from "pure" or total mergers to joint ventures and educational affiliations (Samels 1994). Collaboration and coordination among colleges and universities are incrementally replacing competition and contention.

The literature indicates that mergers are most likely to be successful when they are a result of choice, and communication processes are in place (Cornett-DeVito and Friedman 1995). Yet, major difficulties can arise when trying to

merge two different organizational cultures even within the same industry (Buono, Bowditch and Lewis 1985). Merger success often depends on choosing good strategies of negotiation (Fisher and Ury 1983; Burkhardt 1994), yet the significance of the human side of a merger appears after the merger has occurred in the form of "merger syndrome" (Burke 1987). When attempts to resolve potential operating difficulties and to facilitate interaction between employees from both cultures are not completed before the merger, employees may work to sabotage the merger after completion (Buono, Bowditch and Lewis 1985). The success or failure of a merger often rests on the ability of the merger's planners to negotiate a new, blended culture from the previous distinct ones. Schein (1992:4-5) points out, "If we understand the dynamics of culture, we will be less likely to be puzzled, irritated, and anxious when we encounter the unfamiliar and seemingly irrational behavior of people in organizations, and we will have a deeper understanding not only of why various groups of people or organizations can be so different but also why it is so hard to change them."

Fulmer and Gilkey (1988) note that it takes two to three years for the trauma of an acquisition or merger to subside. One reason for merger trauma is that cultures, traditions, and life cycles, which are part of the lives of employees, are not easily forgotten and relearned. Intervention creates the sorrow associated with loss and the hope and anticipation of something new. A blended culture is not necessarily a combination of what is, or was, the best of two entities. The process of determining what to retain and what to give up is personal and traumatic for long time employees and is heightened by the time constraints of the merger. Gilkey (1991) discusses some key interventions for blending new entities. These include establishing a new structure and system of communication; clarifying job status, role, and reporting relationships; creating new boundaries; and building a new culture.

The present paper discusses a clinical sociologist's (the author) experience as a leader in the merger of a campus with a college within the same university system. Specifically this paper presents and analyzes some key issues in the merger, and suggests ways in which a clinical sociologist can facilitate the process of a merger and its effects. Since there never is a point in time when a merger can be said to be complete, this case study must end without the full story having evolved. Nonetheless, elements of this experience may be valuable to other clinical sociologists who will be consultants or participants in mergers.

Background Of The Merger

In 1995, a large, state-related university, which has 16 two year campuses throughout the state, decided to reorganize to enable its students to complete a college degree without having to relocate to the "main" campus. This decision was made in response to increased admissions to, and insufficient dormitory space on, the "main" campus, as well as the recognition that the demographic nature of students has changed and many working adults are "place bound" for their college education. Students had complained to the university board of trustees about not being able to earn four year degrees at the two year campuses. A new university president was charged by the board of trustees to reorganize the geographically dispersed campuses to better facilitate on site degree completion. The university president, in an attempt to be "open" about the proposed addition of new baccalaureate degrees at these campuses and the elevation of three of the two year campuses into new, four year colleges, mailed the reorganization proposal to the presidents of all private and public colleges and universities in the state. While the "openness" and sharing of the plan was acknowledged by the presidents, a firestorm of protest began. Small private colleges saw this action as an expansion of new degree programs in their geographical area, and therefore, as direct competition for students in a declining market. The public-supported system of higher education resented the establishment of new baccalaureate programs when they had imposed no-growth policies on their 14 campuses because of restricted state financial support. The governor of the state was asked to intervene by the private college and public university presidents to "control" the large state-related university. The state's secretary of education was asked to investigate and arbitrate the conflict. The state's association of colleges and universities held regional hearings throughout the state to elicit reactions to the reorganization. Meanwhile, the large state-related university mobilized its alumni and the members of its local advisory boards, which were composed of local business and political leaders, to write letters to the governor and secretary of education supporting the reorganization. After several months of regional hearings and "behind the scenes" politics, the large state-related university's reorganization plan was approved by the secretary of education with minor concessions that limited the number of four year degrees to be implemented at the two year campuses and new colleges.

The Reorganization Plan

The reorganization plan gave the two year campuses of the large state-related university several options, which included remaining as they were, merging with another college in the university, forming consortia or coalitions with other institutions in their region, forming a new college, or changing their missions. Existing colleges in the university were not permitted to recruit affiliates from any of the two year campuses. Each of the two year campuses was asked to announce its intentions by a stated deadline. Campus B was given the option to "become part of" College A in order to obtain immediate four year degree programs at its location. Campus B, which was one and a half hours by car from College A, had a smaller student body, was less financially well off, had fewer doctorally prepared faculty, and was located in a culturally different area of the state than College A. Faculty at College A were not attracted to Campus B and ignored its first overtures to merge which were signaled by votes to do so by the faculty senate and the Board of Advisors at Campus B. After the second vote of the faculty senate at Campus B to "become a part of" College A, the Dean of College A told the faculty senate of College A that they needed to respond to the votes to merge by the faculty senate at Campus B. While no formal vote endorsing a merger was ever taken at College A, the majority of College A's faculty acquiesced to the mandate of the university for the two institutions to merge. Meanwhile, as Campus B publicly announced its intentions to merge with College A, the university board of trustees approved the merger plan for all campuses and colleges of the university and announced a date at which all changes would be official. At about the same time, the university announced a new fiscal model for College A (and for the other new four year colleges), which had previously been funded by a specific allocation each year, but would become "tuition driven" on the final date of the implementation of the merger. Campus B, as part of a larger university budgetary unit, was already "tuition driven." The outcome of the new university plan was that College A would incorporate Campus B into its culture over the next eight to ten months. There was no turning back; the university had approved the proposed changes; the realities of the merger of Campus B with College A began to set in. As one faculty member from College A said, "This was an arranged marriage!" The author, as administrative leader of College A, was expected by the university administration to see the merger to a successful end.

Merging Cultures

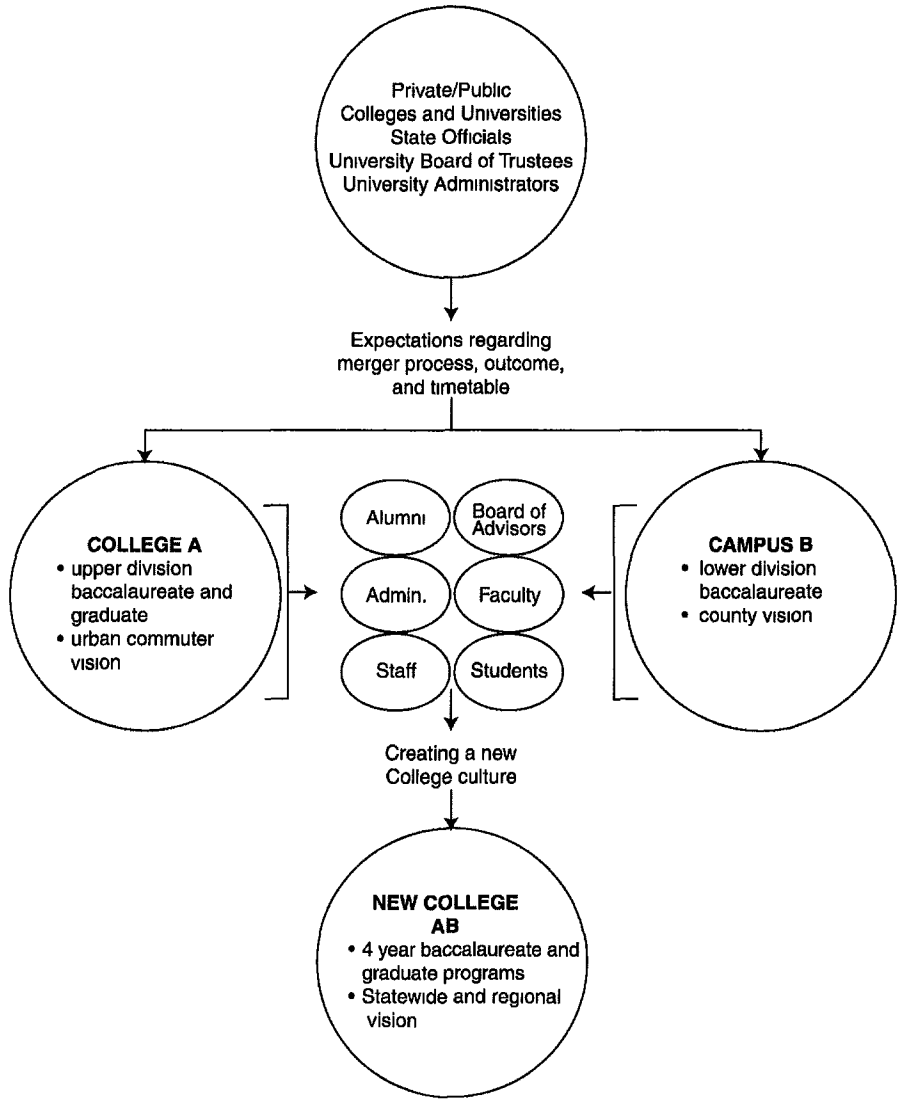
Campus B and College A, while they were part of the same university, were markedly different. Campus B, which was established in 1934, is the oldest of the university's many geographically dispersed campuses. Campus B is located in a mountainous coal-mining region and is the only higher education institution in a four county area, offering a variety of associate degrees to approximately 1,000 students, the majority of whom are commuters rather than resident students.

College A was established, in 1968, on the site of a former Air Force Base that is approximately 200 acres in size and is located near the airport of the state's capital. It is surrounded by numerous small private colleges, several campuses of the state supported university system, and a large community college. College A was founded as an upper division and graduate institution and serves about 3,500 students most of whom are part-time commuters.

The merger would create a new College AB that would enable Campus B to offer baccalaureate and graduate level courses on its campus and enable College A to offer selected lower division courses on its campus. The new, blended four year College AB would have one administration, one budget, one curriculum, and one faculty. The challenge was to create one new college from two units that had different cultures and were at different stages of their respective institutional life cycles.

College A is in its adolescence, forming its identity and establishing relationships with other institutions. Campus B is in its early adult years with an established identity backed by a strong Board of Advisors with community pride and high expectations for the campus' future. However, it has been struggling to retain financial viability in a geographical region with a declining economic base and increased competition from small colleges and state university campuses with expanding outreach programs. Figure 1 illustrates the relationships between the key players in the merger.

FIGURE 1
The Interaction of Key Players and Issues
in the Merger of Two Academic Institutions



The Merger Process

The Provost and Dean of College A and the C.E.O. of Campus B appointed a 12 person steering committee to determine what needed to be done to accomplish the merger and to make recommendations to them within four months. Meanwhile, the presidents and executive committees of the two faculty senates met to explore various forms of faculty governance. Members of the faculty from College A visited Campus B to become familiar with that institution. The two student governments and the two Boards of Advisors met to explore whether they would combine, remain separate, or adopt other modes of merging. The heads of the various support units such as enrollment management, bursar, human resources, maintenance and operations, police services, and student services met to discuss common functions, the number, type and location of personnel needed in a merged institution, and how they would administer their offices at a distance. As would be expected, anxiety ran high, especially among the staff at both sites who feared that they might lose their jobs. This was a realistic concern since Campus B had lost six staff members through downsizing several years previously, and College A had lost three staff members due to a 10% budget reduction caused by enrollment declines in the preceding two years. A prevailing rumor at Campus B suggested that it would be "taken over" by College A, that the staff at Campus B would be reduced, and that supervisory personnel would be located at College A. The rumor had political ramifications which will be discussed later.

A critical piece of the merger process was the determination of the "tenure home" of the faculty from Campus B, who were either tenured or in the tenure track of a college at the university's "main" campus. Faculty members in College A had tenure at College A. University officials determined that faculty members at Campus B could choose to change their tenure or tenure eligibility from the "main" campus to College A or keep their tenure status at the main campus. Once a decision to change one's tenure home was made, no further changes could be made. All new tenure track hires at Campus B, however, would have tenure at College A.

University officials also determined that after the official date of the merger, a budget would be given to College AB, all tenure track lines would be budgeted at College AB, and all faculty members would be appointed to one of the schools in College AB, irrespective of their tenure home. It was advantageous, therefore, to accomplish as much of the merger as possible rapidly so that administrative reorganization and budget planning could proceed. Additional pressure was created by the need to generate a "bottom up" five year strategic plan for College AB that would represent the shared vision of the

two sites. The strategic plan was to be submitted to university officials before the official merger date and implemented during the process of the merger. Few people across the two institutions knew each other well enough to make the strategic planning process more than one of good intentions. Needs, priorities and aspirations of Campus B and College A differed, yet the highest priority at both sites was to offer students a quality education and graduate competent, satisfied alumni.

Administrators at College A assumed that since it was larger and more specialized, the administrative control for all support functions would rest at College A, while the administration of Campus B assumed that except for the fact that the CEO would report directly to College A's Provost and Dean rather than to an official at the "main" campus as was previously done, there would be little change in day-to-day operations. In the view of personnel at College A, the merger was an opportunity to "re-engineer" operations at both sites with supervisory control located at the most reasonable site. Initially, all of the meetings of the various service components of the two institutions were called by staff at College A. Because many of the staff at Campus B held two or three jobs as a result of previous downsizing, staff members at Campus B were asked to wear several hats and attend many meetings to dialogue with their counterparts at College A where staff members were more numerous and specialized. This helped to heighten the anxiety level of the staff at Campus B about a "takeover" and the frustration level of their counterparts at College A who were trying to design reorganized support service operations.

There was no official time line for the completion of this merger, but university officials expected it to be completed in about one academic year. As the process proceeded, it became apparent that some components of the two institutions were making progress, while other components were stymied. Some aspects of the merger might be expected to evolve over months or years, but the critical components, such as the administrative and fiscal structure, would have to be in place as soon as possible. This relieved some of the pressure on people to make decisions without first getting to know each other.

The C.E.O. at Campus B was included in all key administrative, academic, budget and planning activities at College A from the date when the merger was first announced. The academic officer of Campus B became the associate dean for undergraduate studies for College AB and has helped to mold the reorganization. The Provost and Dean from College A makes periodic visits to Campus B for open discussions with faculty, staff, and students to listen to their concerns and questions. Employees at both campuses are included in social events at both campuses and special, all college events are rotated between the two locations. People from both campuses have tried to

equalize inconveniences in travel time and economize by utilizing interactive video for meetings and classes.

Eight months after the official date of the merger, faculty from College A are offering several undergraduate and graduate courses on Campus B, the new combined faculty senate is meeting regularly with minimal problems, the two Boards of Advisors hold joint meetings twice a year, faculty members have been assigned to academic units in College AB, although not all faculty at Campus B have chosen to switch their tenure from the "main" campus to College AB, and the student enrollment at both sites has shown a 2-3% gain for the first year of the merger. The problems that remain are largely in the service areas and are being coped with as issues arise. The major remaining areas that need to be merged soon are student recruiting, course scheduling, and marketing. As the need to increase enrollment is the key to an increased budget, the two campuses have drawn closer together.

A Model For Reframing Organizations

Bolman and Deal (1997) present a four frame model to guide the reframing of organizations, i.e., structural, human resource, political, and symbolic. While organizations vary in complexity, there usually is interaction between those four frames. These authors point out that "multi frame thinking" is necessary if organizations are to be flexible and adapt to change. This theoretical framework provides one way in which to examine the major issues in this merger.

Structural Issues

The major structural issues in the merger of Campus B with College A can be phrased in terms of three questions asked by the faculty and staff: 1) What is our new purpose (mission)? 2) What is our individual status and position (tenure and promotion, titles) in the new college? 3) What resources will we have to do our jobs (budgetary and personnel)?

1. Mission

This merger involved combining two distinct missions into the new, blended mission of a four year baccalaureate and graduate college. Campus B had been in the business of educating freshman and sophomores who would receive associate degrees and then seek employment or go on to complete a baccalaureate degree elsewhere. College A had been in the business of receiving transfer students from community colleges or two year campuses within the university and maintaining graduate programs. A new college would en-

able the faculty from College A to teach upper division and graduate courses at Campus B and the Campus B faculty to teach undergraduate courses at College A. This would be facilitated because the faculty at the two locations would be integrated into one college.

The concern that the College A faculty raised was, would this merger of courses and faculty result in a "watering down of quality?" Campus B faculty who did not have doctoral degrees feared that their academic progression would be jeopardized by the doctoral degreed faculty sitting on their promotion and tenure committees. Thus, while the faculty at each site wanted to receive the benefits of a four year and graduate level college, faculty members at each location personalized the perceived outcomes of a merged mission. The merger leader dealt with these concerns by focusing on the importance of better meeting the needs of the students at both locations, increasing the strength of the schools' programs by integrating the faculty, and achieving the ability to offer new courses and programs at both locations, which should, in turn, enhance the recruitment of students.

2. Tenure, Promotion, and Status

A second structural issue was the status and position of the faculty and staff in the new college. Faculty members at Campus B were apprehensive about being evaluated by faculty members at College A, not only because more of the latter had doctoral degrees, but because the faculty at College A emphasized the importance of research and scholarly publications, which were valued somewhat less than teaching at Campus B. Staff members feared that they would become extensions of the "main" offices at College A and would have to report to and be evaluated by new supervisors. Staff members also perceived that some of their titles might change, and both the faculty and staff feared that their seniority at Campus B was being threatened. A few faculty members at Campus B left; the majority have adapted to a new academic home, but have not transferred their tenure as yet, and a few have transferred their tenure to become full fledged members of College AB. Many service units have not been merged as yet, so anxiety among the staff remains, but as several units have been merged, with the integrity and titles of personnel at Campus B retained, anxiety has lessened somewhat. The merger leader has responded to all of these concerns by making frequent campus visits and holding open meetings with no planned agenda for all employees.

3. Budget and Resources

A third structural concern deals with resources. Campus B has a history of operating with insufficient resources; its faculty and staff would like to

have resources equal to those of College A. College A faculty and staff are concerned that if they have to tighten their budget to "bring Campus B up to where we are," College A will suffer a loss in quality. Furthermore, the faculty and staff at both locations are concerned that total resources might be decreased if enrollment falls at either or both locations. Faculty members at College A ask whether College A will have to bail out Campus B if their enrollment falls. The merger leader has had to emphasize that the two locations are now one college and that personnel at both locations should work together to strengthen the efforts and initiatives of teaching, a common goal benefiting everyone. Since the C.E.O. at Campus B takes part in all budgetary decisions, the fear that Campus B will not be treated fairly has been reduced.

Human Resource Issues

Human resource issues have been expressed in two major sets of questions, the first of which is a continual concern of all the employees of Campus B, their Board of Advisors, and the local citizens: 1) Will Campus B lose its identity? Will the C.E.O. of Campus B remain as a C.E.O.? How much autonomy will the C.E.O. and employees at Campus B have in day-to-day operations?; and 2) How will the power and authority for decision-making be reflected in the new organizational chart? How will friendships and coalitions be affected by new merged relationships?

1. Autonomy/Identity

The C.E.O. and his administrative staff were concerned that all paperwork and decisions would be made by officials at College A, thereby relegating Campus B officials to the status of "pass throughs." Local citizens and employees at Campus B have invoked the pressure of their state senator to obtain the assurance of the Provost and Dean of College A that Campus B will not lose its identity and will have full responsibility for day-to-day operations as well as participation in all budget, planning, and equipment decisions. Gilkey (1991) suggests that a merger involves the right balance between control and autonomy in a merged relationship. The difference in the histories and visions of the two locations make it difficult to "blend" what each site has been doing. It takes some trial and error and reframing or reengineering to construct a new mode of operating. A new trust must also follow which will take time to build.

2. Power/Authority

With respect to the second question, Gilkey (1991) points out that mergers disrupt mentoring, personal relationships, and old loyalties. Authority structures and systems of control change and, in turn, change turf, territories and boundaries. It is expected that it will take time for these to sort themselves out before a new unit can function smoothly. As friendship cliques or power coalitions in Campus B's former system of governance change, some faculty members may lose power or influence in the new shared system of governance.

It is interesting to see early evidence of change in coalitions and attempts to obtain power as the two separate faculty senates have merged to become a new senate. Faculty senators at Campus B were more aggressive and had anti-administrative attitudes, while senators at College A were more passive about issues. Indeed, finding faculty members to run for senate positions at Campus B has been a problem for several years. During the six months since the new senate was formed, senators from Campus B have become very aggressive and vocal, demanding that the Provost and Dean send a written memorandum to all faculty stating his endorsement of faculty governance and demanding faculty salary information and adjustments, as well as workload adjustments. Indeed, faculty members at Campus B have pushed faculty members at College A to become more active, questioning and demanding. Faculty members at Campus B are seeking peers in College A to form an anti-administrative coalition with a greater faculty voice in budget decisions, administrative and staff hiring, and space and construction planning.

As Fulmer and Gilkey (1988) point out, blending must occur in every merger, but what's blended and how it is blended is negotiable. When individuals perceive that their power, status and autonomy might change to their detriment, it is not surprising to see individuals fight to win even small concessions. It was not surprising therefore that several faculty at Campus B filed grievances regarding their salaries, workload or other issues. Some of these grievances are longstanding, but the parties are hoping that their grievances will reach a new audience and result in a different outcome.

Political Issues

Politics is certain to be an overt and covert issue in mergers within institutions, especially academic institutions. Politics is not always controllable in interventions, and clinical sociologists must often "work with" politics, as is the case here. Briefly, a state official representing the geographical area in which Campus B resides helped the president of the university obtain ap-

proval for the university reorganization. Two of the state official's relatives were employed at Campus B. When aspects of the reorganization did not please these two employees, they reported to the state official that College A was "taking over" Campus B and Campus B was losing its local identity. This resulted in the state official contacting the head of the university's office of governmental relations, who in turn called the dean of College A's supervisor, who in turn called the dean of College A to instruct him to meet with the state official and the C.E.O. of Campus B to resolve the issue. It was not clear to the dean of College A whether the C.E.O. of Campus B might also have helped to spur the takeover rumor to give him more bargaining power. The meeting was held at which time the state official emphasized that he was the "point person" in the legislature who had succeeded in getting approval for the merger, and he did not want Campus B to lose its identity. The dean of College A explained the process and opportunities for constructive input from Campus B about the merger, but pointed out that there was open resistance from some personnel including one of his relatives. An understanding followed, and it was agreed to follow up with a future meeting.

The overt politics has ceased, but the resistance and sometimes defiant attitude exists among a very few personnel at Campus B. In this case, innovation and change has to accommodate the political figure who is not only linked to the state legislature, Campus B, and the university president, but to a constituency that includes university alumni and substantial donors to the university.

Symbolic Issues

The major symbolic issues in the merger of Campus B with College A focus around their differing histories, cultures, and values. As noted previously Campus B is older than College A, is located in a coal mining, blue collar area of the state, and has focused on teaching lower division undergraduates. On the other hand, College A, with respect to its life cycle, is still in its adolescence. It is located in a capital city, and its focus has been on upper division and graduate level teaching and research. The histories of the two campuses cannot be blended. The lifecycles will have to be aligned so that the two campuses grow together in structuring a new college. Both sites value students and teaching, but research will be a new priority for Campus B faculty. Campus B faculty, on the other hand, bring a renewed emphasis and possibly new techniques in teaching to College A faculty. A new college vision, based on shared values, must be created. The merger leader has strongly emphasized what the two institutions have in common, their commitment to

learning and teaching. A new college committee on Teaching Effectiveness, which is composed of faculty from both locations, is helping to create new friendships and working partnerships. Some collaborative teaching relationships have already emerged and the use of technology in teaching is beginning to attract new interest. The committee is empowered to structure a Faculty Development Day each semester for all faculty members who wish to participate. This should help to reinforce common values.

Schein (1992) notes that the problem of blending cultures is complicated by the fact that the partners will not have any shared history, and that one of the partners will feel inferior, threatened, angry, and defensive (Buono and Bowditch 1989). If emphasis is placed on building a new, shared culture, and people from both locations act as equal participants, it will create an atmosphere of "starting over" for both partners. Morgan (1997) points out that organizations interact with projections of themselves. College A wanted to become a four year college by merging with a geographically closer partner. Campus B was facing possible closure or takeover due to a static enrollment in a static economic region. Hence, personnel at both sites faced the merger with some disappointment and anger toward university officials for making this merger a reality. Indeed, this merger has mixed apples and oranges.

It became apparent that this merger could not create one blended culture. Incorporating program and course offerings and faculty at Campus B into the academic departments at College A has been accomplished with relative ease. Combining service areas, which have been linked to traditions or the uniqueness of each culture, has been resisted. For example, police at Campus B have not carried firearms and integrating the two departments would violate the trust and informality that has existed at Campus B for many years. Some traditions, like commencement exercises, orientation sessions for new students, and awards will remain separate.

The advantage in this merger is that no specific date has been established at which the merger is to be completed, nor has there been an expectation that the merger would be total in all respects. This has enabled the merger leaders to test the boundaries and levels of resistance to what can be merged first and easily and what needs to be delayed and re-examined. The importance to Campus B of retaining symbols of their culture, and College A's willingness to go along with this, has minimized outright conflict. Yet, with no specific merger date established, some personnel at Campus B have used this to delay moving forward on re-structuring services.

FIGURE 2
Alignment of Organization Frames
in the Progression of the Merger

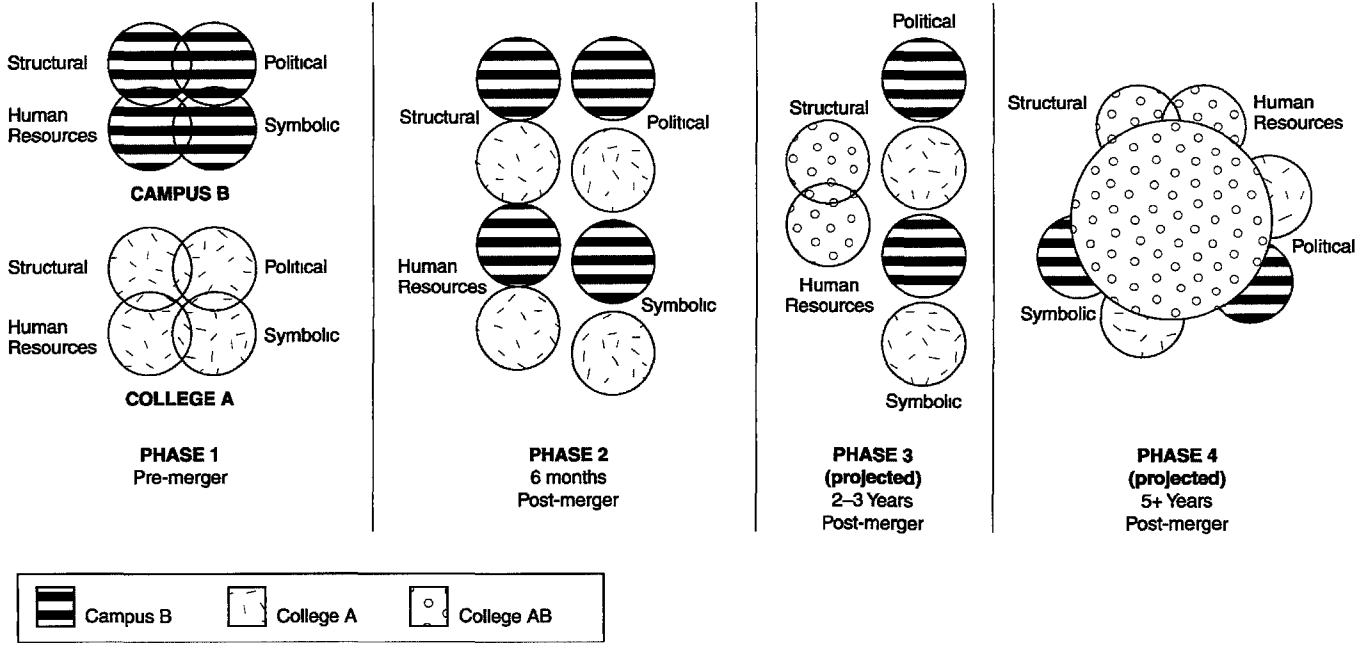


Figure 2 illustrates the various stages of the merger described here. This paper described Phases 1 and 2; Phases 3 and 4 are projected, based on our experiences to date. The prognosis of the merger described in this paper is "good." If an outsider were to ask faculty, staff, students, alumni and advisory board members at both locations whether they now think the merger is a good thing, the outsider would get different answers based on what the merger is perceived to have done for each constituent. Most likely, responses would be mixed and slightly negative because the merger is not yet complete and some expectations will not be met for several years. Probably, the greatest challenge for the leader of a merger is to frame and "sell" a new image of organization — a shared future that will respect and retain the best aspects of the cultures and lifestyles of Campus B and College A, while strengthening their common student-centered beliefs and values. As Figure 2 shows, it is likely that the basic structural and human resources frames of the two separate campuses will eventually be merged, but the political and symbolic frames, while a part of College AB, will maintain separate identities. This is largely because each site wishes to preserve some aspects of its traditions and culture and its respective political agendas and contacts. Overall, however, a new social system, labeled College AB, will emerge.

Managing the myths surrounding a merger is a continual process. McCann and Gilkey (1988) point out that myths and paradigms are severely disrupted during mergers. Therefore, leaders need to articulate a vision that links the past with the present, and the present with the future. The greater the sense of continuity and the clearer the vision, the more likely a new culture and new values are to emerge, reducing the chaos of the transition.

The emotions involved in a merger are lasting, even when support and intervention mechanisms have been put in place before, during, and following the actual merger. The mix of emotions is, in the author's experience, much like getting married and divorced in the same day. Time, some turnover of personnel, making new friends and colleagues, finding mutually satisfying "ways of operating," are all factors in the healing process.

MERGERS: THE CLINICAL SOCIOLOGIST'S TOOLBOX

What can clinical sociologists learn from this case study and what skills are key in working with merger situations?

Statistics indicate that up to one-third of all mergers fail within five years, and that as many as eighty percent never live up to full expectations. In some types of organizations, e.g. educational institutions, it may take five to ten years before accomplishments can be realized (Millett 1976). Many of the short falls and delays in mergers are due to human factors (Levinson 1979;

Wheeler 1981; Fulmer and Gilkey 1988; Buono and Bowditch 1989; Senn 1994).

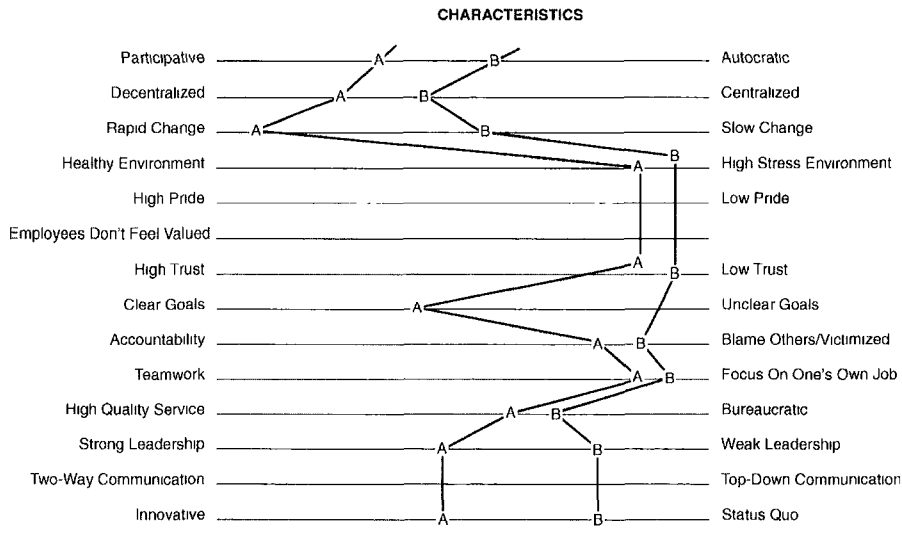
The key skills clinical sociologists possess that can increase the success of mergers relate to: 1) developing cultural profiles of the merging organizations; including their missions, visions and shared values; 2) assessing organizational structures and leadership characteristics and their possible conflicting qualities; 3) identifying patterns of communication, networking, and social support; and 4) developing a plan for systematic integration (a timetable of expected problems and how they will be resolved, and by whom) and handling of post merger problems.

CULTURAL PROFILES

It is critical to analyze the culture of merging parties and determine the qualities of culture that will conflict and those that will complement the merging parties. Not all aspects of culture are visible or easily determined by asking. A thorough cultural assessment requires a look at an organization's history, current stage in its life cycle, belief and value systems, and typical past ways of coping with change and crises. Clinical sociologists can produce valuable cultural profiles to assist in planning and implementing a merger that is built on the strengths, shared values, and common goals of the merging parties. Mergers may involve more than two parties each of whom may have different intended outcomes. This makes the use of cultural profiles an important tool for the clinical sociologist.

Senn (1994) discusses what he calls some "deadly combinations" of qualities in leadership and organizational characteristics in mergers. For example, one organization may have a strong culture of participation and a flat organizational chart, while the organization with which it is merging has an autocratic leader with a hierarchical organizational chart. Typically the controlling organization wants to impose changes, and sees its counterpart as highly resistant to change. As Senn (1994) points out, the most frequent complaint of organizations that are being merged is that the new "owners" don't appreciate them and people began to tally which organization won or lost in the merger. Each organization sees the merger through its own cultural filter, and the leadership styles of the two organizations reinforce their respective cultural beliefs and values. This makes the use of cultural profiles an important tool for the clinical sociologist. Senn's (1994) version of the cultural profile is adapted and applied to College A and Campus B, both of which need to enhance their healthiness. The profile helps to point to clusters of characteristics that College A and Campus B share and provides a basis from which to work to reformulate a healthier newly merged college.

FIGURE 3
Cultural Profile. College A and College B



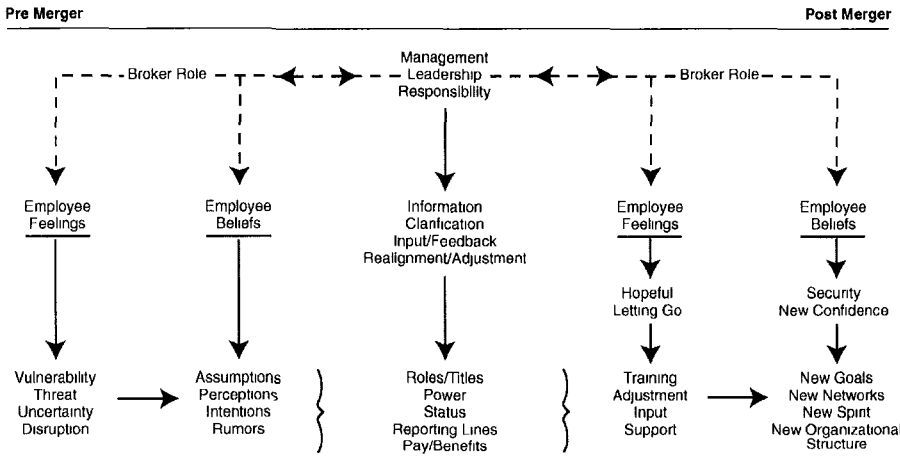
Adapted from L E Senn, pages 240-241

An assessment of the organizational structure in the merging parties needs to be carried out to determine what variation of merger is intended, that is, a complete acquisition or total merger, or partial merger where parties retain some degree of autonomy, or whether a new entity will be created, or whether the merging parties will co-exist merging only some functions. A plan assembled by a joint team can help to move toward a new acceptable culture if all parties are participants. Clinical sociologists can determine the organizational characteristics and support systems that are critical in reshaping a healthy culture and assist in stabilizing leadership in the newly merged organization.

Brokering Communication and Networks

An important role for the clinical sociologist in a merger is serving as a broker-consultant. In this role the clinical sociologist can assist both management and employees in the pre- to post-merger process. Basically this process is an interpersonal one and the advantage of having outside assistance is evident. A broker can represent all parties in the merger without bias and can facilitate both the personal (feelings, beliefs) as well as helping to put the new cultural and structural aspects of the new organization in place. Figure 4 illustrates some of the key aspects of the brokering process and its elements.

FIGURE 4
Brokering the Interpersonal Aspects of a Merger



Communication is essential in mergers. Often the dominant leadership does not communicate fully or frequently enough to satisfy merger partners. Brokers can facilitate communication by helping to establish the types, composition and frequency of person to person and group interchanges. Conflict must be dealt with as it arises. If not, it will accumulate and resurface in the post merger phase. This is the most vulnerable phase in a merger, when, seemingly the new structure is in place, but the new goals of the organization have not yet crystallized in a new organization ethic. Not everyone is satisfied with their new roles. Uncertainty persists. Clinical sociologists can help put together a post merger plan which will help to insure a greater degree of success. O'Toole (1996) points out that when changes like mergers occur, leaders need to attract new followers. Indeed, leaders of merged organizations themselves often change. Hence, there is a need to reconstitute trust among leaders and followers as well as a direction for the new organization.

Integration and the Post Merger Process

Mergers have emotional cycles ranging from pessimism to optimism. These emotions are expected to vary as the partners continue the process of merging. There is probably no single point in time when a merger is said to be complete as social change is a continuous force in organizations. This is the reason why a long-term plan is necessary following up on the implementation

of the major goals of the merger. Employees will come and go as they adjust to a new organization. There will be a continual need for orientation, opportunities to hear grievances, for self-help and support groups, and for leaders to reconsider actions in the merger. A postmerger plan should be considered at the beginning of a merger and refined as the merger proceeds. A postmerger plan should provide input to the organization's leaders to continuously "fine tune" the merged organization. Viewed in this way, postmerger planning should be a part of total planning for the new organization at the onset. Clinical sociologists can assist organizations in how to involve and stabilize all components of an organization in order to strengthen morale, reduce turnover, and create a sense of shared values.

Summary

Mergers are planned interventions; some are planned more thoroughly than others. However, even with planning the failure rate of mergers is high because it is not possible to plan for and predict human responses to change and intervention. Yet, in today's climate of mergers and acquisitions, it would seem that using the expertise of social scientists such as clinical sociologists, who are experts in social intervention, can reduce merger trauma and failure.

This paper presented a case of an academic merger, which is less common than mergers in business and industry, but, nonetheless, shares common elements with them. The author suggests that clinical sociologists have a clinical toolbox of experience, techniques and skills which would be valuable for merger partners both inside and outside of academia. The involvement of clinical sociologists as consultants, advisors, mediators, evaluators, brokers, or therapists, could help to prevent some of the common human relations faux pas and reduce real costs in planned mergers.

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"Mental Pictures And Emotional Intimacy: A Theoretical Explanation for the Sexual Sadistic Serial Murderer's Heterosexual Lifestyle"

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ABSTRACT

This paper develops a theoretical explanation for the sexual sadistic serial murderer's heterosexual lifestyle. The theoretical formulation developed draws upon Glasser's (1984) control theory and Marshal's (1989) general theory of sexual offending. It synthesizes Glasser's propositions around *idealized life style* and *mental pictures* and Marshal's propositions on *intimacy*. The theoretical formulation developed focuses on the mental and behavioral contradictions implicit in the life of this type of offender. The paper concludes by comparing these lifestyles to those of homosexuals in similar heterosexual lifestyles.

Introduction

The purpose of this paper is to develop a theoretical explanation for the contradiction implicit in the acts committed by sexual sadistic serial murderers who live heterosexual lifestyles. The contradiction these men pose is that they live a "normal" heterosexual life with one woman, while simultaneously engaging in the sadistic sexual assault and/or killing of other women. Serial killers of the power/control-oriented type derive immense satisfaction from having complete control over their victims. And the brutality that frequently

accompanies this type of murder enhances and reinforces their perverted images of power and control. The source of pleasure for this type of serial killer is not sexual. Rather, it is the ultimate power (i.e., life or death) he has over his victim. Control is central and the sexual aspects of the act are secondary (Homes and De Burger 1988:59). Men of this type have generally been perceived by the female significant-others in their lives (e.g., wives and/or common law spouses), as having led "normal" heterosexual married lives with them. The essence of the problem to be explored in this paper centers upon explaining why these men, after apprehension, are consistently reported as suffering from a severe antisocial personality disorder and/or exhibiting sadistic sexual personality traits that have not been exhibited toward, and/or have gone undetected by, the heterosexual partner prior to the male's apprehension.

Because most of these sexual sadistic serial murderers become celebrated cases, it can reasonably be assumed that if these men had also been severely psychologically mistreating or physically battering their heterosexual partners, these unreported criminal acts would subsequently be uncovered after their apprehension. However, just the opposite seems to be the case. Their female partners tend to report them as men who have been kind, loving, thoughtful, etc. Illustrative of this type of person are the accounts provided by others of Kenneth Bianchi, "The Hillside Strangler," and Ted Bundy (Schwarz 1981; Michaud and Aynesworth 1983). The statement, "That's not the man I know," sums up these undetected Jekylls and Hydes with whom these women have been living.

Theoretical Formulation

The theoretical formulation developed here to explain how serial killers can be simultaneously living a normal relationship with one woman while murdering and raping other women draws upon propositions contained in Glasser's (1984) control theory and Marshal's (1989) general theory of sexual offending. According to Glasser's control theory, early in life people develop a whole album of mental pictures of how they see each of their basic needs being satisfied. These mental pictures depict specific distinctive styles for meeting these needs (Glasser 1984: 20-86). For example, the pictures of the type of marriage stored within the individual may be autocratic or democratic and/or patriarchal or matriarchal.

Glasser further suggests that these pictures generally only present difficulties of the problems-in-living type (e.g., unhappy careers, unhappy marriages, etc.). Although unsatisfied pictures may result in marriage counseling, divorce, career change, or unemployment, most people are usually able to

cope with them in a non-violent manner and to modify either their mental pictures of the ideal or replace the persons or things in their lives that do not fit with their pictures with persons or things that do. Glasser uses the example of the battered female spouse to illustrate the extreme permanent nature of some of these pictures. He contends, for example, that battered females stay with their battering partners because it's the only picture of a loving person they have (Glasser 1984:20-86).

In terms of changing pictures that satisfy sexual needs, Glasser (1984) proposes that it is almost literally impossible to do so. His ideal lifestyle pictures suggest that these murderers have developed perverted sadistic mental pictures regarding how their sexual needs are to be fulfilled. Along these same lines , Sandy Lane suggests that. "Nonsexualized control-seeking fantasies tend to be elaborations of previous power-based behaviors but often involve more expression of power, with themes of domination, retaliation, humiliation, and aggression." Also, similar to Glasser's pictures, she proposes that fantasies are an integral part of our lives, but that sexual abuse fantasies serve a compensatory purpose and involve the misuse of power (Lane 1997:102) . However, this alone does not provide an explanation for why the significant females in these men's lives are not also among their victims, and/or why their sadistic traits are not identified by these women.

According to Marshal, all of us have a need for varying degrees of emotional intimacy, which includes nurturing lovers as well as casual friends. Marshal describes intimacy as a continuum involving partner closeness, affection, and mutual self-disclosure. He suggests that there are six features to adulthood emotional intimacy centering around: (1) security and emotional comfort; (2) companionship; (3) nurturance; (4) reassurance of self-worth; (5) confronting adversity; and (6) relationship assurances (Marshal 1989: 491-503).

The need for emotional intimacy, similar to Glasser's pictures, lies within the individual and is dispositional in nature. In other words, some pursue emotional intimacy very tenaciously, while others pursue it much more passively. Marshal (1989) conceives of emotional intimacy as a continuum with deep emotional intimacy at one end and emotional alienation at the other. As with Glasser's (1984) pictures, Marshal suggests that the capacity for adult emotional intimacy evolves relatively early in life out of adolescent experiences. Adolescents who are unable to achieve emotional intimacy in relations with adults develop emotional loneliness and carry this into their adulthood. Marshal further contends that emotional loneliness (i.e., failure to achieve intimacy in relations with adults), in turn, results in aggressive dispositions and tendencies towards pursuing intimacy through sexuality with diverse and

non-threatening partners (Marshal 1989:491-503). Thus, the first proposition in this paper is that *sexual sadistic murderers have perverted mental pictures of emotional intimacy of a pseudo-sadistic sexual nature and can only satisfy their intimacy and sexual needs if acted upon.*

According to Marshal, emotional loneliness is significantly different from social loneliness. Social loneliness is experienced when the person has few social contacts. Social loneliness is not as predictive of emotional or behavioral aggression in its many forms, as is emotional loneliness (Marshal 1989:491-503). Thus, the second proposition offered here is that *social loneliness is not a significant causal factor in rape-murderers of this type.* Thus, they may be either socially fulfilled or socially lonely.

According to Marshal (1989:491-503), there are four categories of individuals who have failed to achieve intimacy: (1) those who are capable of achieving intimacy, but have not done so by choice: (2) those who are withdrawn and isolated; (3) pseudo-intimates; and (4) stereotyped intimates. The latter two types of relationships are non-intimate ones because they involve very little personal disclosure or closeness in the relationships. Based on Marshal's categories, the third proposition offered in this paper is that *rapists are either pseudo-intimates or stereotyped intimates.* It is further hypothesized (corollary one to proposition three) that *the pseudo-intimate or stereotyped intimate relationships that rapists are engaged in with their female significant-others are totally social in nature.* The rapist's role in these relationships can best be described as "cynical performances" (Goffman 1959) or what Enck and Preston (1988:371-376) refer to as "counterfeit intimacy." The specific goal of the rapist in these types of relationships is assumed to be social status and not emotional intimacy.

In essence, although the sexual sadistic murderer's attachment to female significant-others provides the opportunity to develop intimacy, the fact is that these men simply lack the ability to do so. Thus, the fourth proposition offered here is that *the root cause of this type of serial murder's behavior is the joining of the permanency of their perverted pseudo-sadistic sexual mental pictures and their total lack of ability to develop emotional intimacy.* The fifth and final proposition offered is that *only in the commission of the sadistic sexual rape act do rapists of this type have their emotional intimacy needs satisfied.*

FIGURE 1:
A MENTAL PICTURE AND INTIMACY THEORY FOR CONTRADICTIONS INHERENT IN SEXUAL SADISTIC SERIAL MURDERERS

Proposition 1	Sexual sadistic serial murderers have perverted mental pictures of emotional intimacy of a pseudo-sadistic sexual nature that can only satisfy their intimacy and sexual need if acted upon
Proposition 2.	Social loneliness is not a significant causal factor in serial murderers of this type
Proposition 3	Sexual sadistic serial murderers are either pseudo-intimates or stereotyped intimates
Corollary 1.	The pseudo-intimate or stereotyped intimate relationships that murderers are engaged in with their female significant-others are totally social in nature
Proposition 4.	The root cause of this type of murderer's behavior is the joining of the permanency of their perverted pseudo-sadistic sexual mental pictures and their total lack of ability to develop emotional intimacy
Proposition 5.	Only in the commission of the sadistic sexual murder act do rapists of this type have their emotional intimacy need satisfied.

Juxtaposition with Homosexual Lifestyle

Male homosexuals in heterosexual marriages would seem to be a group of men in a somewhat similar situation to that of the sexual sadistic murderers that have been hypothesized above. Many of the same sexual conflicts and/or lack of sexual gratification seem to exist for both groups. In fact, H. Laurence Ross (1971:386) writes, "If marriage and homosexuality do not represent a logical contradiction, the combination is very likely a strainful one." Various coping mechanisms are employed by homosexuals and their heterosexual mates (Latham and White 1978:198-212). Some modes of adjustment in homosexual/heterosexual marriages include turning the marriage into: a platonic marriage; a double-standard marriage, or an innovative marriage (Ross 1971:385-393).

These modes of adjustments on the part of homosexuals seem to parallel those of pseudo-intimate or stereotyped intimate proposed here for sexual sadistic serial murderers. However there is a big difference between how the hypothesized sexual sadistic serial murderer, in the preceding section, satisfies his sexual needs, and how the homosexual satisfies his. The evidence provided by the significant others of sexually sadistic murderers suggest that they, like some heterosexual women married to homosexual males, had no major complaints and/or were satisfied with the sexual relationships they had with their husbands (for heterosexual satisfaction concerning women married to homosexuals, see Latham and White 1978:1201).

Summary

The propositions formulated in this paper provide a theoretical explanation, at least in part, for the contradiction implicit in the acts committed by these serial murderers relative to their heterosexual lifestyles. Their perverted sadistic sexual needs pictures, coupled with their inability to develop emotional intimacy, allow them to be socially involved in heterosexual relationships while, at the same time, do not allow their significant others to fulfill their sexual and intimacy needs.

This theoretical formulation also allows for a continuum of sadistic sexual offenses and offenders based on the nature of the sexual needs contained in the pictures and the level of emotional intimacy attained. This continuum ranges from exhibitionists to sexual sadistic serial murderers.

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The Unintended Consequences of the Restructuring of the Division of AIDS Services in New York City

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ABSTRACT

The purpose of this study was to assess perceptions of the quality of services of consumers of the New York City Division of AIDS Services in restructured and pre-restructured agency settings A total of 447 consumers participated in the study. Data were collected through interviews conducted at DAS field sites around New York City between July and November of 1996, using a 77 item evaluation instrument developed by the researcher and staff from the Mayor's Office on AIDS Policy Coordination On the three quality indicators, satisfaction with services, perception of the effectiveness of the caseworker, and perception of the helpfulness of the caseworker, there were no significant differences between restructured and pre-restructured sites when background factors were controlled. The failure of the restructuring effort was attributed to lack of inclusion of all stakeholders in the planning process

The 1990s can be characterized as the decade in which customer satisfaction became the basis for organizational change. Many business and social service organizations have been adopting some form of Total Quality Management (TQM) or Quality Assurance (QA) programs in attempts to make

their organizations or companies more responsive to customer needs. For example, Berry (1995) wrote that contemporary successful companies made the provision of "great service" their highest priority and provided a strategy for service organizations to become more service oriented through the institution of TQM. Morgan (1997) noted that contemporary organizations are changing and managers are confronting new paradigms and developing new competencies in order to develop organizations that are sensitive to their task environment.

Gaucher and Coffey (1993) indicated that as organizations are increasingly subjected to competitive pressures or, in the case of state agencies, demands for cost-effectiveness, they are being challenged to provide more and higher quality services at reduced cost. One way in which organizations can improve services and lower cost is the implementation of TQM, which requires a customer-focused vision, a capacity for change, and a plan for change. The authors wrote about their experience of implementing TQM at the University of Michigan Medical Center. They found that the initial stages created exhilaration, followed by post-training depression and management resistance and feelings of insecurity. Managers who were used to command and control methods needed to learn how to empower their employees. They reported that in order for TQM to be successful, managers had to change first. They had to be supported, retrained, and included in the change planning process. The process of innovation required continuous feedback. One major problem of implementation was that customers were not being included in the feedback process. Managers had to be made aware of their need to change their behavior relative to the customer. Problems with implementation were: lack of a strategic plan, fuzzy goals, lack of an effective training plan for leaders, accountabilities were unclear, improvement teams were isolated from each other, and few teams were working on issues critical to organizational success. The authors pointed out many pitfalls of the innovation process, including slow results, fear, apathy, ineffective training, and lack of trust. They noted that time must be allocated to training of staff. There will always be resistance, since fear of the unknown will be combined with fear of interests being threatened.

Berman (1995) reported findings from a study of 30 state welfare agency directors who indicated that their agencies had implemented some form of TQM. Berman defined TQM as containing all of the following elements: (1) commitment to customer-driven quality; (2) employee participation in quality improvement; (3) bias toward taking actions based on facts, data, and analysis; (4) commitment to continuous improvement; and (5) developing systemic perspective on service means and ends. Half of the agencies had begun imple-

menting TQM in 1991 or thereafter, suggesting that when the data were collected in 1993, they had less than two years of experience in TQM. Descriptive data indicated that directors indicated that implementation had increased productivity and efficiency, timeliness of service, quality of service, customer satisfaction, amount of service provided customers, and cost reductions. They also reported that commitment to stakeholders had increased along with improvement of decision-making, ability to make improvements despite resource constraints, and stimulating high quality performance. It must be pointed out that department heads indicated that the primary reason for implementing TQM was their own interest in doing so. Therefore, their rosy evaluations of the processes and outcomes must be considered with the understanding that they had an interest in portraying the results in the most positive and least negative terms.

Gaucher and Coffey (1993) suggested that any innovation processes in health care delivery, even those that lead to positive changes, create problems of resistance and organizational instability. Scheid and Greenley (1997) assessed the factors influencing program effectiveness in 29 mental health programs using a sample of 269 mental health providers. Using goal incongruence as an indicator of lack of effectiveness, the authors found that goal incongruence was associated with greater environmental demand, higher complexity of organization, number of work roles, lower professional heterogeneity, lower levels of staff involvement, and lower clarity of expectations. Organizational effectiveness was associated with specialist organizations, that is, those that worked only with chronic patients, number of work roles, lower goal incongruence, and greater staff involvement in decision making. Similar findings were reported for organizational efficiency, except efficiency was additionally influenced by increased external demand. The authors concluded that organizations that offer specialized services and meet the institutional expectations of what constitutes appropriate mental health care view themselves as more effective and efficient than those that do not meet institutional expectations.

As the demand for cost-efficient, effective organizations designed to meet the needs of consumer populations has increased, the impetus for organizational change has been heightened. In Robert Merton's (1957) classic theoretical essay, "Manifest and Latent Functions," he presents the concept of latent functions as those which are neither intended or recognized. A latent function may be the result of unintended consequences of human acts. When humans decide to alter their organizations or institutions, seldom do the results conform to expectations. Sometimes reforms result in failure, such as those outlined in Gouldner's (1954) analysis of a factory administration that

attempted to bureaucratize a mining operation engendering resistance of the workforce to the point of paralyzing operations. Other times, reforms can lead to success while setting off other processes that may create a different set of problems; thus, the Chinese caution, "Be careful what you wish for." The annals of management are filled with successful innovations that resulted in unanticipated consequences. The classical instance of such an innovation was Roethlisberger and Dickson's (1939) study of Westinghouse workers in which the "halo effect" was discovered. The authors found that improving the work environment (e.g., better lighting, frequent breaks) increased worker productivity. However, when they made the work environment worse, productivity still increased, suggesting that worker performance was influenced not only by working conditions, but by the fact that worker output was influenced by the presence of social scientists who were studying them.

When reformers attempt to change the way in which their organizations function, they are usually in for many surprises. In 1995, the Office of the Mayor of New York City decided to restructure its Division of AIDS Services (DAS). As part of the plan, a survey of the user population was conducted in the middle of the restructuring effort, comparing pre-restructured and post-restructured DAS sites on the effectiveness and efficiency of the delivery of services from the perspectives of the consumers. This article reports the results of that consumer survey.

According to the Mayor's Office, the DAS prior to the restructuring was plagued with numerous problems that delayed and interfered with the delivery of services. DAS currently provides public assistance, SSI/SSDI, housing placement, home care, substance abuse/mental health counseling, food stamps, permanency planning, and other social service entitlements to some 18,200 Medicaid eligible men, women, and children living with HIV/AIDS in the five boroughs of New York City (Mayor's Office on AIDS Policy Coordination [OAPC] 1995).

According to the OAPC (1995), consumers had complained that services offered by the DAS were delayed or ineffectively delivered, although the DAS had never collected data on consumer dissatisfaction. Among the criticisms of the OAPC were a lack of a comprehensive and detailed mission statement, duplication of services, inefficient and ineffective service delivery, poor tracking of consumers in the system, lack of articulation of services between the DAS and Income Support AIDS Services, another agency that served the same population, and poorly coordinated emergency housing referral procedures.

Because of the problems evidenced in the DAS, the OAPC developed a restructuring program designed to eliminate waste and duplication of services, provide services that were more efficiently and effectively delivered, and save taxpayer dollars (OAPC 1995). According to the OAPC, in the pre-restruc-

tured system, upon intake, consumers are assigned to a caseworker, who has an average of 41 cases. The caseworker conducts a home visit, assesses service needs, and ensures stabilization. This includes processing an income support case, initiating home care if needed, addressing housing needs, and providing referrals for support services. Once "stabilized" (there is no clear definition) clients call this same worker if there is a breakdown in accessing their benefits or if they have developed a new service need. (p. 5)

In the restructured system, consumers are assigned to an assessment worker for a period up to three months. The assessment worker will have a case load of 20 consumers, and will complete the intake assessment, home visit, service need assessment, placement services, and assure consumer stabilization. Each assessment worker will have a checklist of services to be reviewed for each consumer. Once the checklist is complete, the case is turned over to a case monitoring and reassessment team, which includes five or six caseworkers and an eligibility worker. The team will, in addition to monitoring and reassessment, provide crisis intervention and problem solving services. Each member of the team will have a case load of 30 consumers.

The DAS is mandated to provide homeless consumers emergency housing on the same day that the need for housing is established. In the pre-restructured system, rather than being assigned a temporary residence from the service center, homeless consumers were often required to go to a third location to await placement. In the post-restructured system, homeless consumers await emergency housing at a centralized location that will have extended hours, unlike the sites, which close at 5 p.m. According to the OAPC (1995) plan, this change would result in a better coordinated housing referral system and greater likelihood that consumers would receive same-day placements and would have to make fewer trips between service centers and placement facilities.

Other reforms included streamlining delivery of income support, developing a new computerized tracking system, improving caseworker training, providing consumers with written information about their benefits and entitlements, instituting regular meetings between the DAS and community advocates, and improvement of language services. Also, the reforms were to be evaluated by this researcher.

In New York City in 1995, 71% of the cumulative adult AIDS cases were reported among people of color and 26% were reported among women. Women represent one of the fastest growing categories of people with AIDS in the United States (Stuntzner-Gibson 1991). African American and Hispanic women now constitute 73% of the reported adult female AIDS cases nationwide. The CDC estimates there are 100,000 women infected with the AIDS virus nationwide with 38% of cases reported among female adolescents.

Among children with AIDS, 25% are Hispanic and 53% are African American (CDC 1990).

Statistics reported in a recent issue of Morbidity and Mortality Weekly Report ("Update: Trends in AIDS" 1997) revealed that AIDS deaths in New York City have decreased 30% over the previous two years. Improved medical care and the development of new more potent combination drug therapies have substantially increased the life expectancy of many AIDS patients. However, many AIDS advocates and researchers warn that despite this dramatic decrease in the number of AIDS deaths in New York City in recent years, the number of new infections continues to rise ("AIDS overload" 1997). Statistics reported by the DAS indicate that between 1987 and 1995, the number of cases serviced by the DAS increased from about 1000 to over 17,000. The most dramatic rise in cases was between 1989 and 1993. During that four-year period, cases rose from about 2,500 to over 14,000, an addition of nearly 4,000 cases per year.

Given that the DAS has expanded rapidly over the period of its existence, by 1995, it was ready for an evaluation of the efficiency and effectiveness of its services. It was probably also in need of reform, since organizations often develop patchwork solutions to emerging problems during periods of rapid development. The DAS, according to OAPC (1995), was not organized to effectively deliver services to its consumer population. Therefore, a restructuring plan was developed by the OAPC and implemented.

As noted above, this research was conducted as an evaluation of the restructuring program. This researcher was able to develop several indicators of consumer satisfaction and compare the pre-restructured with the post-restructured sites. The research questions that guide this study are:

1. How do the pre-restructured sites compare with the post-restructured sites on consumer perceptions of caseworker responsiveness?
2. How do the pre-restructured sites compare with the post-restructured sites on consumer perceptions of effectiveness of caseworker in securing services?
3. How do the pre-restructured sites compare with the post-restructured sites on consumer satisfaction?

METHODS

The Sample

The sample consisted of 447 male and female consumers from culturally diverse backgrounds randomly selected from DAS field sites located in the five boroughs of New York City. Consumers selected for participation were receiving services from DAS for a minimum period of three months at the

time of their recruitment. The sample was 58.6% male, 40.7% female, and 0.7% transsexual. Nearly two-thirds (63.7%) were unmarried, 9.8% married, 2.5% living with a domestic partner, and 24.0% were divorced, separated, or widowed. More than half (52.3%) were between the ages of 35 and 44 years, 28.0% were between 25 and 34 years, and 19.6% were 45 years or older. The racial/ethnic makeup of the respondents was 54.4% black (including persons born in Africa, West Indians, and African-Americans), 31.3% Latino, 9.4% white, and 4.9% other (e.g., Pacific Islander, Asian, Native American). More than three-fourths (77.4%) were U.S. born, 19.0% were from Puerto Rico, and 3.4% were from other countries.

The Instrument

The researcher, in preparation for the construction of the survey questionnaire, met with staff members of the Mayor's Office on AIDS Policy Coordination (OAPC) and the DAS. In the meetings, the staff members described what information they wished to be included in the survey. On the basis of the discussions, the researcher developed a 77-item survey divided as follows: demographic information (13 items with probes), information about case work (8 items with probes), DAS sensitivity to consumer needs (4 items), public assistance (2 items), financial assistance (6 items), food stamps (7 items), medicaid (7 items), housing (17 items), home care (10 items), evaluation of DAS services (2 sections with 7 items each), and an open-ended item. Most items were closed response. Some items required probes for greater elaboration. For example, a respondent would be asked a yes or no question, followed by a probe that asked respondents to explain why they responded the way they did. Item 21c was such a case, in which the respondent was asked "Are there services that your DAS case worker got for you that you did not expect to get when you first contacted the agency?" If the respondents answered positively, they were asked to explain by describing the service.

The continual interfacing between the researcher and the staff members of the OAPC and DAS until the survey instrument was refined to everyone's satisfaction provided face validity to the document. Face validity refers to the fact that experts in the field have judged the instrument as adequate to the purpose at hand, namely, the evaluation of the services provided by DAS. In this case, the experts were the staffers at OAPC and DAS.

From the items in the survey, three scales of consumer satisfaction were computed: (a) consumer perceptions of caseworker effectiveness, (b) consumer perceptions of caseworker responsiveness, and (c) consumer self-report of satisfaction with services. Each scale contains five items as follows: a general indicator of effectiveness, responsiveness, and satisfaction; effectiveness, responsiveness, and satisfaction with financial assistance; effectiveness, respon-

siveness, and satisfaction with food stamps; effectiveness, responsiveness, and satisfaction with Medicaid; and effectiveness, responsiveness, and satisfaction with housing services. Because many of the respondents did not use all of the services, there was a substantial loss of data. The Effectiveness and Satisfaction Scales were anchored to 7-point Likert-type response modes from very effective/satisfied to very ineffective/dissatisfied. The Responsiveness Scale items asked the respondents how often they received a helpful response from their caseworker and were anchored to five-point Likert-type response modes as follows: 1 = never, 2 = rarely, 3 = sometimes, 4 = most times, and 5 = every time. The criterion for inclusion in the study was no more than two items on each scale having missing data. Table 1 contains the number of respondents who met the criterion for each scale, summary statistics for each scale, and coefficient alpha (α) reliability estimates.

TABLE 1.
Summary Statistics for Consumer Satisfaction Scales

Scale	*n*	*M*	*SD*	α
Effectiveness	381	24.38	3.76	.81
Responsiveness	365	19.57	3.38	.78
Satisfaction	426	28.68	5.10	.81

Data Collection Procedures

Consumer data for the surveys were collected through interviews conducted at DAS field sites in the five boroughs of New York City. Two waves of consumer interviews were conducted between July and November of 1996. Students from Fordham University and Adelphi University social work training programs were employed as research assistants and conducted the consumer interviews using the evaluation instrument. The research assistants were all persons of color. Their ethnic backgrounds included three Latinos, one Haitian, and one Trinidadian who was originally from India.

Interviews took 30 to 40 minutes to complete. Borough identification codes were used to identify the boroughs where interviews were conducted. Interviewer identification codes were also used to track the number of questionnaires completed at each of the assigned field sites.

The respondents were recruited by the DAS of the City of New York, which sent letters to consumers at seven sites throughout the five boroughs of the city. There were two locations in Manhattan, one in Harlem and the other

in Midtown, one in the South Bronx, two in Brooklyn (Greenwood and Brownsville), one in Queens (Long Island City), and one on Staten Island. In the letter, a telephone number was provided for consumers to call if they wished to participate in the study and receive the stipend. A list of callers was provided to the research team, and volunteers who returned calls were assigned an appointment time to be interviewed at their site.

Prior to the interview, consumers were advised of their rights as participants in scientific research and asked to sign two consent forms, one for the research team, and one for the City of New York. Upon signing of the consent forms, the interview was administered by the research assistant. Consumers who participated in the study were paid a $10 stipend plus $3 carfare reimbursement for their time and cooperation. A common problem was the failure of selected consumers to show for their appointments. In such cases, the research team attempted to recruit a consumer at the site on the spot to fill the vacancy created by the no-show.

RESULTS

Preliminary analyses indicated that the pre-restructured and post-restructured sites provided services for somewhat different populations. The pre-restructured sites tended to serve populations that were older and had more males, drug users, and Latinos than the post-restructured sites ($ps < .05$). However, when examining the relationships between gender, drug use, and Latinos vs. non-Latinos and the three quality indicators, there were no significant differences. Younger consumers tended to perceive their caseworkers as more effective than older consumers ($r = -.12, p < .05$). Therefore, in answering the research questions, the effects of age will be controlled.

Table 2 presents the means, standard deviations, and F-ratios for the pre-restructured and post-restructured sites on the three quality indicators. The data indicate that of the three quality indicators, the only significant difference between pre-restructured sites and post-restructured sites was in consumer satisfaction, with the consumers in pre-restructured sites more satisfied than those in the post-restructured sites.

TABLE 2.
Summary Statistics for Pre-restructured and Post-restructured Sites on Consumer Satisfaction Scales (N=352)

	Pre-restructured		Post-restructured		
Scale	***M***	***SD***	***M***	***SD***	***F***
Effectiveness	24.48	3.94	24.08	3.71	0.96
Responsiveness	19.73	3.86	19.35	2 96	1.08
Satisfaction	29 07	4.97	27 83	5.50	4.85*

*$p < 05$

In order to control for the effects of age, a hierarchical logististic regression was computed in which age was entered into the equation prior to the simultaneous entry of the three quality variables. The results of the analysis are presented in Table 3.

TABLE 3.
Summary of Hierarchical Logistic Regression for Pre-restructured and Post-restructured Sites (N=352)

Variable	B	S.E of B	Wald	R
Step 1				
Age	-0.18	0.07	6.32*	-.09
Step 2				
Age	-0.19	0.07	6.69**	-.10
	-0.01	0.04	0.11	.00
Responsiveness	0.03	0.05	0.32	.00
Satisfaction	-0 05	0.03	3.49	- 06

*$p < .05$; **$p < .01$

The data in Table 3 indicate that when age is controlled, the difference in satisfaction between the two sites drops to nonsignificance. The data suggest that when controlling for site population differences, there are no significant

differences between pre-restructured and post-restructured sites on consumer perceptions of caseworker effectiveness and responsiveness or consumer satisfaction.

Consumers were asked open-ended questions about the performance of their caseworkers. Responses were quite straightforward, and tended to confirm on-site observations by the researcher. When asked to evaluate the effectiveness of their caseworkers, responses ranged from "very effective" to "completely ineffective." Some respondents complained that their caseworker took too long in securing services. Others mentioned specific services, such as food stamps or medical care, that their caseworkers expedited efficiently. Similarly, when asked about the helpfulness of their caseworkers, responses ranged from "resistant" to "extremely helpful," with no clear pattern between pre-restructured and post-restructured sites. When asked to evaluate the DAS services, many suggested that they needed improvement. Some suggested that their caseworkers needed more training. Others were quite satisfied and grateful for the services they received.

What was clear from the survey was that there were no systematic differences between pre-restructured and post-restructured sites on the three quality indicators, despite the fact that the process had supposedly been streamlined, workers case loads had been decreased, and caseworkers were putatively strategically placed at points in the process so that intake could be done more rapidly and effectively.

DISCUSSION

The data from the evaluation suggest that the restructuring of the DAS did not achieve its goal of increasing the satisfaction of its consumers through the development of more efficient procedures. There are several possibilities for these negative findings. First, and most charitably, is the possibility that the evaluation was conducted too early in the restructuring process, not allowing caseworkers to adapt to new procedures and a team approach to service delivery in the DAS. A second possibility is that the changes, although they looked good on paper, did not significantly alter the quality of the delivery of services. This might be because the quality of service delivery was high prior to restructuring, in which case there would have been little or no complaint about services from either consumers or managers. This, however, was not the case, since restructuring was designed to reduce the levels of dissatisfaction and objectively poor service delivery. A more likely explanation for the failure of the restructuring to result in improved service delivery was because the planning was conducted only at the managerial level without sig-

nificant input from staff or consumers. The evaluation of the program was an instance of communicating with the consumers after the fact, a problem encountered by Gaucher and Coffey (1993).

One of the prime principals in organizational change is that those who are to be involved in the change must have a hand in the planning (Bennis 1966, 1969; Berry 1995; Morgan 1997). If they do not, they (a) will not have an operative conception of the change and their place in it, (b) view it as an imposition on their autonomy and prerogatives, and (c) will resent, resist, and attempt to undermine the changes. Modern theories of organizational change and organizational development mandate that all stakeholders must be represented in the negotiations over the change process. Not only does this make them partners in the change, but provides management with much-needed information about how the organization presently operates, suggestions for improvement from those who will be responsible for implementing the change, and insider information about the pitfalls and problems that may not be anticipated by management. The reformers in the managerial strata of the DAS assumed that they knew what would improve service delivery without consulting caseworkers and consumers, suggesting a certain level of hubris and lack of awareness of the politics of change among the managers of DAS. Effective change within an organization cannot be imposed from above; it engenders resistance, factionalism, and conflict.

Rational change must begin with a needs assessment (Bennis 1966). In the case of the DAS, the needs assessment should have been conducted among consumers and staff to find out what occupants of various positions think they need most of all. Consumers and caseworkers need to think about what they need and need to develop priorities. They should also think about how those needs can be met within the organization in an effective and efficient manner. Without this input, management was apparently working from their own theories about how the agency could be improved without grounding them in empirical data. The document produced by OAPC (1995) provides no evidence of a needs assessment, nor of any empirical basis on which the restructuring was based. It does, however, have figures with boxes and arrows that suggest how restructuring will make the process more efficient. The relationship between restructuring and organizational efficiency and effectiveness was an act of faith.

Although organizational change usually begins with initiatives from the top, the impetus for change is usually some form of dysfunctional processes located elsewhere in the system. In the case of the DAS, tremendous growth in the organization over a short period of time and dramatic changes in the demographics of the consumer population necessitated a structural change.

However, since the consumers of the services provided by the DAS tend to come from sectors of the population that are perceived of as self-abusers, drug users, sexual deviants, and ethnic minorities, sometimes referred to as the "disreputable poor" (Matza 1966), the public perception, apparently shared by DAS management, is that they apparently are not entitled to participate in the change process. This perception was also apparently applied to caseworkers. The irony of the failed change effort is that at least the consumers were polled about their satisfaction with the process; the caseworkers were voiceless throughout. This violates one of Berry's (1995) prime tenets that the effective leader must build trust into the system. Gaucher and Coffee (1993) also noted that those in the middle between top management and the customers often feel isolated and cut out of the process even under the best of circumstances.

As in the case of any innovation that fails to produce expected results, this researcher suggests that the DAS conduct a further study to find out what went wrong and why. The critical data source in such a study would be the caseworkers. It is clear from the document from the OAPC (1995) that management thought that it was doing caseworkers a great favor by reducing their caseloads and producing a work environment that would make their efforts more effective and efficient. Such was apparently not the case. Caseworkers need to be queried as to how their old roles differed from their new ones, what changes, if any, they perceived took place, and the consequences of those changes. They need to be surveyed on those organizational factors that interfere with their job performances and how they think the system should be restructured to help them perform more effectively. Finally, prior to any attempts to re-restructure the DAS, a needs assessment should be conducted that includes all stakeholders in the agency (Gaucher & Coffey 1993).

Attempts to change an organization upset ongoing human relationships. If certain sectors of the organization are left out of the innovation process, they will perceive the change to be antithetical to their interests and will attempt to thwart such change. All stakeholders need to be involved in the restructuring of the DAS. Otherwise, such efforts are doomed to failure. As Gaucher and Coffey (1993) have indicated, even the inclusion of all stakeholders does not guarantee success.

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Perspectives On Video Self-confrontation

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ABSTRACT

Video self-confrontation has been widely used for training and therapeutic interventions. Clients are videotaped then given an opportunity to view themselves via playback Early reviews of video self-confrontation studies noted the absence of an explicit, well developed theoretical rationale for application and evaluation of video playback techniques. This article discusses five theoretical perspectives on video self-confrontation. information processing; causal attribution, psychodynamic; objective self-awareness/self-discrepancies; and Mead's notion of self. Each calls attention to unique elements of video self-confrontation, with implications for clinical practice. Additionally, new questions raised by symbolic interactionism about the social nature of the experience of self-confrontation by video playback are suggested.

Video playback has become an accepted therapeutic tool used in a variety of mental health applications (Fryrear and Fleshman 1981; Dowrick et al. 1991). Video playback refers to a feedback procedure whereby a client's behavior is videotaped then played for viewing by the client. To appreciate the versatility of this tool, consider that the object of taping may be an individual client, a client-counselor pair, interacting family members or a group therapy session; target behaviors may vary from specific assigned tasks in controlled settings to more spontaneous activities in a naturalistic setting; replay can be immediate or delayed, private or shared, focused or unfocused; and video recording and playback can be used alone or with other therapeutic procedures. Such applications all share at least one common element: self-confrontation. Video playback allows the individual to experience him/herself as an object of direct observation and evaluation. As described by Star (1977), video replay brings an individual "face-to-face with one's own behavioral, cognitive and affective manifestations."

Historically, therapeutic videotape feedback was preceded by exposing patients to photographs of themselves or audiotapes of their voices. In the 1960s, when video recording technology became widely accessible, interest in therapeutic uses of video playback expanded dramatically. Danet's (1968) assessment of videotape playback affirmed its therapeutic potential but acknowledged possible adverse consequences.

Early efforts to study effects of various types of self-confrontation via visual and audio presentation were reviewed by Bailey and Sowder (1970), who criticized the methodological deficiencies of this research — e.g., absence of adequate comparison or controls, use of subjective case impressions, invalid or unreliable outcome measures — and objected to the lack of an explicit theoretical rationale for applications and evaluations of video playback.

Hung and Rosenthal (1978; 1981) were likewise quite critical of reported empirical findings on use of video playback in marital and family therapy, treatment of alcoholism and inpatient care for chronic schizophrenics. However, video playback was judged to be of demonstrated effectiveness in some circumstances. Regarding marriage and family therapy, for example, they noted that "focused verbal feedback with the therapist providing constructive comments on partners' interaction" plus video playback of a session produced change in interpersonal perceptions assumed to affect marital satisfaction. Similarly, beneficial effects for video replay of patients' behavior while intoxicated occurred when accompanied by alcohol education and training in self-control and stress management.

Interventions designed to improve social competencies were also reviewed by Hung and Rosenthal (1981). Less therapeutic and more training or skills oriented, these applications encompassed use of video feedback to improve specific behaviors such as assertiveness, poise in dating, interpersonal effectiveness and public speaking. Issues raised by these studies include generalization and persistence of behavior changes, use of modeling, rehearsal and role play as conjoint treatments, and the nature of subjects' involvement in viewing video feedback (e.g., rating the playback). Effects of video self-confrontation on subsequent performance will partly depend on strength of clients' motivation to change and the valence (positive, neutral or negative) of observed behaviors. Cavior and Marabotto's (1976) experimental subjects changed more when monitoring negative aspects of their behavior than when attending to positive or neutral conduct. Other studies reported adverse effects for viewers confronting negative self-images (Bahnson 1969; Salomon and McDonald 1970; Watts 1973) or have deliberately focused on positive elements of videotaped performance to instigate behavior change (Weiner,

Kuppermintz and Guttman 1994; Houlihan et al. 1995). This illustrates one important but contentious aspect of focus in use of video playback, whether to emphasize positive or negative elements of performance — to what purposes and with what consequences for which types of viewers?

The need to develop better theoretical understanding of video self-confrontation was a recurring theme in assessments of the many reported studies of video replay in educational and therapeutic settings in the 1960s and 1970s. Daitzman's (1977) review of methods of self-confrontation in family therapy cautioned against unsystematic application of techniques like video replay which were in danger of being reduced to "therapeutic gimmicks," and he repeated the call for "well designed and relevant research" in this area. Curiously, research on video self-confrontation abated during the 1980s. Sociology, social work and psychology data bases show fewer published articles in the 1980s addressing video self-confrontation than in either of the two decades before and only a handful of articles in professional journals in the 1990s related to video self-confrontation. Roughly reflecting the overall drift of existing literature in this area, Ray and Saxon (1992) included eighteen references to previous studies addressing videotaping of which only four were published in the 1980s, the rest in the 1960s and 70s.

Has videotaping simply fallen out of favor for clinical and educational applications? Recent articles (Ray and Saxon 1992; Hanley, Cooper and Dick 1994; Rouse, Molidor and Boettiger 1996) indicate that videotaping with replay is still widely used and accepted both as a therapeutic technique and as a training tool (e.g., in social work education). Clinical practitioners have not abandoned actual use of video replay but the professional literature appears to have lost sight of the broader conceptual and assessment issues. Correspondingly, theoretical questions raised decades ago remain unanswered. Self-confrontation is an enduring element of therapeutic interventions and video replay remains a viable counseling and training tool, but its applications still depend on practitioner insights into the underlying mechanisms involved in shaping its effects. The main objective of the present article is to bring theoretical perspectives on video self-confrontation back into discussion. Subsequent sections will outline several relevant conceptual frameworks already identified by the 1980s. Figure 1 provides a summary of these perspectives: information processing; causal attribution; psychodynamic; objective self-awareness/self-discrepancies; and Mead's notion of self. Additionally, the social nature of video self-confrontation will be examined in further detail from the symbolic interactionist perspective.

FIGURE 1.
Review of Selected Theoretical Perspectives on Video Self-Confrontation

Perspective	Assertions
Information processing	Video replay improves recall and permits observation of previously unnoticed elements of interaction and individual performance. New information alters cognition/ perception and can thereby enhance performance.
Attribution of causality	Video replay shifts attributional standpoint, thereby changing causal attribution for behavior to a personal disposition. This alters self-concept and expectancies, increasing sense of efficacy and motivation to sustain "successful" or modify "unsuccessful" performance.
Psychodynamic	Video replay provides realistic feedback that overcomes resistance. This increases accuracy of self-evaluation. Insights obtained facilitate integration of self-characteristics and allow corresponding behavioral adjustments. Video replay enhances ego-involvement and heightens arousal; effects are mediated by client differences in ego-strength and defense mechanisms.
Self-awareness & self-discrepancies	Video replay increases objective self-awareness and instigates internal comparison processes. When observed performance falls below internalized standards, discrepancies are aversive. Resulting affect varies with type of standard used. Perceived discrepancies motivate change in standards or in behavior.
Symbolic interactionism: Mead's notion of self	Video replay uniquely allows social actors to take the position of an "other" toward themselves; to share an outside point of view. This is expected to modify self-identities and facilitate social interaction.
Situated social action	Videotaping always takes place in a particular social setting within which participants will define the meaning/ significance of the experience. Additionally, social circumstances of replay influence viewer reactions.

Theoretical Perspectives

Given that "hearing and seeing oneself" via video replay (Holzman 1969) appears to have high impact, how can we best explain the processes involved? Video self-confrontation is expected to influence how we feel and what we

think about ourselves. How does this actually occur and why? Since therapeutic interventions typically aim for behavior change, in what ways does the experience of video self-confrontation influence subsequent performance? Various theoretical perspectives suggest different key concepts and imagery of the impact of video replay. Each makes certain motivational assumptions and calls attention to particular problems for clinical application. The following theory sketches are not intended to be exhaustive but rather to acquaint readers with selected conceptual approaches that are useful in understanding video self-confrontation and warrant renewed attention.

Information Processing

Video replay provides information about one's performance. An information processing view emphasizes that directly observing aspects of behavior that a person did not know (or denies) "can alter one's perceptions and cognitions, which mediate overt changes" (Hung and Rosenthal 1981). Feedback from video playback is understood as unbiased information, coming from a neutral source. Because the camera has no personal agenda, what it shows is believable. We are provided with an objective look at our actions. Also, replay permits attention to features of performance that may have gone unnoticed during enactment. Information previously lacking for assessing our performance is now in evidence. When videotape content includes interactions with others we may obtain additional information in replay about their responses to our actions.

To alter subsequent behavior, information offered by video playback has to register with the viewer. Selective perception based on existing cognitive schemata (e.g., the client may simply not know what to look for) or defenses (Kimball and Cundick 1977; Kipper and Ginot 1979) may block recognition of particular aspects of performance. Further, how viewers interpret and weigh accepted information may vary. Do they see particular behaviors as inappropriate or undesirable? Relative to overall performance are such behaviors sufficiently distinctive to prompt change? Is what they see "new" or are they already aware of their behaviors? The continuation of troublesome behaviors may not be due to lack of knowledge so much as sustained by other internal or external forces/causes.

There is also some uncertainty regarding how perceptions altered by video feedback are translated into future action. An information processing perspective makes an implicit motivational assumption that "the more people know about their behavior, the better they will make it" (Hung and Rosenthal 1981), but this requires that viewers possess the ability to make desired ad-

justments in their conduct. In fact, they may lack skills or structural supports to appropriately modify behavior. This may explain why video feedback often does not lead to significant or lasting change in the absence of other interventions which provide additional knowledge, models, practice opportunities and/or reinforcement.

Attributions of Causality

Attribution theory addresses the impact on social attitudes and behavior of perceptions of causality; specifically, whether cause is assigned to internal (personal) or external (situational/environmental) factors. The "fundamental attribution error" is a tendency to attribute other persons' actions to personal dispositions while giving more attention to external factors as determinants of one's own behavior. Potentially, video replay changes our attributional viewpoint — we now see ourselves as an "other." If video playback produces attributional changes, it may thereby increase belief in personal causality (Ronchi and Ripple 1972), which can, in turn, increase sense of personal efficacy and motivate attempts to modify one's behavior. Clients who attribute new behavior to an internal disposition are also expected to be more successful in maintaining the change than if it is attributed to external causes.

Attribution theorists also note the importance of the type of outcome to which cause is being assigned; that is, whether the outcome is perceived as a "success" or "failure." A self-esteem bias in attributions predicts that our own successful outcomes are likely to be attributed to a personal disposition, our negative outcomes to external causes while others' failures will be attributed to their personal dispositions and others' successes to external factors (e.g., luck). Affirming the need to consider content valence in video replay, interpretation of viewed elements of performance as neutral, positive or negative will be related to varying attributions of causality and accompanying reactions. The extent to which the fundamental attribution error is reversed or self esteem biases operate in self-evaluations associated with video feedback has yet to be empirically demonstrated but attribution theory introduces relevant concepts and a line of inquiry that practitioners should not overlook.

Other points of interest concerning the attributional approach to effects of video self-confrontation concern client set and several additional dimensions of causal attribution. Peterson et al. (1982) studied individual differences in tendency to attribute bad events to internal (versus external), stable (versus unstable) and global (versus specific) causes as associated with depressive symptoms. How individuals respond to an event is mediated by causal attributions along these three dimensions. For example, attribution of negative

events to a personal disposition could generate depression involving loss of self-esteem; if the cause is considered a stable disposition, symptoms are likely to be long-lasting; and if the event is seen as due to a disposition present in a variety of situations rather than in specific circumstances only, depression would be more pervasive (Peterson et al. 1982). Moreover, individuals may exhibit distinctive attributional styles across events. Causal attributions about good events as well are expected to influence affect generated and expectancies about future performance.

Psychodynamic

Video playback as an emotional stimulus is most often described as threatening, stressful and anxiety producing. Anxiety created by video self-confrontation is believed to mobilize defensive or adaptive ego operations (Geertsma and Reivich 1965). Adaptive functions include the capacity for self-examination and adjustment of one's future behaviors. Hung and Rosenthal (1981) point out that anxiety, alternatively, can hamper self-assessment and inhibit performance. Skafte's (1987) observation that patients may at first view themselves negatively but after repeated self-observations will achieve a more realistic perspective raises further questions. A more realistic view of oneself, if negative, may not always be beneficial and, conceptually, it is unclear why video self-confrontation *in itself* provokes anxiety, particularly if the performance displayed is seen as neutral or positive. Kipper and Ginot (1979) speculated that repeated exposure to replay lessens anxiety, which reduces defensive reactions and thereby facilitates more accurate self-evaluation.

Bahnson (1969) too describes patients confronting themselves on video as experiencing stress. He finds that reactions to videotaping appear to vary according to client's developmental level (e.g., children display more enthusiasm and overt exhibitionism) but elements of self-love and self-derogation are typically present. The primary narcissistic element is the pleasure of seeing oneself and being seen by others as an object. Older subjects, who have constructed defenses against this response, tend to be more guarded and self-critical, as they are increasingly concerned with social appearances (Bahnson 1969). Video self-confrontation serves to overcome resistance, making it more difficult for patients to avoid acknowledging aspects of behavior they had previously been unable or unwilling to perceive (e.g., by penetrating defense mechanisms of rationalization or denial). Forced encounter with one's own unacceptable or undesirable behavior requires particular coping strategies, lack of which may explain adverse effects of video playback on some viewers. Thus, guidance in processing video playback is an essential component in therapeutic experience of this technique.

Reports of videotape self-confrontation in psychotherapy reviewed by Bailey and Sowder (1970) praised the technique for increasing client attentiveness, active participation and "ego-involvement" in the therapeutic process. Viewing playback is thought to generate insight into dissociated aspects of the self, thereby overcoming blocks in therapy and hastening clients' progress. For example, in viewing a videotaped segment of family interaction, a client might see how angry or aggressive s/he actually appears or recognize a tendency to blame others when things go wrong. Overlooked personal strengths and positive qualities, such as having some good parenting skills, may also be assimilated into the self concept after viewing one's performance. Still, repeated disclaimers are made that patients must be carefully selected for exposure to video self-confrontation so it does not create unmanageable disturbances or crises in self-identity.

Objective Self-Awareness and Self-Discrepancies

Wicklund (1975) proposed a sequence of events ending in possible behavioral change that begins with awareness of oneself as an object. Seeing oneself (and even knowledge of being videotaped) can instigate a state of objective self-awareness leading to self-evaluation and comparison of self with some standard. When such comparisons bring awareness that an undesirable discrepancy exists the self-aware state becomes aversive (Duval and Wicklund 1972). People's behavior may subsequently change in efforts to reduce the discrepancy. In this view of video self-confrontation, it is not simply new information that generates change but the focusing of attention on the self, which in turn prompts self-evaluation. Another interpretation of these effects is that critical self-awareness produces de-automatization of behavior, temporarily disrupting habitual activities. Under varying circumstances the result can be improvement or decrement in the organization of behavior (Hung and Rosenthal 1981). In either case, video playback is seen as serving to "prime" subjects for change.

A detailed formulation of self-discrepancy theory presented by Higgins (1987) allows further explanation of video playback effects in terms of self-perceptions and affect. Different types of self-state representations are linked to particular emotional vulnerabilities. Dejection, for example, is associated with discrepancies between one's own actual versus ideal self-states while agitation is associated with discrepancies between actual versus ought self-states. Discrepancies are discussed by Higgins (1987) in terms of "standpoints" (own and other) and "domains" (actual, ideal and ought). The actual self-state is an individual's representation of attributes someone (self or others) be-

lieves one actually possesses. Ideals — wishes, hopes, aspirations — are attributes someone (self or others) would like one to possess. Oughts — duties, obligations, responsibilities — are attributes someone (self or others) believes you should possess. Together, actual/own and actual/other representations constitute self concept; the remaining self-state representations are treated as self guides.

Higgins (1987) drew from cybernetics an image of human self-regulation through a discrepancy reducing negative feedback process which serves to minimize the difference between a sensed value (self concept) and a standard of comparison (self guide). Like earlier conceptualizations of cognitive dissonance, self-discrepancy theory as outlined by Higgins assumes motivation to "reach a condition where our self concept matches our personally relevant self guides." Video replay activates such comparisons. Outcomes depend upon how favorably or unfavorably a viewer rates the actual self state and on the self guides which he or she uses for comparison. Individuals may differ in which self guides are typically invoked. Correspondingly, effective therapeutic processing of video playback would attend to the individual's actual self ratings and to which of the self guides are operating, with affective cues offering some indication of probable underlying discrepancies. Intervention strategies using video replay within this perspective involve (a) providing actual/other feedback, (b) framing possible shifts in relevant self guides or in behaviors, and (c) supporting clients in coping with adverse affective arousal.

Mead's Conception of Self

Symbolic interactionism, a sociological approach for studying individuals in social context, is a relatively neglected perspective on video playback in the literature reviewed thus far. Skafte's (1987) article on use of video in group therapy, however, explicitly outlined some relevant implications of the concept of the self developed by G.H. Mead (1934). Based on Mead's work, Skafte (1987: 389) observes that "video incites the self to 'become an object to itself,' thereby triggering new self-reflexive loops of awareness." In childhood, self arises when the individual is able to take the viewpoint of another (a "significant other"). The child can then hold attitudes about himself or herself, as others do. Self-awareness thus originates in social interaction. Initially, putting ourselves in another's place gives us a standpoint for viewing ourselves as an object. "Once a child discovers he exists, he attends avidly to any reference to himself" (Skafte 1987: 391). Self-identities (characteristics we associate with ourselves) incorporate others' perspectives. As Cooley (1902) described the looking glass self, we see ourselves as we think others see us, reflected in their behaviors and opinions.

In making sense of reflected appraisals and constructing self-identities, the individual exercises judgment in accepting, rejecting, elaborating or in other ways modifying social feedback as it shapes attitudes about him/herself. Further, individuals often act in ways that are intended to evoke desired impressions in others (Goffman 1959). Skafte (1987) notes that the constant expansion and revision of self attitude is a lifelong process. This forms a basis for therapeutic change. Video recording uniquely preserves a segment of our performance for viewing. It augments our ability to adopt the perspective of the "me;" video replay all but forces a shift from immediate subjective experience to becoming at least temporarily an object of reflection. Skafte (1987) speculates that initial resistance to video-self confrontation may relate to "fear of entering the reflecting, observing mode," particularly for clients who primarily operate from subjective immediate experience (the "I" aspect of self).

Video playback allows testing our notions of self-as-perceived-by-others. New views of oneself can be integrated in a careful, intentional manner, assisting the therapeutic task of "revisioning" the self (Skafte 1987). By enabling the individual to share the perspective of others, more meaningful interactions may be facilitated. Repeated experience with video replay may also strengthen the habit of conscious self-reflection, carrying over to relationships outside therapy. Role play techniques combined with video replay offer clients/learners an opportunity to adopt and rehearse a variety of roles. By literally seeing themselves in new roles, individuals can appreciate the multidimensionality of self, internalize particular self-identities and refine their performances.

The Social Nature of Video Self-Confrontation

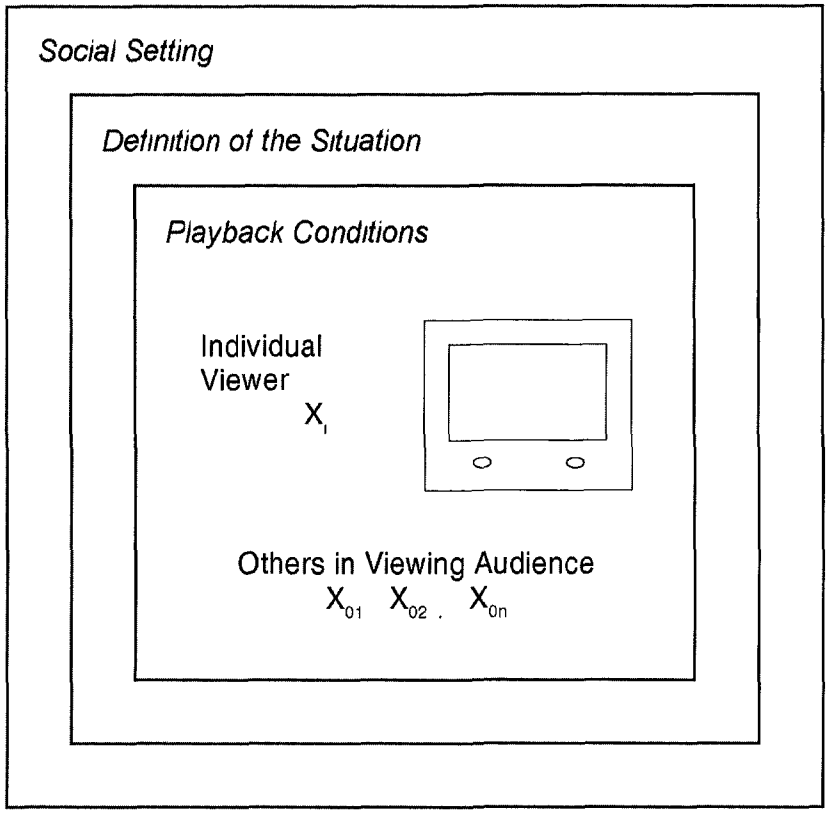
Video self-confrontation raises new questions when examined from the symbolic interactionist perspective. Video playback allows viewing oneself in action from the standpoint of an outside observer directly, not filtered through another person's intentions and motivations. This is an unusual type of feedback. Is the reflected self in video playback actually accepted by viewers as more "real" or "true" a picture than (a) the initial subjective experience of ourselves and/or (b) how we think others see us judging by their reactions to us? What understandings apply when we view ourselves on videotape?

Orcutt and Anderson (1974) reported that distinctive interactional rules were used by experimental subjects when they participated in game sessions with a computer versus what they believed was a human partner. When Metcoff (1980) addressed the role videotape should play in the therapeutic setting/relationship, she suggested introducing the video camera as a specialized

member of the treatment team; "as an unthinking, almost human, record keeper." Wark and Scheiddeger (1996) used a video camera to give children a tool to distance themselves from parental conflicts; in therapeutic enactments it was, symbolically, not the child but the video camera recording events. Studies like these indicate that the social nature of the video camera as a feedback mechanism is open to varying interpretations, hence is problematic. What it means to participate in the perspective of some*thing* rather than someone other than oneself is not yet clear.

The social context of video self-confrontation warrants more detailed examination. Figure 2 illustrates the point that individuals confront themselves on video in particular social settings within which definitions of the situation provide an interpretive framework for the immediate playback experience. The social setting for video self-confrontation may be as part of therapy, in coaching or training sessions, watching "home movies" or in a research laboratory. Can we take for granted that video self-confrontation is the same event in each instance? Not only the impact but the character of video self-confrontation may vary in different social settings. What social positions — e.g., counselor/client, doctor/patient, supervisor/trainee — and accompanying role expectations organize interaction in this particular social setting? What is at stake for the viewer? Who initiated video self-confrontation, and for what purpose? Who is authorized to decide how, if at all, videotaping and replay will be carried out? Within what larger "lines of action" is the event embedded? Such aspects of the larger social setting impinge on the individual experience of video self-confrontation.

FIGURE 2.
VIDEO SELF-CONFRONTATION AS SOCIALLY SITUATED ACTION



Symbolic interactionists generally assume (1) that a person will act toward objects and events based on the meanings assigned to them by the person and (2) that these meanings originate in and are modified by ongoing social experience. As described by Wiggins, Wiggins and Vander Zanden (1994: 136), "we use the information we have to define the situation we are in or are about to enter ... [This allows us] to anticipate the actions of others and adjust our behavior accordingly." Within a particular social setting, participants will develop a "definition of the situation" for interpreting events experienced.

The definition of the situation reflects working understandings among social actors about the meaning(s) and significance of the activities in which they are participating. For example, someone observed to be weeping will be responded to differently in the social context of a wedding versus a funeral (Wiggins, Wiggins and Vander Zanden 1994: 136). Likewise, videotaping

and replay is a different social experience as construed in terms of external performance evaluation (done to me) or personal and professional growth (done for me) or active involvement (done by me).

Given that the experience of video self-confrontation itself is socially constructed, how do we learn what to make of our video images? Can initial anxiety about video self-confrontation be understood in part as uncertainty about what attitude is expected? Metcoff (1980) highlighted prevalent concerns about how to introduce videotaping and replay to clients, or, in symbolic interactionist terms, how to negotiate with clients the meaning of videotaping as part of the therapeutic process. Clients confronted with video playback will sometimes report that they are unsure what they are supposed to see or say about themselves. This is not inherently a problem only with self-confrontation but is at least partially owing to the same difficulties and motivations that make us nervous and anxious in any novel social situation. Growing ease with video playback in repeated exposure may result from having mastered an "appropriate" social response; viewers have now learned how to react to themselves on videotape in this setting, where previously a social script outlining proper conduct may have been lacking or ambiguous.

Anxiety associated with video playback may also reflect viewer concerns about impressions made by the recorded performance on other social actors. Is the experience of video self-confrontation the same when one's performance is viewed in the company of others rather than alone? Wicklund's (1975) presentation of objective self-awareness theory included the interesting methodological comment that virtually none of the research he described used a live audience as the source of objective self-awareness. "The subject's inferences about what is desirable from the standpoint of others can easily create experimental demand properties, and we have preferred to avoid these problems as best as possible by using impersonal stimuli to bring about self-focused attention" (Wicklund 1975: 267). Having others present in the viewing audience can change the experience of video playback. The presence of others provides cues for defining the situation, can stimulate role taking (seeing myself on video as I think they are seeing me, not just as I see myself) and serves as a reminder of possible social sanctions associated with our performance. In the classic definition of social psychology by Gordon Allport (1968), individual thought, feeling and behavior are assumed to be influenced by the "real, imagined or impled presence of others." Video self-confrontation, even by a solitary viewer, remains essentially a social experience.

An Example of Video Self-Confrontation in Clinical Practice

This section illustrates the use of video self-confrontation in clinical practice with a "stimulated recall" technique. The approach described below was selected for its longevity, versatility and the availability of well defined training protocols for practitioners who may be interested. It also provides a practice example that is open to interpretation from a variety of theoretical perspectives.

Interpersonal process recall (IPR) is the name given to an approach developed over the past thirty years by Norman Kagan and associates at Michigan State University using video playback as a research, training and therapeutic tool (Kagan and Kagan 1991). Kagan, Krathwohl and Miller (1963) described early on how stimulated recall could be used to accelerate therapy. In brief, the practitioner conducts a counseling interview with a client in a studio room where the interview is videotaped by minimally distracting, preset cameras. As soon as the interview is over, the counselor and client go to separate viewing rooms to watch the interview via video playback, each in the presence of another trained counselor. The playback counselors encourage the original participants to "describe their feelings, interpret statements and translate body movements" at various times during the replayed interview. The playback may be stopped by either individual or team at any time to "discuss recalled feelings and elaborate on meanings" (Kagan, Krathwohl and Miller 1963: 237). Originally, the role of playback counselor was characterized as an "interrogator" and the initial participants were referred to as "subjects." Later, the subjects were simply "participants" and the playback counselor was called an "inquirer." Based on their first three pairs of recorded subjects, Kagan, Krathwohl and Miller (1963: 239) described the effect of video replay as follows: "Apparently the subject feels removed enough from the image of himself on the television screen that he is able to think of the 'person' on the screen as a being well known to him, yet not quite he." Therapy is accelerated because the guided observation accompanying replay enables subjects to "reveal at length and in depth much of the subtle or semi-conscious meanings in the [primary] interview." Interpersonal process recall (IPR), as explained by Kagan, Krathwohl and Miller, permits "a breakdown of the usual defenses in interpersonal communication; introspection by all parties involved in a given communication at critical points in the interaction process; and a permanent and complete record of a given interaction with interpretations of the interacting parties" (p.242).

In their early article they used a client, Mrs. Jay, as a case study to illus-

trate the technique's potential. Figure 3 provides an abbreviated version of one segment of the typed scripts they prepared from their IPR sessions. It shows excerpts from the primary counselor-client interview, the two playback counseling follow-ups and a concluding comment. Mrs. Jay was presented as a client with ineffective prior therapeutic treatments, continuing poor relationships, a devitalized marriage and little self-insight, who habitually used rationalization to defend herself from unwelcome feelings. She had previously entered therapy with two different counselors and after five months showed little progress in her current therapy. "Mrs. Jay revealed little insight into her relationships with people. She persisted in rationalizing her behavior in long monologues. When she did talk about obviously painful experiences she usually smiled or giggled inappropriately" (p. 240). According to Kagan, Krathwohl and Miller, Mrs. Jay's therapeutic sessions following the IPR intervention were more productive and within about ten weeks her relationship with her husband improved, they resumed sexual relations and Mrs. Jay's bouts of depression ceased.

FIGURE 3.
The Interpersonal Process Recall Method: The Case of Mrs. Jay

Excerpt: Section 15

Counseling Interview

(Mrs. Jay has just related some of the feelings she has when Mr. Jay "forgets" to attend to various household chores.)

Co: ... that maybe he doesn't because the relationship is not strong enough, he doesn't pay attention to what you say and that hurts?
Cl: Yes, I think that's it. He is thinking about something else more important to him than I am at that time.
Co: And you take this personally, that somehow you are not as important to him as maybe his job...
Cl: (Stiffens) Well, I don't know. I think a man's job is very important. This is a way he expresses himself.

Counselor Interrogation

Co: Right there I thought, "there she goes, rationalizing, letting herself off the hook because she really feels hurt but tries to justify the way he responds to her so she won't feel the way she really feels."
I1: Do you think she realized this?
Co: I don't think she did and at that moment I had an impulse to pick it up, what she was doing, but I don't think I did.
I1: You didn't pick it up at this time, I think it was later.
Co: Yeah, later.

Client Interrogation

Cl: I was rationalizing at that time.
I2: You're rationalizing again. Uh, huh.
Cl: Yeah, I could feel it. As though, "if you are going to continue talking on this line, all right, I'll think about it. You know, if you're gonna go that way, I'll go along with you."
I2: (Paraphrasing) I'm not ready and I don't want this at the moment.
Cl: I feel real intense. It's kind of like I'm resigned that I'm not gonna get through it.

Comment

Here the client points out that she was rationalizing earlier, and elaborates. She may initially have realized this unconsciously but now she admits it. She perceives the techniques she uses to avoid making progress. Affect is verbalized, brought to the surface and revealed in a way that it was not during the initial interview.

Adapted from Kagan, Krathwohl and Miller, 1963, p.241.

Figure 3 should clarify the connection between the contents of the primary interview and the direction taken in the video playback sessions, which are related to the particular treatment goals in this case. The transcript segment in Figure 3 also shows why this technique would be useful for counselor

training as well as for therapy. The guided video self-confrontation in IPR provides cues for remembering, "reliving" and amplifying the clinical interview experience. It allows pause for deeper reflection, brings affect to the surface, encourages notice and interpretation of slight but meaningful gestures and facilitates exploration of the roles of both participants in the primary counseling interaction. Kagan and Kagan (1991) emphasized that IPR is more than video self-confrontation and focused on the importance of the inquirer role. The theories of IPR they invoked primarily concern the principles of interaction that shape the inquirer's objectives and methods. They did not elaborate on the effects of video playback in itself. However, the high impact of the interpersonal process recall technique can be attributed at least in part to the use of video self-confrontation, and video playback has always been a prominent component of the IPR technique.

The original interpersonal process recall procedures were demanding with respect to facilities and personnel since certain kinds of equipment, several rooms and two additional trained counselors were required. Kagan and Kagan (1991) described a variant of IPR in which the primary counselor and client remain together in one room for the video replay so that only one inquirer is needed to prompt sharing of recalled thoughts and feelings, with attention to participants' perceptions of one another and meanings ascribed to each other's behavior. One can envision a further modification for use in therapy in which, if necessary, the inquirer role reverts to the primary counselor. The client's video self-confrontation must still be carefully guided by the counselor-as-inquirer. Also, the primary counselor would need to be able to assimilate video feedback on his or her own performance without assistance, and this application would be less effective for purposes of counselor training.

From what theoretical perspectives can the impact of stimulated recall via video playback be understood in the case of Mrs. Jay? In psychodynamic terms she obtained self-insight from the guided video self-confrontation, which helped overcome resistances that had impeded her progress in therapy; e.g., she could literally see herself using rationalization to avoid dealing with troublesome feelings. Introspection provoked by playback, and guided by the interrogator, revealed the semi-conscious meanings attached to conduct in the videotaped interview. In keeping with the information processing approach, much that had gone on during the original interview, even small gestures, were submitted for examination and interpretation in the follow-up sessions as a direct result of video playback. Stimulated recall basically refers to a cognitive/perceptual process. Videotaping is used to store information that will subsequently help viewers recollect what has occurred. We don't know whether shifts in causal attribution or responses to salient self-discrepancies were operating in

Mrs. Jay's case because such conceptual frameworks were not brought to bear on her treatment or discussed in the case write-up. We are also missing elaboration of why, how and when cognitive or emotional effects of the IPR session were translated into the reported positive changes in her behavioral performance.

Kagan, Krathwohl and Miller did mention their impression that clients seemed to regard the image of themselves they saw on video as someone well known but not quite oneself. This corresponds to Mead's idea of taking the standpoint of the "other" and becoming an object to oneself. Mrs. Jay gained understanding of her behavior by observing herself in the videotaped interview as an outsider, removed from the original interaction, but with special knowledge of her thoughts and feelings at that time. While Kagan, Krathwohl and Miller do not discuss their client in terms of identity issues per se, comments made by the interrogator (e.g., "Uh, huh" or paraphrasing the client) illustrate how Mrs. Jay's observations of self were reinforced by social feedback. (Alternatively, she could have been deflected from drawing particular conclusions about herself by other viewers in the playback audience.) Kagan and Kagan addressed the social setting of IPR in articulating the role of the inquirer, who sets the stage for the interaction involving video playback. They assume that people have more knowledge, awareness and understanding of subtle features of interaction than will be apparent during the initial counselor-client interview and that clients may hide this due to fundamental reservations about intimacy. The inquirer's task is to help participants make explicit what they already know. At the beginning of a recall session the control switch is given to participants "to stop the playback whenever you remember any thought or feeling you had." They are told by the inquirer, "My role will be to ask you to elaborate on your experience of those moments on the tape," (Kagan and Kagan 1991: 224). Ideally, the inquirer encourages elaboration of what the client wishes to reveal, following the recommended protocol. A counselor thereby participates with the client in video playback rather than "subjecting" her to it. However, the terms inquirer and interrogator have additional connotations in everyday usage, e.g., of intrusion and accusation, which serve as a reminder that consideration should be given to how clients themselves define the experience of IPR sessions within the context of the longer term, ongoing therapeutic process.

Conclusion

Existing conceptual frameworks provide a variety of approaches to video self-confrontation. Figure 4 illustrates the types of questions that might be generated about use of videotaping with playback in clinical practice by each of the perspectives described earlier. Note that each set of questions reflects implicit assumptions about how video self-confrontation works. Succinctly, in a phrase attributed to Kurt Lewin, "there is nothing as practical as a good theory." Theoretical assumptions shape both how the technique of videotaping with playback is used in a therapeutic setting and how the practitioner will interpret outcomes.

FIGURE 4.
Selected Questions Regarding Clinical Use of Video Playback

Information processing	- To what aspects and segments of replay will the viewer be drawn? Why? - How will noticed behaviors be interpreted? (e.g., valence, importance) - What use will the viewer make of new information? - How, if at all, will it influence subsequent performance?
Causal attributions	- Are observed behaviors considered successes or failures? - Does the viewer attribute cause to personal or environmental, stable or unstable, global or specific dispositions? - What affect is associated with attributions made? - What expectancies regarding future events are drawn as a result of how performance is interpreted?
Psychodynamic	- How should client readiness for self-confrontation be assessed? - What defense mechanisms are likely to be invoked by videotaping anxiety? - What insights/changes in self-evaluation will be triggered by video replay? - How are these insights translated into behavioral adjustments?
Self-awareness & self-discrepancies	- What does a particular videotaped segment display of *actual performance that is salient? (i.e., related to viewer's* self concept) - What self guides does the viewer typically employ for comparisons?

	- How will adverse emotional arousal be recognized and addressed? - When are behavioral changes versus shifts in relevant self guides most appropriate?
Symbolic interactionism.	-In what ways will video playback be therapeutic in assisting clients to take a self-observing stance?
Mead's notion of self	-What are the most important features of existing self identities and how have they been constructed? (e.g., influenced by which significant others) - How can they best be reinforced or modified by current social feedback? - What type/duration of video exposure is needed to stabilize new identities and desired behavioral performance?
Situated social action	- What norms and roles govern the social setting in which videotaping will take place? - How will a definition of the situation be negotiated with clients concerning use of videotaping in this setting? - What understandings do clients have about desired responses to replay? - How will videotaping with playback outcomes be influenced by the immediate circumstances of replay?

Common elements as well as differences can be observed among approaches. Whether set against an informational, psychodynamic, attributional or self-awareness framework, affective arousal and behavior change in response to video playback appear to be instigated by perceived discrepancies. Results of video self-confrontation have been explained in terms of cognitive dissonance both when experienced by college student subjects between observed behavior on videotape and internal comparison standards (see Wicklund 1975) and when experienced by neurotic or psychotic patients between initially confused or distorted self-evaluations and more realistic images conveyed by video playback (see Boyd and Sisney 1967). Symbolic interactionism raises interesting questions, though, about how viewers actually regard information provided by video playback, subject to interpretation based on social meanings of the event itself. If self-consciousness initially arises through social experience and if the self is continually recreated in response to and for the purposes of social interaction, then video self-confrontation cannot be understood apart from its social context.

Theoretical perspectives intersect with a variety of practical concerns connected with use of videotaping and replay in clinical practice. *General* issues include decisions about how to introduce clients to videotaping as part

of the larger therapeutic or training process. What treatment goals will videotaping address? How long-lasting are its effects expected to be? What other modalities/techniques in conjunction with videotaping and playback are necessary to support clients emotionally and to create and sustain behavior change? *Situation-specific* issues concern how playback will actually be engineered with respect to timing (immediate or delayed), duration, frequency, focus of attention during playback, private viewing versus a larger audience, and so on. Such decisions should be made with a unified rationale. *Individual level* issues encompass knowing what types of variable client characteristics influence effects of video self-confrontation (e.g., self concept, level of self-esteem, self standards, attributional style, ego-strength or characteristic defense mechanisms) and assessing advisability of video self-confrontation with particular individuals in treatment accordingly.

Continued theory building will provide a clearer picture of what processes are involved, as influenced by what circumstances, and with what consequences. More systematic analysis would be useful, for example, of the extent to which affective, cognitive, motivational and behavioral effects of video self-confrontation in therapeutic settings are influenced by social context, situational variables and client characteristics. Delineation of relevant perspectives should be followed by careful operationalization of key concepts within each. With closer connection of theory and empirical research to practice, the effectiveness of alternative models of video self-confrontation as guides for therapeutic intervention can be evaluated.

None of the literature directly concerning video self-confrontation found for this article appeared in sociology journals. It has been non-sociologists, and few at that, who have used symbolic interactionism as a theoretical framework for clinical application of video self-confrontation. Given the prominence of symbolic interactionism in sociology and the involvement of clinical sociologists in therapeutic interventions, it seems a shame that this task has been left to other disciplines. The present article should help to familiarize readers with relevant work in other fields, illustrate the kinds of theoretical and practical questions raised and encourage further discussion. Clinical sociologists potentially can make important contributions to research and theorizing about video self-confrontation and its application in clinical practice.

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PROVIDING CULTURALLY SENSITIVE SERVICES TO LATINO CLIENTS: A CASE STUDY OF A NON-PROFIT ORGANIZATION

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ABSTRACT

This paper describes an evaluation of a non-profit human service organization's attempts to provide culturally sensitive services. Systems and constructivist theoretical perspectives are used to examine the problematic of providing effective and meaningful counseling and educational services to Spanish-speaking, Latino immigrant clients The two models of achieving cultural sensitivity—cultural compatibility and cultural competency—are assessed. Findings reveal that service was hindered by the ghettoization of Latino providers, external constraints on service delivery, role conflicts among Latino providers, and institutional silence and uncertainty about multicultural issues. These problems indicate that culturally sensitive service requires that culturally compatible services be incorporated in an organization that promotes culturally competent policies and practice.

Introduction

With the recent growth in the U.S. Latino population, greater numbers of Latino clients are entering the doors of human service agencies (Perez and De La Rosa Salazar 1993; Velasquez, Qvistgaard and Lechuga 1996). Service providers at these agencies have been considering how best to serve these clients, who often have cultural beliefs, life experiences, and languages that are different from those offering the counseling, outreach, and educational services. Attempts to bridge the gap have involved the "culturally compat-

ible" and the "culturally competent" methods (Gonzalez 1997). The cultural compatibility approach matches Latino, Spanish-speaking clients and service providers. An agency practicing cultural competence requires service providers to receive education and training on the cultural beliefs, practices, and needs of Latinos, as well as on how to provide culturally sensitive services. Both perspectives recognize the dangers of providing services to Latino clients from the white middle-class cultural perspective dominant in our society.

The cultural competency solution is supported by much social science research documenting the problems flowing from a lack of awareness and understanding about cultural and socioeconomic differences among clients (Ponterotto and Casas 1991; Sue and Sue 1990). For example, the use of white middle-class notions of what constitutes mental health and optimal family functioning may lead staff to mis-characterize people of color and low income groups as dysfunctional, resistant to change, and without strengths and resources (Hardy 1991). This lack of multicultural awareness also impairs communication between service providers and clients, limits the levels of trust and safety felt by clients, and restricts requests for services among potential clients (McGoldrick, Pearce and Giordano 1982).

The efficacy of the cultural compatibility approach has also been documented by research. Specifically, studies on Latino clients indicate that there is a greater utilization of mental health care services when Latino clients are matched with Latino service providers (O'Sullivan and Lasso 1992; Sue, Fujino, Hu, Takeuchi and Zane 1991). These researchers suggest that culturally compatible counselors may be better able to avoid stereotypes, develop rapport, assess clients accurately, and create appropriate treatment plans.

The purpose of this research is to examine the problematic of providing effective and meaningful counseling and educational services to Spanish-speaking, Latino immigrants in a non-profit human service organization with a predominantly white middle-class staff. This paper will explore the perceptions and experiences of service providers, managers, and Latino clients at an agency in Southern California that began implementing both the cultural compatibility and cultural competency approaches. The focus will be on structural features of the organization that enhanced and hindered effective service delivery to these Latino clients, as well as on problems that arise when both approaches are not integrated systematically.

Background

The author originally entered the organization as a sociologist and licensed family therapist interested in collaborating with agency members on an action research project. After sharing my areas of expertise, the program director

suggested the development of cultural competency as an important need among agency staff. She did not define cultural competency, but said that their funding sources would like to see the agency doing assessments and trainings on it. The author agreed to work with agency members in designing and implementing a needs assessment and interventions to help promote more culturally competent service delivery. The first step involved considering how to identify and then measure cultural competency.

The concepts of cultural competency and ethnic sensitivity have recently become more prominent in social work and other clinical literatures (Ho 1987; Lum 1986; McGoldrick et al. 1982; Pope-Davis and Coleman 1997; Schlesinger and Devore 1994). Scholars in this area tend to define cultural competency in individual-level terms, like a skill or personal resource that facilitates positive cross-cultural relations. Moreover, cultural competency is seen as teachable, something that clinical service providers should learn for the benefit of their clients. The culturally competent professional is commonly described as possessing the following three traits: knowledge about the values and practices of cultural groups, awareness of one's own attitudes and assumptions about cultural groups, and skills (e.g., communication style) that will facilitate mutually respectful service provider-client relationships (Sue, Bernier, Durran, Feinberg, Pedersen, Smith and Vasquez-Nuttall 1982; Sue, Arredondo and McDavis 1992).

Providing education and training for individuals can be useful, but as a sociologist the author was skeptical about how lasting a change could be that is targeted only at individual behaviors and attitudes. So the goal became to explore the possibilities for structural change within the organization by utilizing the theoretical insights and methodological tools of clinical sociology. Specifically, multicultural relations at the agency were examined from systems and constructivist perspectives. Each of these theories allowed for insight beyond the individual traits and behaviors of members of the agency to the organizational factors relevant in promoting culturally competent services.

This research's initial broad focus on multicultural relations at the agency became more refined as it was discovered that the agency devoted a fair amount of its resources to Spanish-speaking, Latino clients. There was little evidence of outreach and program development for other specific ethnic groups. So the questions of my assessment shifted toward understanding how well these Latino clients were being served by the various types of service providers at the agency.

The systems perspective encouraged a holistic view of the agency as containing interdependent relationships among its various parts (Chess and Norlin 1988; Watzlawick, Beavin and Jackson 1967). The organization was also seen

as an open system in interaction with its environment. Inputs, such as client referrals and grant contracts, are obtained from that environment and outputs (e.g. client outcomes) are aimed at enhancing its survival in that environment. Specifically, the focus was on how the nature of the interactions and relationships among various parts of the agency were affecting service delivery to Latino immigrant clients. Information on how the organization adapted to environmental exigencies was also sought in order to further understand agency policies and practices affecting these clients.

A systems approach to interpretation involves awareness of the interactive nature of "problems" (Bruhn and Rebach 1996). Outcomes are not viewed as caused by a preceding event or action (linear relationship), but rather they are seen as part of a circular pattern of interaction. This emphasis on the circular nature of causality drew my attention to how practices in the organization reinforced one another to perpetuate ongoing cycles. From this perspective, systemic change requires interventions targeted at any point in a pattern of interaction, with an understanding of how other parts of the circular pattern will be affected. Specifically, it may involve restructuring communication patterns, integrating agency members' goals and values, aligning expectations among various groups in the organization, and reducing role conflicts (Johnson 1986; Shepherd 1995). Because such interventions introduced within any part of a system affect and are affected by other parts, initiating change with individuals alone is not sufficient for creating a lasting difference for the organization.

While systems theory emphasizes interaction patterns and social structures, constructivist theory highlights the importance of individual and group definitions of the situation. The emphasis is on context and meaning. Behaviors and experiences are given meaning within various contexts, and therefore actions should not be understood in isolation from larger social narratives or discourses (Efran et al. 1988; Watzlawick 1984). With this perspective, the analysis centered on how the agency members' framings of their identities, goals, values, relationships with colleagues, and the agency hierarchy were involved in service delivery to the Latino immigrant clients. Specific interest was in how various groups in the organization (i.e., clients, service providers, managers) perceived one another and defined themselves in relation to the other groups. Understanding the specific content of these perceptions as well as any disagreements within and between groups provided further insight into the types of multicultural relations occurring at the agency.

Methods

Research Site

The agency is a non-profit organization in southern California providing prevention, outreach, and treatment programs for children, adolescents, and families in crisis. Services center primarily around the areas of child abuse, domestic violence, and substance abuse. Clients may be court-referred to the agency or voluntarily choose to receive services within various programs. A large proportion of the community served by the agency is Latino.

The agency has a hierarchical structure with four levels. At the lowest level are service providers (counselors, teachers, group leaders, outreach workers) who work directly with clients in various programs. At the next level of the hierarchy are program managers who oversee specific programs and supervise the service providers. Above the managers are program directors, who administer several specific programs within a general area (e.g., child abuse) and supervise the managers. At the highest level in the organization is the executive committee. These administrators manage the operation of the agency as a whole (funding, payroll, hiring, community relations, research and development) and supervise the program directors.

The overwhelming majority of agency workers—across all levels—were white women. Moreover, women of color were more highly concentrated in the lowest levels of the hierarchy. Approximately one-third of the service providers (level 1) were Latinos working in Spanish-speaking programs. Employees at the level of program manager were usually white, with three Latinas, one African-American and one Native American in this group. Of the six program directors, all but one (a Latina) were white. The executive committee was made up of eight members, all white except for one Latino who left the agency prior to completion of the study; two were males.

At the time of the study, the agency was in the midst of implementing new strategies for dealing with the cultural disparity between their providers and clients. Both the cultural compatibility and cultural competency methods described above were attempts to meet the needs of its large segment of Spanish-speaking, Latino immigrant clients. The cultural compatibility model took the form of several programs offering Spanish-speaking components with primarily Latino immigrant service providers. The cultural competency approach consisted of providing staff with both on-site and off-site training workshops on culturally sensitive practice.

Focus Groups

The goal of this project was to uncover the various agency members' experiences, feelings, and beliefs with respect to cultural competency in hu-

man service delivery. Focus group interviews were chosen as the data gathering strategy because they provide direct access to the language participants use to organize their experiences (Hughes and DuMont 1993; Morgan and Krueger 1993). Focus groups allow for people with some similarity in life or work experience to discuss their opinions in a non-threatening environment. These discussions encourage both knowledge that is shared among the participants as well as the range of different experiences among group members. Because conversations are allowed to become spontaneous, and the comments of one member tend to provoke responses from another, important issues the researcher is not aware of beforehand can come to the surface. Therefore, focus groups are quite appropriate for research that is more exploratory in nature (Basch 1987; Krueger 1988; Morgan 1988).

The focus group interviews were conducted with clients, service providers and program managers. Program directors and executive committee members did not participate in focus groups because of their small numbers and because of their more collaborative role in designing the research. Field notes were kept describing my meetings with the directors and executives in order to track their behaviors, attitudes, and relationships with respect to cultural competency in the agency.

The following specific agency members participated in the focus groups: Spanish-speaking Latino clients, non-Spanish-speaking service providers, Spanish-speaking bilingual service providers, and managers. The focus group sizes ranged from seven to nine members. Clients were recruited with the author describing the evaluation study to each Spanish-speaking class and group at the agency. All participants were volunteers and received $15.00 for their time. Service providers and managers were recruited with the author presenting the study at each program's staff meeting. These participants were also volunteers.

Latino clients: Four focus groups were conducted with Latino clients of the agency. The large majority of these clients were immigrants from Mexico who had been living in the U.S. for between 4 and 22 years. A smaller number had emigrated from other Latin American countries. All were native Spanish speakers and very few spoke English. Most were from rural backgrounds and had low incomes. Two of the focus groups were with male and female clients court-referred to the agency for parenting classes and the other two groups were with those volunteering to attend support groups for female victims of domestic violence.

English-speaking service providers: One focus group was conducted with non-Spanish speaking service providers. All but one of these workers was white; none were Spanish-speakers. All had Bachelors degrees and all had Latino clients on their caseloads.

Spanish-speaking service providers: Two focus groups were conducted with Spanish-speaking service providers. These staff were primarily Latina (except for one white male), and most were immigrants from Latin America. They were native Spanish speakers (except for the male), and had bachelor degree level educations. They all also spoke English.

Management: One focus group was conducted with a multiethnic group of managers who directed programs and provided psychotherapy to clients at the agency. This group consisted of five whites, one Latina, one African-American, and one Native American. There was one male in this group. Most had graduate-level degrees and professional clinical licenses in the mental health field.

Interview Protocol

Each focus group consisted of a 90 to 120 minute audiotaped session with a moderator and a note-taking assistant. The client focus group participants were asked a series of questions about their original expectations of the agency, what experiences were helpful and not, relationships they had with counselors and teachers, and suggestions they had for the agency. They were specifically asked to describe examples of when they felt respected and understood in their relationships with service providers. Conversations were allowed to be free-flowing, so that clients were able to share agency experiences that were the most salient and meaningful to them. Clients reported on both positive and negative perceptions of their encounters with providers.

Service providers and managers were asked about their visions of cultural competency, experiences and relationships they had with various client groups, and suggestions they had for the agency. They too were encouraged to discuss actual examples of what they believed was culturally sensitive or insensitive practice. They were also asked to explain what they felt would create more opportunities for success in meeting the needs of diverse clients, as well as their perceptions of barriers to effective service delivery. The prominent theme of all interviews was how cross-culture and same-culture relationships were working at the agency.

Analysis Strategy

The analysis for this paper is based on data gathered from the eight focus groups described above. Close readings of the focus group transcripts were informed by the systems and contructivist perspectives. From a constructivist perspective, perceptions held by service providers and Latino clients were studied as a way to gain insight into the systemic processes of the agency. Specifically, the ways that Latino clients defined their experiences at the agency in general and with various service providers were considered. How service

providers described their experiences with various client groups, as well as with other staff and management was examined. Attention was also placed on the meanings given to race, class, and gender categories in the discussions of client-service provider, service provider-manager, and service provider-service provider relations.

The systemic framework shaped the questions of this multilevel analysis. At the individual level, the behaviors and perceptions of clients, service providers, and managers that reflected how services were delivered to Latino clients were examined. Additionally, examples of knowledge, awareness, and skills possessed by service providers and managers were pursued. At the group level (i.e. Latino client, non-Latino provider, Latino provider, manager), the degree of consensus regarding roles, examples of role strain and conflicts, and operational definitions of programs that revealed how Latino clients were served were noted. At the organizational level was the study of perceptions that revealed patterns of relations across levels of the system (i.e. between programs and among the agency hierarchy) that were associated with how Latino clients received services. Finally, consideration was given to perceptions of interorganizational relationships between the agency and outside groups in relation to service delivery for Latino clients.

After several readings of the transcripts using the above theoretical ideas, the repetition of certain themes led to the development of a coding scheme to categorize quotes illustrating each concept. An inventory of these themes was created and organized according to whether each theme reflected the individual, group, organizational, or interorganizational levels discussed above. Attention was given to whether quotes represented examples of more or less effective service delivery to Latino clients, and whether they provided information about cultural compatibility or competency strategies of the agency. Finally, the amount of agreement or disagreement within and across focus groups about particular themes in the inventory was noted. Three graduate research assistants independently coded the transcripts using my original coding scheme, and intercoder reliability was found to be high. The findings reported in this paper include only themes relevant to an evaluation of cultural compatibility and competency practices of the agency.

Findings

Findings reveal that there were limitations within both the cultural compatibility and cultural competency approaches to serving Latino clients. To follow are these client and staff perceptions of problems, as well as considerations of possible solutions the agency may wish to implement. An evaluation of the effectiveness of each method is discussed in turn.

Limitations of Cultural Compatibility

The agency's movement toward culturally compatible services was slowed by several barriers perceived by both staff and clients. One set of perceptions reflects the structural segregation of Spanish-speaking Latino providers in the agency. Another set of perceptions reveals the external constraints placed upon service delivery to Latino clients. A final theme revolves around professional role constraints and conflicts faced by Latino service providers. Each issue is discussed below.

Ghettoization of Latino Providers

The ghettoization of Latino providers took two forms: physical separation and symbolic cutoff. The physical segregation of English and Spanish-speaking providers was associated with communication gaps among potential treatment teams, lack of engagement with Spanish-speaking clients, and these clients' feelings of being unwelcome at the agency. The symbolic cutoff of these providers was reflected in their reports of not being listened to by their managers, and was possibly associated with the high turnover rates of these staff. Each form of ghettoization will be discussed in turn.

"If all the Latinos are downstairs, education about being culturally sensitive is gonna be really hard to do": - (*Latino service provider*)

Throughout the agency, programs were separated based upon whether they served English or Spanish-speaking populations. This physical segregation was associated with a lack of communication and contact between monolingual English-speaking and bilingual Latino service providers. The Latino providers were the most keenly aware of this segregation as they described both their physical and interpersonal isolation. Spanish-speaking clients also suffered from the marginalization of their counselors at the agency.

One particular program demonstrates the sometimes quite dramatic isolation of Latino providers, who worked in the only room on the lower level of a building that housed several programs.

> "We, community services who happen to all be Latinas, are downstairs in the..., in one big room, and the shelter is like blocks from here. So even though we work a lot, supposed to work together, we're very physically isolated. And the communication stops, it really does. Like I worked here since November and I didn't know who xxx was."

This physical isolation contributed to communication gaps among service providers who were helping the same clients. The following Latina pro-

vider explained that another program stopped having meetings with her program. These meetings had been used to discuss clients that were shared between the two programs providing different services.

> "If you don't get together and talk about it [shared clients] continuously there's gonna be them and us. And they [predominantly white providers] stopped it [the meetings], the shelter stopped it. I think it's really, really important that it continues, that rapport of meetings to talk about problems, concerns, good things that are happening."

In addition to communication barriers between service providers, the segregation of bilingual providers contributed to other staff members not engaging with Spanish-speaking clients. A manager gave an example of this lack of communication with Spanish-speaking clients who called the agency. She pointed out that even bilingual receptionists seemed unwilling to listen to these clients.

> "Somebody was just calling for directions and they got transferred to community services [program for Spanish-speaking clients] 'cause they spoke Spanish. So nobody listened to what the person was asking even though they talked with three or four bilingual people before they got downstairs [where community services is]. And then the people downstairs were like, 'Why are we giving directions to the [agency]?' Nobody listened. The minute they heard it was a Spanish-speaking client, they transferred it downstairs."

It seems that the physical separation of the Spanish-speaking providers made it easier for reception staff to disregard these Spanish-speaking clients. Specifically, when a call from a Spanish-speaking voice was received, the caller was channeled downstairs. The implication is that downstairs then becomes the only place where these clients are listened to. One possible consequence of the organizational segregation of Spanish-speaking programs was that several Latino clients felt unwelcome when they called the agency. The following quotes from Latino clients express this view.

> "Sometimes people who call [the agency] feel as if they were asking for a handout from the people in the front office."

> "... they [agency receptionists] look at you and don't even acknowledge you with a 'good morning.' It makes one afraid to even look at them, and these are the ones at the front desk."

The intimidation these clients described may reflect the insensitive personalities of select receptionists, but any individual insensitivity may have been amplified by the lack of visible integration of Latino providers and clients within the work area. The receptionist may easily consider these Latino clients as someone else's responsibility, and therefore not give them the time and concern afforded to English-speaking clients.

Another possible indication of the marginalization of Spanish-speaking programs, providers, and clients was found in Latino clients' desires for more contact with staff outside of their programs. The following Latino client quotes suggest the desire for more connection with agency managers in particular.

> "But once in a while it would be a good idea for them [agency social workers, program managers and directors] to take a look at our groups to see what is happening, because they haven't bothered to visit us in a long time."

> "I think that for those of us who have been here a long time, they [agency social workers, program managers and directors] should introduce themselves to us. 'Look, I am so and so, if she's [your counselor] not here, you can go with her [another counselor].'"

The fact that these clients were seeking involvement from administrators may reflect their experiences at the margins of the agency's service delivery. Latino clients wanted to know the agency managers and have their experiences at the agency understood by them. The administrators, based on my observations, perceived their time as filled by meetings and paperwork. Contact with clients was typically not a part of their work.

The strict physical separation of English and Spanish-speaking programs, service providers, and clients may have two outcomes hindering the agency's cultural competency. First, if providers with the same clients are not in communication about treatment issues, the services these clients receive will not be coordinated and may even conflict with one another. Second, many of the Spanish-speaking providers have unique personal insight into the experiences of Latino immigrants. Other providers at the agency may rely either on book knowledge or stereotypes and other misinformation. If these two groups had opportunities to interact, education about the needs of Spanish-speaking cli-

ents could occur on an informal and ongoing basis. So with this segregation, a potentially useful source of information is being ignored.

"Our feelings and our needs are ignored, just overlooked": - (*Latino service provider*)

The Spanish-speaking Latino providers did indeed feel ignored at the agency. So not only did they have limited contact and communication with other providers at the agency, they also perceived their managers as unresponsive to concerns they had about their Latino clients. Again, as most were immigrants themselves, these providers felt that they understood their clients' experiences and needs. The following examples illustrate how the Latino providers felt unheard by management when they described the problems of cultural incompetence.

> "We went to management and we told them this [lack of cultural sensitivity] is a problem, we think things need to change. [they said] OK, let's have a meeting, and then they changed the topic of the meeting."

> "We've expressed a lot of these views [about staff lacking cultural competency] already and they say, yeah, we're going to do something about it and then they do have trainings and they do have, but they're about something completely different."

The managers acknowledged the need for cultural competency training workshops, but called on outside "experts" to deliver curriculum that from the Latino providers' perspective was not on target with this agency's clients. Bringing in these outside sources further devalues these providers, whose expertise may be drawn on to help design cultural competency training. The lack of Latinos in decision making positions is one obvious source of this oversight.

It is possible that Latino providers' perceptions of disregard by management were responsible for the frequent occurrence of these staff leaving the agency. Latino clients had mentioned the high turnover rate of their Latino counselors as an obstacle in their treatment. For example, these clients not only described frequent clinical relationship disruptions, but also insensitive staff management of these interruptions.

> "...and all of a sudden, they [agency staff] tell us 'He's [her counselor] gone.' They treat us like children and don't have to give us an explanation."

> "I was in therapy with [her counselor]. I was depressed and all of a sudden they say, 'We fired him. He's no longer here.' They just leave everyone flat."

External Constraints

The agency relied on several county service organizations for client referrals and was funded by private, as well as county, state, and federal level grant contracts. This referral and funding environment of the agency was recognized as problematic by many of the managers and Spanish-speaking providers. Specifically, they described many conflicts between their goals for clients and the requirements of these external funding and referral sources. Certain external contracts were viewed as promoting unrealistic expectations for clients' outcomes and excluding certain groups from services. In describing the county agency responsible for child protection, one manager framed their relationship to these external agents as follows.

> "... we have county contracts we feel like we have to meet, you know, the county's expectations of us and we're kind of their employee, not that we're their employee but we're whatever you want to call it. But they have different goals for the client than we think are even culturally appropriate."

This manager saw herself and the agency in a subordinate position to the county, as an "employee." And there is pressure for her to conform to the perhaps culturally inappropriate expectations of the county workers. Another manager spelled out the specific restrictions a funding source created for her domestic violence shelter.

> "My contracts say 80% of the women leaving my shelter should go to permanent housing and 50% of them should be in permanent housing at least 18 months after leaving me. Hello!! That puts a tremendous expectation on the clientele that you would even work with. If you look at somebody with a history of being homeless for years, you know, you're going to be less likely to take that person on. I mean if the contract doesn't look at an individual, it just looks at our year and says we want 80% of those people in 30 days to be in permanent housing ... So, I think sometimes we are caught between our contracts and..."

So here the service providers are caught in between their desire to help those in the most dire circumstances and the need to make target. There is a clash in meaning over what constitutes success. Is success measured in terms of getting the most numbers of persons through the system in a certain span of time, or is success the ability to assist those with the fewest resources? The achievement of cultural competency may indeed mean serving those with the least support, and these clients are very often undocumented immigrants.

The following account from an undocumented immigrant client demonstrates the challenges faced by those with the fewest resources trying to receive help. This woman described the dilemma of deciding whether or not to go into a battered women's shelter.

> "[Before going into a battered women's shelter she asks] 'How long am I going to be in the shelter? That is, what's going to happen to me? I cannot live there forever.' 'No,' she [client's counselor] said, 'you can only be there three months, at most. After that you'll be on your own.' But I said, 'I don't have a green card, I have two small children, I don't have a job, I have no means of transportation, I only know one person... what am I going to do?' [It is necessary] that they [the providers] give information so that one knows what the steps are. What one needs when one goes to a shelter, and after that what kind of help they provide to us."

This client understood the limitations of not having legal status in this country, however she emphasized wanting more information and help from her providers on what do to after leaving a shelter. She expected her counselors to somehow alleviate her fears and uncertainty. And the Latina providers do feel this pressure of clients asking for help that they cannot always provide. For example, this provider elaborated on the difficulty in serving undocumented clients within a larger system that presents barriers.

> "For example, we work with a lot of Latinas. And I think one of the big things that, with people who wrote the grant which wasn't us, obviously, I don't think they expected that we were going to have a lot of undocumented ladies... We're supposed to offer services to them, but what services do we offer? And the services that we can, that physically we can offer to them, we're not allowed to because it's not in the grant."

The restrictions on how much providers can help undocumented immigrants go beyond what the grant contracts specify. Because clients without legal status in this country have limited access to jobs, housing, and public assistance, as well as constant risk of deportation, the providers' efforts to help are constrained. Attempts to effectively serve Latino immigrants must therefore be understood within a larger political context that is not welcoming toward this population.

Professional Role Constraints

Many of the Latino service providers described clashes between their personal role definitions and rules stemming from the agency and the ethical guidelines of professional counseling. These providers perceived constraints on their work with Latino immigrant clients as coming from non-Latino models of behavior.

"I do have two personalities 'cause I know how the white wants me to behave": - (*Latino service provider*)

The Latino providers exhibited a high degree of consensus about their desired clinical roles with Spanish-speaking clients. They believed that as immigrants themselves they understood their clients' needs and concerns. However, these providers perceived management (who in their eyes represented white society) as disagreeing with their shared role definitions. For example, one provider explained that her Latino clients felt more comfortable when she visited their homes wearing casual clothes—a violation of the agency dress code. She argued that management's reluctance to bend the rules hurt the very clients whom the agency aimed to serve. The following statement illustrates her frustrations.

> "I think that the people here, I mean you know, management, could put up with us looking a little more casual. Then I think they should be able to make the sacrifice instead of the clients."

In addition to the conflict with management over appropriate clinical role definitions, the Latino providers perceived much role conflict between their desire to offer culturally sensitive services and the ethics of professional counseling. They specifically felt that client-staff relations were hindered by ethical proscriptions against eating with clients, attending client social functions, and accepting gifts from clients. These rules were described as not matching the culture of Latino immigrant clients. For example, one provider described expectations in the Latino community.

> "... in the Latino community ... they don't understand why I cannot be their friend. You know. And they have a baptism, they have a birthday, they have a shower, they invite me."

She explained that clients feel hurt and disappointed when their counselors refuse to attend these important life events. At some point in the relationship, many Latino clients seem to regard their counselors in more than clinical or formal terms. For example, these clients used family metaphors to describe their Latino service providers.

> "We're almost like daughters to her because she has helped us so much."

> "Instead of talking about my problems with my mom, I call xxx. I have called her on a Sunday and she has taken care of my son on a Sunday."

> "So I feel as if she [her counselor] is a friend... I feel that she gives me the energy that I get every Tuesday here in the group. Right? When we are all here I feel that we are like a family."

The affection and intimacy in these relationships between Latino clients and providers appears to go both ways. Many of the Latina providers experienced much role conflict over wanting to be emotionally close and supportive with clients and the professional role requirement of maintaining a more distant formality. One provider explained the tension she felt when clients have asked her to attend their celebrations.

> "... and it's so difficult, you know, for me because that is my culture and [it] makes me in two pieces because I want to go, you know. I want to go, I have, I have no problem... That is very difficult for me as a Latino person with a Latino client."

So here again two conflicting meaning systems collide. What is an appropriate and effective clinical relationship? Is it a more detached, professional relationship with clear boundaries between the clinician's office and the social life of the client? Or is it more helpful when clients feel close enough to their counselors to desire their attendance at important life events and celebrations?

The conflict over clinical role definitions also emerges in the organizational procedures for transferring clients between programs. The policy requires service providers to work only with clients formally enrolled within their program. When clients transfer to another program, they must see another provider. According to the Latino providers, this policy led to unnecessary disruptions for clients. For example, these Latina providers described what happened to clients that transferred from their outreach and group therapy programs to the domestic violence shelter.

> "... I build relationships with them in group, and then they go into the shelter. They get a service plan, and then I can't help them no more, you know. And I'm the one that built the relationship with [them]. Now they have to start all over with another counselor that is going to be there 30 days."

> "And that's something I think that is in the Latino community is really important that when you trust a person, you know, to, first of all it takes a long time, especially if you're undocumented and then to be shifted then to another person. I think a lot of the women feel I abandoned them. Even though I explain to them that, you know, this is how it is and this is why and once they get out they can always call me again. It really doesn't make any sense to them. It doesn't make any sense to me either."

Not being allowed to continue seeing clients who go to the shelter seems to conflict with how these providers view themselves as counselors to the Latino population. They specifically emphasize the importance of trust in these clinical relationships and the client's perception of abandonment when the transfers take place. So the priority they give to a more close clinical bond, one they define as a Latino desire, clashes with the organizational imperative that clinicians only see clients within their programs.

The non-Latino providers, on the other hand, did not discuss any experiences of being constrained in how they wanted to help their clients. They never mentioned policies of the agency or the professional ethics of counseling as relevant in their work. The issues that they grappled with concerned their ambivalence about how to serve their ethnically diverse clients— the interpersonal issues of relationship-building with clients. Their concerns were more representative of the limitations of cultural competency discussed below.

Limitations of Cultural Competency

Although many individual agency members appeared culturally competent, their abilities to actualize these skills were limited by communication patterns within the agency. Agency administrators were aware of the importance of education and training on culturally sensitive practice, and many of the service providers and managers were quite articulate in describing what this practice should involve. However, the agency seemed constrained by a pervasive organizational silence around the topic of cultural diversity and much uncertainty and disagreement about how to negotiate difference.

Silence

One of the most striking findings emerging from the focus group discussions of service providers and managers was that despite administrators' wishes to improve cultural competency, there was an ironic organizational silence around the topic of cultural diversity. The focus group conversations of the primarily white providers seemed to represent isolated and perhaps new opportunities to discuss cross-cultural relationships with clients. The Latino provider discussions, on the other hand, seemed more like continuations of quite familiar material, as they often nodded in agreement with one another.

In addition to being new, the discoveries made within the non-Latino focus groups seemed to generate much interest and enthusiasm. One white provider shared: "All this time we've worked together, this is so great to hear this."

However, there was also concern about the silence over diversity. For example, the following manager had just learned something from one of her colleagues, and wondered what else she does not know.

> "I mean I never even thought about it. And then, so then I'm wondering well what else am I missing?"

These two managers, struck by the new information they have learned, imply that it is harmful not to be aware of their biases.

> "You know, until you pointed that out to me, it's like I don't even recognize that, and that I think is kind of scary, and I think we all do that."

> "It's like what xxx talked about is so significant and yet I wonder how many other things that we miss because we don't really, we don't have the time or we don't take the time to sit down and talk about it or try to delve into what our, you know, deeper biases are."

This manager discussed the systemic problem at the agency of not explicitly talking about diversity issues with clients. He suggested that it is important enough to make more time for at meetings.

> "What I think we don't do is make enough time at our group meetings. I mean, people that I supervise, we get together every week and we don't talk about differences very often. I mean it's except maybe indirectly, but it certainly would be a good idea to make it a, bring it up as a conversation thing more often, and um, um, just make it, not kind of tiptoe around it all the time but just to put it out there, you know."

His statements reveal how the issue of difference, cultural and otherwise, is "tiptoed" around in clinical supervision meetings, implying perhaps a discomfort around the topic of diversity.

A Spanish-speaking service provider, recognizing the value of what she learned in the focus group, felt that the agency should sponsor meetings to talk specifically about diversity issues.

> "I was thinking that, for example today, I learned something, what you said there... Why the [agency] don't have sometimes, you know, [a] meeting like this so that we can talk about it?"

Her question is a good one, and one that demonstrates the lack of attention given to fostering cultural competency among the agency's service providers.

These focus group conversations brought attention to the lack of discussion about cultural diversity issues at the agency. Service providers and managers expressed interest in what others shared about how to provide culturally sensitive services as well as concern that these informative discussions did not occur outside the focus group. This institutional silence on the issues of diversity suggests that culturally competent practice was not yet incorporated into the agency culture.

Uncertainty and Disagreement

A second process reflecting a lack of cultural competency within the agency culture was the non-Latino providers' uncertainty and disagreement about how to deal with cultural and economic differences with their clients. These primarily white staff explored various strategies for developing more effective clinical relationships with their clients, and presented their rationales behind competing practices. Their conversations suggested a sense of uncertainty about what the "correct" ways to proceed with clients should be.

In one example, providers disagreed about whether or not it is important to give clients as much information about themselves as possible before they go to clients' homes. They specifically wondered whether or not they should tell clients what they will be wearing and what car they will be driving. Two competing views on this issue were expressed by these providers.

> "I'm uncomfortable parking and I think also because I'm concerned that is going to embarrass them... To the neighborhood and to the family you're a social worker coming in there. I don't want to embarrass them so I try to park away and draw less attention to the family."

> "I think the car issue is an important one. To me, it is, because that's part of my culture. And at the same time I respect them for their culture so by letting them know ahead of time or discussing it ahead of time, letting them kind of get used to the idea, I feel it's like putting them on even ground. [I think] 'I know about you, here's what I want you to know about me.' And they tend to like that I have given them a little information about myself."

Interestingly, the debates were among coworkers, not with management, as with the Latino providers. These non-Latino providers were not being told to act or dress more "professional" and detached. Their clinical role definitions seemed to be their own, and not in conflict with their managers. Professional norms and ethics also were not referenced in the following debate on eating client-prepared foods.

The non-Latino providers wondered whether accepting foods prepared by their clients was truly important for developing their client's trust. Some believed that accepting food was particularly important with clients from a non-white cultural background. Others stood by their own preferences not to eat food prepared by clients. This white service provider described her history of not eating client foods.

> "... I mean I just don't want to [eat] and so I don't. But it seems to be bridging some gaps maybe for you and I think, especially with Hispanic families, a lot of them have asked me, 'Please eat, please eat.' I never have eaten to this moment."

Another white service provider arguing for the importance of eating foods offered by clients responded.

> "Well, we're talking about ways of connecting, and that gets past cultural differences."

A third provider, also white, offered her views on why eating with clients is culturally sensitive.

> "The reason I started eating was that I found out that it was an insult if they offered you something, Hispanics, and you didn't eat. And I also have some Hispanic friends. They don't speak English and so I learned a lot from them because they treat me like one of the family. And vice versa."

These types of debates about how to interact with clients came up throughout the predominantly white provider focus group discussion. Sometimes the providers felt enlightened by what their coworkers had to share and other times they politely disagreed about what approaches to take. The differing opinions about how to handle various cross-cultural situations do not necessarily inhibit culturally competent practice. However, the uncertainty and doubt expressed by these providers about what is the "correct" practice indicates the need for more discussion about service delivery to clients of diverse cultural backgrounds, as well as awareness of ethnocentrism. Conversations about diversity were rare at the agency. However, these providers appeared quite willing to engage the topic. So the type of change needed requires the institutionalization of both formal and informal opportunities for providers to examine their visions of and experience with culturally competence practice.

Discussion

This analysis of the experiences and perceptions of agency service providers, managers, and Latino immigrant clients revealed several processes hindering the achievement of culturally sensitive services. The cultural compatibility method of serving Latino clients was limited by the ghettoization of

the Latino providers, conflicts between providers' goals for clients and requirements of external funding and referral sources, and conflicts between Latino providers' desired clinical roles and professional ethics and agency rules. Cultural competency was limited by the lack of discussion within the agency about diversity issues and the uncertainty and disagreement about culturally sensitive practice among non-Latino providers.

Further examination of these problems uncovered several conflicts over how service delivery and clinical relationships were defined. Specifically, the following questions emerged out of these meaning conflicts. First, how is successful service delivery measured? Is it the numbers of persons who finish a program, or does success depend on who was helped? Other questions concerned how appropriate and effective clinical relationships were defined. For example, tensions were apparent over the questions of how much professional detachment and directiveness with clients is considered desirable. Controversy also existed over the question of what should happen to clinical relationships when clients transfer between programs.

Typically, the Spanish-speaking Latino providers perceived themselves as having different answers to these questions than did their managers, and they felt constrained to conform to external expectations. Providers in English-speaking programs grappled with these questions among each other, but did not feel pressure from their managers. The dilemma for the Latino providers was role conflict; they felt confident in what they wanted to do with Latino immigrant clients, but were not allowed to. The dilemma for the white providers was role ambiguity; they were less sure about how to proceed with Latino immigrant clients and they wanted to talk about it, but their managers did not provide such opportunities.

The dilemmas of these two sets of providers point to the limitations of placing a cultural compatibility model of service delivery within a wider system that does not operate under Latino immigrant values or represent Latino immigrant experiences. The Latino immigrant service providers may have the appropriate capabilities (knowledge, skills, and awareness) to achieve quality helping relationships with their clients, but they face constraints within an organization that reinforces white middle-class models of service delivery. The white service providers may have the appropriate desires to learn about culturally sensitive practice, but they too are limited by an organization that ignores the topic of diversity.

The cultural competency model may offer a solution to these problems. If the agency promotes the development of culturally sensitive knowledge, awareness, and skills among providers at all levels in the organization, then perhaps the benefits of culturally compatible services could flourish. For example,

cultural competency emphasizes understanding experiences that are not one's own. If agency members were to practice this principle, then the insights of the Latino providers would be actively sought out. Their expertise as members of their clients' communities would be part of the ongoing conversations about how to effectively serve the agency's Latino clients. Managers seeking cultural competency may also begin to evaluate whether or not the policies and professional ethics guiding service providers are appropriate for Latino immigrant clients.

The blending of these two models may also reduce the problems of silence and uncertainty about how best to serve culturally diverse clients. Cultural competency requires ongoing, formal and informal opportunities for discussion about how to engage clients with backgrounds different from one's own. Staff meetings could emphasize learning from one another, experimenting with different approaches, and recognizing that "one size does not fit all."

Perhaps a larger problem, though, concerns how much can be achieved within an agency that depends on funding sources, licensing agencies, and educational institutions that do little to promote Latino immigrant interests. The agency can certainly create internal changes to enhance the integration of Spanish-speaking Latino providers within the organization. Their isolation can be reduced with more opportunities for communication and collaboration with English-speaking providers and programs. The institutionalization of cross-program meetings is a relatively straightforward process. And of course vertical integration of these providers throughout management levels would bring needed expertise to program development and policy decisions. But this agency depends on resources from external systems for its survival. If the concerns of Latino immigrants are not at the center of the policies and practices of these outside organizations, then how can the agency not re-marginalize this group?

The agency sends outputs to these external systems in the form of grant proposals and reports. This is where the discourse that agency members use is quite important for changing the ways that Latino immigrant issues are regarded. Grant proposals, for example, can contain requests for lines to fund cultural competency and compatibility activities. There is plenty of research literature, as well as this agency's self study, pointing to culturally sensitive practice as integral to successful service outcomes. Agency reports to external organizations can also stress the importance of culturally sensitive practice by providing information about how external requirements specifically hinder the achievement of program goals. In sum, this agency can play an educational and advocacy role with external organizations.

Conclusion

This study not only provides substantive information on barriers to culturally sensitive practice, but also illustrates the utility of a clinical sociology approach to uncovering problems and developing solutions within an organization. With the systems and constructivist perspectives, my analysis identified how the lack of integration of Latino providers in the agency, combined with their role conflict and clashes of expectations and goals with other providers and management, and the institutional silence about multicultural issues, impaired service delivery to Latino immigrant clients. These findings led to structural solutions emphasizing (1) change in patterns of relationships among English and Spanish-speaking programs, (2) reassessment of institutional policy on professional roles and clinical relationships, (3) institutionalization of more formal and informal opportunities to discuss strategies of culturally sensitive practice, (4) vertical integration of Latino providers throughout agency hierarchy, and (5) restructuring the agency's relationships with external organizations. With these changes in place, the needs of Latino immigrant clients may be placed at the center of this agency's service delivery.

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From Research to Policy: Roles for Sociologists

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Research is often commissioned for the purpose of influencing policy and enabling change. Sociologists can play important roles in facilitating the communication of research results and the implementation of change. The help wanted ads seldom advertise such positions, but the need is there. Almost 20 years ago, a study by the National Academy of Sciences (1978), recommended that more effort be expended on the dissemination and application of research findings on social problems. That study inspired me to explore related consulting opportunities—and I've been busy ever since, responding to this need and assisting in the process of promoting change.

As a consultant in the Washington metropolitan area, I have focused on facilitating the communication of research for various government and private sector organizations. The skills I use are threefold. First, I use my knowledge of quantitative and qualitative research methods in order to assess and accurately represent research findings. Second, I use my analytical and writing skills to simplify and synthesize research findings and present them without jargon to diverse audiences. Third, I use interpersonal skills and an understanding of social systems in listening to both researchers and potential users and in organizing briefings, workshops or other communication events that facilitate the use and application of the research. In exercising each of these skills, much diplomacy is required. I am assisting technical experts to communicate their findings and achieve their objectives. Entrepreneurial skills help too because I must market my skills and find technical experts or decision makers who are willing to pay me for this work.

Much of my work has been in international development, but I have also

worked on national social problems. Initially, I focused on social research, but soon I was asked to work with experts in agricultural research, natural resources management, economic reform, and many other areas. In each area, the problems were similar. The technical expert could talk to other experts, but had great difficulty explaining the research to non-technical audiences (decision makers). The technical expert could write a 20-page paper on the work he or she had done, but had great difficulty writing a one-page synthesis or explaining major results to a busy decision maker within a few minutes. The technical expert was steeped in detail and welcomed assistance in synthesizing the essence and developing a strategy for communicating with others.

A few examples will illustrate how my work has added value to research products.

Clarifying the Policy Implications of an Evaluation

As a pilot program in nutrition education was ending, two nutrition experts conducted an evaluation of the program. Their report, 147 pages in length, with many complex charts and detailed footnotes, was excellent, but it was not user friendly to the managers who had to decide what to do next. My assignment was to digest that research and write a report entitled, "Policy Implications of an Evaluation." My report was 15 pages in length, with five of those pages devoted to policy recommendations. The report was organized for quick reading with a minimum of technical terms (glossary provided), with major findings presented as headings, and with the rationale behind policy recommendations clearly outlined to facilitate assessment. My report was a key document in a workshop that decided how ongoing nutrition education programs would be structured.

Synthesizing the Essence of a Complex Change Effort

Having worked to achieve policy reforms in the maize-marketing system of Zimbabwe, the U.S. Agency for International Development (USAID) wanted to explain its achievements to senior management and to missions in other countries undertaking similar efforts. An economist involved with the effort wrote a 10-page paper detailing how USAID had assisted the process and presenting the results of several research studies that showed changes in employment patterns and reductions in the cost of maize to consumers. My task was to explain the essence of this complex development effort in everyday language in a two-page paper (approximately 1200 words).

After reviewing numerous research reports, I traveled to Zimbabwe to visit rural areas where entrepreneurs had opened small mills. I interviewed entrepreneurs, government officials, USAID personnel and consumers and took photos to help tell the story. The research studies provided me with the statistics. They documented that policy reform had resulted in the abandonment of centralized maize marketing and the creation by small entrepreneurs of more than 10,000 small mills in rural areas. These mills provided employment for more than 20,000 Zimbabweans and enabled rural populations to grind maize locally. As a result, the price of a staple food had decreased 20 percent. The interviews I conducted made these statistics come alive. I was able to tell the story of real people, with quotes and photographs that helped readers understand what was happening to those who had been affected by the reforms. My paper was published in a USAID publication, excerpted for a Congressional presentation, and adopted in at least one undergraduate economic course to help students understand how policy reform works.

Facilitating the Understanding of Research Findings and Promoting Action

To assist in developing recommendations and action plans, another client planned a workshop and invited numerous researchers to share their findings. My assignment was to assist in planning an agenda that would achieve the desired results and to facilitate the process of developing a synthesis while the workshop was taking place. The agenda for the four-day workshop included numerous plenaries where research findings were presented. After each plenary, participants adjourned to small-group discussions. The small groups were given specific assignments that encouraged them to clarify major findings and identify recommendations for action. Reporters in each group synthesized the discussion and forwarded it to me. I managed the synthesis process, synthesizing materials received from all reporters and creating a draft that a committee of experts reviewed at regular intervals.

The results of this effort was a 10-page synthesis of substance and recommendations that was presented in plenary at the closing session of the workshop and distributed to participants, politicians and press. This draft helped participants write their trip reports (and convince supervisors the time was well spent), improved the quality of press reports, and provided politicians and everyone else with clear guidance on the next steps recommended by workshop participants.

Opportunities for Sociologists

In each of these assignments, I believe my sociology training and my sociological perspective have been valuable. Though I define myself as a management sociologist, most of my clients are oblivious to job titles. They want the job done. And they want it done by someone they can trust to do it properly. They need someone who can master the subject matter, pick out what is important, and synthesize it accurately. They want someone who is able to make independent decisions, but who is a diplomatic team player in negotiating changes or planning workshops and other communication events. The goal is to make the research findings user-friendly and to create an environment for learning and decision making.

Sociology has much to contribute to public policy debates, but it can only contribute if some sociologists are actively involved in synthesizing research and facilitating its use in public fora. The skills required may not be taught in graduate schools, but they can be learned and shared. I know from experience that such work is available, challenging and rewarding. I welcome email from sociologists who are doing similar work and wish to share their experiences. Perhaps together we can encourage an expanded role for sociologists in the dissemination and application of research.

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Social Psychology: Handbook of Basic Principles, edited by E. Tory Higgins and Arie W. Kruglanski. New York: The Guilford Press, 1996. 948 pp. ISBN 1-57230-100-7.

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The goal of *Social Psychology: Handbook of Basic Principles* is an ambitious one—to identify and analyze the basic principles that underlie social behavior. While a substantial volume of work has now accumulated in substantive areas of social psychology, Higgins and Kruglanski believe that the fundamental principles that tie social phenomena together have yet to be "directly analyzed in a comprehensive manner" (p. vii).

In contrast to the organization by content area taken in more traditional texts, the 28 chapters in this handbook are organized into sections based on the five levels at which they examine social behavior: biological, cognitive, personal motivational, interpersonal, and group/cultural. Within each section, four to seven chapters review theory and research relevant to the "broad social-psychological domains" (p. vii) that are the book's focus. No attempt is made to integrate the chapters beyond the linkages that naturally arise, nor is any level of analysis presented as more basic or central than another.

Representative of the readings on the biological system are chapters on evolutionary social psychology and social psychosomatics. Coverage of the cognitive system includes chapters devoted to mental representation and social hypothesis testing. Self-regulation and mental control are among the personal motivational system topics, while the interpersonal system section includes readings on social support and interpersonal communication, and the group/cultural system section includes chapters on group conflict and social transitions.

Each chapter strives to "provide a comprehensive review of all the significant conceptualizations related to principles in a given domain, as well as a review of the research supporting (or failing to support) each conceptualization" (p. vii). This goal is well accomplished; the readings are

invariably thorough in their coverage and all contain extensive references, yielding comprehensive end-of-chapter bibliographies and an author index of over 6,000 entries.

However, a focus on underlying social psychological principles does not guarantee coverage of substantive areas and, in fact, some topics receive greater attention than others. In large part, the issue is a relative one; most of the major areas receive at least some coverage and many are discussed in depth. Nevertheless, it is important to stress that for everything this volume is, it is not (nor is it intended to be) a comprehensive survey of accumulated social psychological knowledge.

The book's organization guarantees that there be some overlap across chapters, as some phenomena are discussed at more than one level of analysis or from different perspectives within the same level. A detailed subject index is useful for locating information of interest.

The book's focus on basic principles raises two additional issues for clinical sociologists. First, some levels of analysis are more directly relevant than others. Not surprisingly, clinical sociologists should generally find the later sections on personal motivational, interpersonal, and group/cultural systems particularly useful. However, it would be a mistake to ignore earlier chapters, as it is the exposure to the varied analytical approaches that imbues the reader with a renewed appreciation for the complexity and elegance of social behavior.

Second, a focus on basic principles must inevitably be at the expense of application. While all chapters extensively review relevant theory and research, they are uneven in their attention to how this information can be applied to social issues. Nonetheless, by integrating content areas that have heretofore stood separately, the *Handbook* implicitly suggests new and creative solutions to a variety of applied social problems.

Despite these concerns, the *Handbook* is an invaluable resource for clinical sociologists (and other professionals) interested in understanding social behavior. The readings are thoughtful, ambitious, and engaging, and are generally well-written. The focus on the underpinnings of social behavior complements that of more traditional texts and contributes to a framework for viewing social phenomena that has the potential to greatly advance our understanding of the human social experience.

Clinical Sociology: An Agenda for Action, by John G. Bruhn and Howard M. Rebach. New York: Plenum, 1996. 243 pp. $39.50. ISBN 0-306-45448-3.

Sue Hoppe
The University of Texas Health Science Center at San Antonio.

Those who have regularly read *Clinical Sociology Review* since it first began publication in 1982 probably don't need a definition of "clinical sociology." For those who have not been regular readers, clarification of the definition is important. Bruhn and Rebach define clinical sociology as the "use of sociology for positive social change and development . . . and a basis for active intervention that addresses current social problems" (p. 1). "Active intervention" is the criterion that distinguishes clinical sociology from other "practical applications" of sociology such as "applied sociology" and "sociological practice" (p. 2).

Bruhn and Rebach's book is the first in a new series, *Clinical Sociology: Research and Practice*, edited by Bruhn. As the first book in the series, it is appropriate to try to establish an agenda for action for the field of clinical sociology in the twenty-first century. The authors present four theoretical approaches to problem solving (social system, human ecology, life cycle, clinical), describe problem solving at different levels of social organization (micro, meso, macro), and outline program evaluation and intervention techniques. Then, they set a seven-point agenda for action that includes awareness of and work on issues surrounding ethics, information technology, health promotion, accountability, service integration, the physical environment, and public policy.

The organization and content of the book are similar to an earlier volume edited by the authors (Rebach and Bruhn, 1991). Clinical sociology students, who are the primary audience for the book, will find this more concise and updated overview of the field a helpful resource that contains illustrative clinical cases and annotated reading recommendations. Coverage of theoretical approaches is largely guided by the authors' preferences and experiences with a set of models that share core features and have proved useful in their practice of clinical sociology. The book goes beyond this, however, by emphasizing and demonstrating ways in which other sociological theories can be applied to the solution of practical problems. An additional strength is that consideration of ethical issues, to which too little attention is given in sociology, is integrated in almost all of the topical areas addressed.

Clinical Sociology: An Agenda for Action might be considered the first primer in the field. It moves toward a clearer definition of clinical sociology which will hopefully help to resolve some of the identity issues and lack of cohesion among this group of professionals, as well as bring greater visibility

to other sociologists of the important work done in this area. Although the book is primarily intended for students, clinical sociologists will be challenged by it to "explore new ways to use their sociological skills in solving problems" (p. *xi*).

Liberalism and the Problem of Knowledge, A New Rhetoric for Modern Democracy, by Charles Arthur Willard. Chicago: The University of Chicago Press, 1996. 344 pp. Cloth. $55.00. ISBN 0-226-89845; Paper $17.95. ISBN 0-226-89846-6

Steve Kroll-Smith
The University of New Orleans

Charles Willard is Chair of the Department of Communication at the University of Louisville. And he is troubled by a pandemic of ethnic and nationalist violence, political tyranny, and what he sees as an inherent problem with liberal political philosophy, particularly its hope in the redemptive powers of an educated public. His solution to this problem is a bold argument for the need to replace the traditional rhetoric of liberalism with one he calls epistemics. It almost works.

Willard draws his inspiration from the work of Richard Rorty who questions attempts to "eternalize" powerful discourses as natural, timeless and beyond history. Privileged ways of talking are, like all human experience, historical and institutional; and no one discourse, to paraphrase Lord Acton, is fit to govern. It is Willard's goal in this book to introduce another, *better*, way of talking about human communities. His idea of better is borrowed from Rorty's evocative claim that knowledge can be thought of as either a reflection of the nature of the world or as a less momentous but perhaps more useful resource to help us cope with reality. Rorty opts for the latter, more pragmatic, view of knowledge. So does Willard.

Liberalism and the Problem of Knowledge is an argument for the political and philosophical inability of liberalism to accommodate the demands of an increasing number of important public issues that require the interplay of complicated arenas of expert knowledge. Contemporary political issues cross many fields of knowledge, but individual expertise can cross only a few. Thus we often face a knotty tangle of knowledge claims that no one person can straighten into a coherent, acceptable rhetoric for political action. The result is a profound sense of chaos. "Any nation that bequeaths its children a nuclear arsenal and ancient clichés to administer it," Willard observes wryly, "deserves the rebellion it gets" (p.23).

A case is made for *epistemics* as a new way of apprehending modern political troubles that should reduce the chances for popular uprisings. Drawing on Geertz, Burke, and Wittgenstein, among others, epistemics is envisioned as a style of thinking that crosses disciplinary boundaries. The focus is not on a particular knowledge, but on the interplay of multiple ways of knowing. Epistemics eschews specialization for hybridization. It is self-consciously heterogeneous. The complexity of a nuclear arsenal nicely illustrates this point. Any reasonable discussion of this issue must include, at a minimum, the expertise of nuclear engineering, nuclear waste management, short and long-term military strategy, managing state secrecy, civil defense, and the contemporary domestic political landscape, not to mention the art of international diplomacy.

To Willard's credit, an emphasis on epistemics does not preclude the participation of the public, or more properly, publics. While it would be too simplistic to see the American public (whatever that means) offering an expert opinion on an issue, it is true that modern social movements are likely to argue in the language of technical expertise to resolve a particular issue: reproductive technology and the women's movement, drug testing and the AIDS movement, toxicology and the environmental health movement, and so on. A particular public can thus become a source of expert knowledge to be added to and considered among the other sources that are necessary to make sense of a complex problem. This neo-Deweyan optimism is a source of concern.

Few people who read this book will agree with all of its twists and turns. What I find disturbing is his almost studied avoidance of the question of power. Foucault is discussed at length, for example, on the issue of critiquing discourses, but his insights into the capacity of powerful organizations to create knowledge that becomes both self-legitimating and controlling are ignored. It is true that complex problems called for multiple ways of knowing, but it is also true that ways of knowing are embedded in organizations and statuses that enjoy unequal access to centers of decision making. A biochemist developing a potentially profitable synthetic banana, for example, is likely to enjoy more access to decision makers than the lower-paid ecologist working in the basement who is tracking hazardous wastes produced in synthetic banana production—assuming the firm hired an ecologist, which is not likely. The power/knowledge issue examined by Foucault, the later Marx, and many of the contemporary post-structuralists, deserves a hearing in Willard's complex argument.

Liberalism and the Problem of Knowledge reminds me of a Hollywood blockbuster movie, with one important exception: It manages to combine dazzling special effects with important and timely substance. While I find the premise of this tale sociologically naive, I both enjoyed and learned from the read.

Witnessing for Sociology: Sociologists in Court, by Pamela J. Jenkins & Steve Kroll-Smith (Eds.). Westport, CT: Greenwood Publishing Group, 1996. $65.00. ISBN 0-275-94852-8

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Witnessing for Sociology, edited by Pamela J. Jenkins and Steve Kroll-Smith, takes the reader into a fascinating interior landscape: the intersection of sociology as an academic discipline and the nitty-gritty world of courts of law. One author, Joseph E. Jacoby, puts it this way: "Most social scientists do their work while comfortably insulated from any real-world consequences of their scholarship. The legal setting provides an exciting contrast, where someone's life, liberty, or property is at stake. The immediacy of expert witness work focuses the mind and sharpens the intellect" (Jenkins & Kroll-Smith 1996:36-7).

This book, too, "focuses the mind and sharpens the intellect." It does so in the context of 13 quite diverse chapters. Indeed, the editors note that "(p)erhaps a reviewer or two will critique the project for its diversity of personal stories" (4). For this reviewer, certainly, that diversity was welcome. The authors of the various chapters have had very different experiences within the court system, and they translate those experiences in varying ways. The styles of the writers are similar, however, in the immediacy which they offer to the reader. For example, in "Contested Knowledge: Battered Women as Agents and Victims" (93-111) by Pamela J. Jenkins, the immediacy of the courtroom is recreated on the printed page by excerpts from actual courtroom transcripts, exchanges among the judge, the attorneys, and the expert witness that give a wonderful feel of actual trial circumstances. In "Shadowboxing with Mark Twain: Self-Defense of the Statistical Expert" (40-53), William E. Feinberg points out that being called upon as an excerpt, especially on statistical matters within the textured and complicated sociological perspective on the causes and consequences of human behavior, is sometimes a very confrontational experience. He notes that his "use of the term 'self-defense' is intentional; I want to emphasize that, often, one is defending that part of the self that is defined in relation to the professional identity of the social scientist" (42). Joseph E. Jacoby points out one of the potentially confrontational contradictions for the sociologist as expert witness: "if we use straightforward, non-technical language to explain our procedures, our work appears to require no special skill [does this sound like explaining Sociology to "hard-science" colleagues?]. If we adopt the opposite strategy, using a technique such as multivariate analysis, the court's inability or unwillingness to under-

stand those procedures makes our testimonies vulnerable to the accusation that 'anyone can lie with statistics'" (34) [thus he might agree with Feinberg's title reference to Mark Twain, who said, only allegedly, but famously, "There are lies, damned lies, and statistics" (41)].

Jacoby also identifies one of the primary contradictions for a sociologist in court; "[a] sociologist is a scientist with primary allegiance to the truth as revealed through the scientific method; an attorney is an advocate with primary allegiance to a client" (25). Yet even the issue of the sociological perspective on "scientific truth" is examined in this book. As the editors point out, courts are places where the search for the truth is the central organizing paradigm. But they note that "[s]ociological stories routinely complicate the romantically elegant notions that there is a right and a wrong, a good and bad, or an innocent and guilty party" (8). The authors distinguish sociological expert witness testimony from that derived from more familiar and (to courts) more "scientific" fields such as engineering, medicine, or biology. "There is a certain fit between the tendencies of courts to think in the polarized logic of innocent or guilty, liable or nonliable, coerced or volunteered, drunk or sober, and so on and the hard, obdurate evidence of bridges, engines, sobriety tests, deoxyribonucleic acid strands, or personality indexes" (8) Sociology, however, "complicates the romantic notion that truth is just a fact away from being established" (8).

All of the chapters are presented as narratives, stories, accounts of the experience of these sociologists as expert witnesses. Each of these academic sociologists (a criterion for selection of the contributors) has experienced working within the courts somewhat differently. The narrative form is especially appropriate for a book dealing with legal cases, as each case brought to court is in itself a story, a narrative, an *account of* reality. The role of the sociologist is often to shed light on the etiology and efficacy of each person's account: the defendant's reasoning, the victim's perspective. Patricia G. Steinhof, in "When Murder May Be Suicide and 'Yes' Means 'I Heard You': The Sociologist as Cultural Interpreter" (70-92), describes her work in explaining Japanese culture and values to courts in Hawaii. In "Sociology and Capital Murder: A Question of Life or Death" (57-69), by Craig J. Forsyth, he remembers one juror who, having voted for life imprisonment rather than the death penalty after having heard Forsyth's account of the "young rural man gone bad in the city" (1996:65), said, "It was not a justice verdict... it was a merciful one" (1996:65). Forsyth's "account" had probably made the difference. With reference to another case, he says, "It might seem peculiar for someone's mother to embrace an expert to the court and say 'thanks' because her son will be in prison for the rest of his life, but her son's life was spared, in

part through the testimony of a sociologist" (1996:68). Real drama, real life.

This is an intense, engrossing volume which invites the reader into an interesting application of sociology, one that is important, immediate, and involving for its practitioners. Sociology has much to offer to the criminal justice system in this very active interventionist role. This book is a valuable eye into that role.

Building Community: Social Science in Action, edited by Philip Nyden, Anne Figert, Mark Shipley, and Darryl Burrows. Thousand Oaks, CA: Pine Forge Press, 1997. 263 pp. $33.95. ISBN 0-8039-9093-6

Harris Chaiklin
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Sociologists have always struggled with the questions of whether they should attempt to use their science to solve practical problems and of whether they are able to solve any problems. This edited volume answers both questions with a resounding yes. The solution that is offered is to espouse cooperative research where both the university researchers and the community activists concerned with the problem are equals, though each has different skills, in defining the problem and executing the research.

The volume is formatted in a unique way. There are three forewords: one by Senator Paul Simon; one by Adele Simmons, president of The John D. and Catherine T. MacArthur Foundation; and one by Carlos R. DeJesús, executive director of Latinos United. Each represents a significant player in cooperative research and each has a slightly different view of the problems to be undertaken. These forewords reflect both the strength and the weakness of the cooperative approach. There is the stimulation that comes from the willingness to take on unpopular causes and there is the frustration which comes when people with similar values do not reflect a united front.

The introductory section has two chapters, presumably written by the editors, which present the basis for collaborative research. These are followed by 27 case study precis grouped into five parts. These include racial, ethnic, and economic diversity; the environment; new models for community-based research and learning; health; and community control. The case studies describe the collaborative process and its successes and stresses. There is a description of results and at the end, which will no doubt delight students, the editors attach a paragraph which presents the main points of the case. The cases represent an impressive array of issues faced by the poor in urban America. The section on the environment brings a focus to an issue that many

social activists often neglect. The writing is clear and well informed. The senior editor is Director of the Center for Urban Research and Learning at Loyola University in Chicago. He includes the World Wide Web address for this and the Policy Action Group composed of Chicago community leaders and university researchers.

This volume accomplishes its goal. There is convincing evidence that university researchers and poor people can collaborate to do research that leads to social change. While there is ample warning that this is not easy to do and several case studies identify stresses in the collaboration, this reviewer wonders if the volume would have been strengthened by the inclusion of failures. Some context for interpreting the 27 cases would have helped also. Each success reported in this volume is noteworthy but there is no sense that these efforts are part of a social movement that will reduce inner-city misery. The cases seem to be impressive but isolated events.

The questions this reviewer has about this volume can be summed up by saying that it has a Pollyannaish quality. The collaborative model proposed in this volume can also be used by the affluent. When outsiders supply the money there is always the possibility that they will overtly or covertly influence the results. These issues are identified in this volume but they are not stressed enough.

This book is highly recommended as a supplemental text in courses in urban research, the community and community organization. The editors and their contributors have identified a series of issues relating to the role of the university that needs to be more widely explored.

Citizen Science: A Study of People, Expertise and Sustainable Development, by Alan Irwin. New York: Routledge, 1995. 216 pp. $59.95.
ISBN 0-415-115148-5.
Michael R. Edelstein
Ramapo College of New Jersey

If the post-modern society suffers from the risks engendered by a now lost faith in science and technology, then what changes in the practice of science and use of expertise are required for the necessary shift to a potentially "sustainable" society? Alan Irwin's *Citizen Science* provides a thoughtful analysis of this needed transformation. This new science is informed by the contextual knowledge of citizens as they exercise greater control over their lives, health and environment. Rather than supplanting the modernist ideal of universal science, a citizen science would integrate vernacular knowledge and

scientific expertise within flexible and open discourse about the problems confronted by people in real life. This conversation is by nature self-critical and self-aware and reflexive about the uncertainties and limitations confronted in any local application. The result of this dialectic of local and scientific expertise is mutual growth: public empowerment is pushed to incorporate new competencies while science is challenged to stretch toward new areas of discovery.

However, the above conditions are far from the current reality. Thus, much of *Citizen Science* consists of a litany of the sins committed in applying modern science to policy. Using such cases as the conflict over the use of the herbicide 2,4,5-T, the controversy over "mad cow" disease, and the challenge of instituting local policies for industrial disaster response, Irwin illustrates the divergence between the modern "enlightenment" and post-modern "critical" approaches to science. In the modern formulation, science is painted as rational, authoritative, consensual and independent while the publics' distrust of risk policy is explained by their ignorance and emotionalism. From a critical post-modern perspective, in contrast, this distrust reflects the failure of science to address uncertainty, disagreement, and divergence between different disciplines, even concealing these limitations to preserve the appearance of validity and to legitimize policies. Practiced forms of decision making place technical issues, scientific analysis, and expertise at the center of environmental risk issues while reducing the public to the role of ignorant witnesses. The failure of such "top down" decision making is evident, for example, when efforts to inform local people of emergency procedures don't make sense to the targeted population in light of their understanding of risk in the context of local life.

While at times the public is muted by the authority of scientific evidence that contradicts local understandings, in other instances, citizens use their local knowledge to challenge scientific expertise. These instances of "popular epidemiology" are grounded in the actual experience of the respondents and seek to prove that local victims have been harmed rather than discover broadly generalizable and universal findings. Public epidemiology was evidenced, for example, when British farm workers battled against use of the herbicide 2,4,5-T. Abstract expert proclamations about safety contradicted their direct knowledge of the variability and complexity of actual field conditions, operating circumstances, and social factors during the spraying of pesticides. Further armed with their own survey data on health outcomes, the farm workers were in a position to scientifically prove harm. Irwin thus offers a strong application of the Risk Society theory of Beck and Giddens integrated with a sensitivity to the social construction of knowledge. It is unfortunate that Irwin's work was not cross-fertilized by the research of U.S. social scientists on the

social and psychological impacts of contamination. There is much common resonance around themes such as local knowledge and lay epidemiology.

Having offered the promise of Citizen Science as an alternative paradigm for science, Irwin waits to the last chapter to admit "there is no easy synthesis on offer which can replace enlightenment/modernist thinking." The volume is more reactive than proactive. The discussion of building sustainable futures is dominated by tales of failure rather than success, even in examining such important models as that of the European science shops or the Canadian MacKenzie River Pipeline Inquiry. Thus, as attractive as is Irwin's vision, one cannot but be disappointed by the sparse delivery on the promise of *Citizen Science*. Perhaps the paucity of positive and successful models is itself instructive, a challenge to the thesis that is not addressed. Lacking indications of practical success, Irwin is left to cite abstract notions about a "greener science" that asks of any application "which form of science is appropriate and in what relationship to other forms of knowledge." With the public as peer reviewers, this new science would become better able to address the ambiguities of the real world. Irwin's integration thus bridges the post-modernist critique of contamination with the socially transformative steps necessary to reach sustainability. This is a vision that I, for one, share, and, even absent claims for idealized applications and successes, *Citizens Science* correctly charts the direction that field experimentation, innovative practice, and environmental action research should urgently pursue.

The New Language of Qualitative Method, by Jaber F. Gubrium and James A. Holstein. Oxford: Oxford University Press, 1997. 244 pp. ISBN 0-19-509993-1 (cloth), 0-19-509994-X (pbk.)

Susan Brown Eve
University of North Texas

The purpose of this book is to analyze the way the language of qualitative method relates to how researchers view and describe social life. The authors, Jaber Gubrium and James Holstein, describe the four most influential approaches to qualitative research in contemporary social science. These four approaches are naturalism, ethnomethodology, emotionalism, and postmodernism. Naturalism is defined as "...a way of knowing that locates meaningful reality in the immediate settings of people's daily affairs (p. 7)." Naturalists seek "...descriptions of people and interaction as they exist and unfold in their native habitats...in order to understand what things mean to them (pp. 6-7)." Ethnomethodologists listen "...to naturally occurring con-

versation in order to discover how a sense of social order is created through talk and interaction. At the heart of the research is a deep concern for ordinary, everyday procedures and practices that society's members use to make their social experiences sensible, understandable, accountable and orderly (p. 7)." Emotionalism focuses on understanding the total man in his total environment (p. 9). To do that, requires "...open sharing and intimacy, affective sensitivity...to develop true empathy and understanding. The goal is to capture, even *reenact*, the subject's experience and to describe that in full emotional color (p. 9)." Postmodernism is concerned with the growing awareness that there is a reflexive relationship between social reality and the methods used to study it; "...that research procedure constructs reality as much as it produces descriptions of it... This 'crisis of representation' has inspired a host of attempts to 'deconstruct' research to reveal its reality-constituting practices (pp. 9-10)." Each of these four major approaches is analyzed in separate chapters in the first part of the book and their differences are discussed in detail.

In Part II, the authors show how the differences can be integrated using common characteristics of the four methods to create a "renewed language of qualitative method." The common characteristics include a skepticism toward common wisdom about social reality, a commitment to close scrutiny of the social world, a commitment to describe the "qualities," or understandings, of experience, a focus on the processes of social life, an appreciation for subjectivity, and a tolerance for the complexity of social reality. Differences in the methods have led researchers to emphasize different research questions. Naturalists focus on the *what* questions, ethnomethodologists focus on the *how* questions, emotionalists warn that naturalists and ethnomethodologists overrationalize the *what* and the *how* questions, and the postmodernists have focused on procedural issues in qualitative research as the central problem. In their "renewed language of qualitative method," the authors argue that interpretive practice, or reality construction, that is at the heart of qualitative research requires both artful interpretation — that is, a discussion of *how* human beings create reality — and conditional or substantive interpretation — that is, a description of the *what* of social experiences — using the technique of "analytic bracketing." Analytic bracketing refers to the process of moving back and forth between the *what* and the *how* questions, alternately describing each so that neither side is emphasized more than the other. This process lays the groundwork for approaching the *why* questions, "while remaining situated at the lived border of reality and representation (p. 211)."

The book will be of interest to experienced qualitative researchers for its suggestions of ways in which the four major approaches can be used together

to provide a greater understanding of the "qualities" of social life. It will also be useful to researchers new to the field of qualitative techniques who are struggling to sort out the major divisions within the field of qualitative methods.

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SOCIOLOGICAL PRACTICE

A Journal of Clinical and Applied Sociology

Official Journal of the Sociological Practice Association

EDITOR: **John G. Bruhn**

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BOOK REVIEW EDITOR: **Bob Silverman**

Sociological practice is an integrative concept that brings together complementary and distinctive traditions: applied sociology and clinical sociology. The former has been identified with research, the latter with intervention. During the last five decades operatives in each tradition have stepped into the domain of the other; the unification of research and intervention expresses itself as sociological practice.

The role of the sociological practitioner is expanding for sociologists who wish to work on multiple levels of human systems: personal, group, organizational, and community. The 21st century will welcome adaptive sociologists who possess the tools sought from an increasingly sophisticated public. The journal will inform readers about these tools and help prepare them for the challenges posed in the new millennium.

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Submissions and inquiries about the journal should be directed to the Editor: **John G. Bruhn**, Provost and Dean, Penn State Harrisburg, 777 West Harrisburg Pike, Middletown, Pennsylvania 17057-4898.

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Sociological Practice: A Journal of Clinical and Applied Sociology publishes articles, essays, and research reports concerned with how clinical practice at the individual, small group, organization, or social system level contributes to the development of theory, how theory may be used to bring about change and research which tests or extends theory. Articles may also be oriented to the teaching of clinical and applied sociology. Shorter articles discussing teaching techniques, practice concepts or techniques, or research methods and issues may be submitted as a Note.

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Send the original and 3 copies with an IBM compatible disc (Wordperfect 7.0 preferably) to the editor, John G. Bruhn, Provost and Dean, Penn State Harrisburg, 777 W. Harrisburg Pike, Middletown, PA 17057; (717) 948-6105; e-mail JGBS@PSU.EDU. All submissions are peer-reviewed.

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