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# Clinical Sociology in France and Quebec: A Primer and Commentary, Part I

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## ABSTRACT

Clinical sociology has occupied a noteworthy place in several French-speaking societies. Clinical sociology, socioanalysis, action research, and psychosociology—four prominent signifiers of this field—are found in the French-language literature and practice. In this paper their historically changing meanings are reviewed with examples from France and Quebec. The strengths and weaknesses of this literature and practice are discussed. Finally, French, Quebec, and American clinical sociologies are compared and contrasted.

Clinical sociology has been a noteworthy current in the sociology of several French-speaking societies. However, the form, content, and organization of clinical sociology in France, Belgium, and Quebec, Canada, have differed from those in the United States. Perhaps more than any area of sociology in societies where French is a national language, clinical sociology has shown a notable Anglo-American influence. Having been a participant and observer of these comparative developments,<sup>1</sup> I will review and comment on trends in French-language clinical sociology and provide an introductory bibliography to this literature. This article is an introduction to a rich literature and lifeworld but does not claim to be exhaustive. It will review the French “signifiers” of clinical sociology in several basic references, present a brief history, map out some of its recent currents, sketch its use of critical reflection, and outline a brief comparison of French-language and American clinical sociology.

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## A ROSE BY THE SAME AND OTHER NAMES SMELLS JUST AS SWEET

In the 1968 edition of the famous French sociological periodical founded by Emile Durkheim, *L'Année Sociologique*, there appears an article entitled, "Problems of Clinical Sociology: New Observations on the Definition of Socioanalysis" by Jacques and Maria van Bockstaele, Colette Barrot, Jacques Malbos and Pierrette Schein (1968: 279-295). This piece is found in a section, "Sociology and Psychology," that frequently crops up as a rubric in this yearly sociological review. After this research team's initial theoretical and technical work on groups (van Bockstaele and van Bockstaele, 1959) and clinical sociology (van Bockstaele et al., 1963), they were prompted by their earlier and more widely diffused uses of the term "socioanalysis" to update their notion of it.

The oldest reference they found was in Bastide's (1965:12) critique of T. D. Eliot's (1920) definition of socioanalysis, which gave it a meaning equivalent to that of psychiatric sociology. Not liking this term, Bastide preferred to substitute for it the expression of applied psychiatric sociology "which would embrace all of the studies going from group therapy to the programs of social hygiene" (1965:17). Such a definition would encompass the fields of social psychiatry, the sociology of mental illnesses, and ethnopsychiatry.

Just after the Second World War, André Amar "tried to use depth psychology to explain the human phenomenon of hate and greed, a clarification destined to serve the causes of humanity and of a lasting peace" (1950:151). Taking into consideration the fact that "human phenomena have a meaning" (p. 155), Amar concluded that "socioanalysis thus appears as an undertaking of demystification." Amar's work was taken up by the Belgian sociologist, C. P. Wieringa (1955), who described socioanalysis as all the instruments of active teaching aimed at covering a zone of transition between teaching and psychotherapy. He proposed to include in teaching the learning of the techniques practiced by J. L. Moreno and L. Bradford: psychodrama, sociodrama, role-playing, and training groups.

In her classic reference book, Professor Madeleine Grawitz (1972:855-893) reviewed "action research [rendered in French *recherche active*] or psychosociological intervention." Her widely-used tome combines what, in the United States of America, would be a history of sociology with a comprehensive introductory methodology. In it she cites many of the English-language works claimed by American clinical sociologists, e.g., those of Elliot Jaques and J. L. Moreno. Noting that this area is extremely complex and poorly explored, and one in which opinions are evolving, she underscores that it is particularly difficult to classify the different techniques of intervention and the theories on which they are based. Nevertheless, she borrows from Max Pagès some ideas that enable her to arrive at an imperfect and tentative classification, taking into account the diverse tend-

encies. Thus, "it seems that one can consider, on the one hand, *the level of intervention* and the goal followed; intervention at the level of *structures* and intervention at the level of *information*; and on the other hand, the *attitude of the researcher*: intervention of the distantiated type, more or less directive, in which the researcher intervenes by means of a survey or a sociodrama and the *clinical non-directive* approach in which the observer is directly in contact with the group he convenes." She emphasizes that this classification is not meant to be clear-cut (1972:856).

The term, *psychosociologie*, while it could be translated literally into English by "psychosociology" or "psychological sociology," overlaps in many areas with American clinical sociology. For instance, in her review of the influence of Carl Rogers's work on French "psychosociology"—in wondering if it is possible to adopt the hypothesis and technique of individual psychotherapy to group interventions—Grawitz observes that this is what French practitioners have tried to do. She supports her claim by a quote from Max Pagès, one of the major French practitioners of and writers in this discipline: "To transpose the non-directive hypotheses into social psychology, it is necessary to translate them into a different language, that of communications, which lends itself more easily to a general formulation" (Grawitz, 1972:875).

Indeed, the three words, *psychologie*, *sociologie*, *intervention*, stand out on the cover of the October 1977 issue of *Sociologie et Sociétés* [*Sociology and Societies*] (Morissette and Sévigny, 1977), the official journal of the Department of Sociology at the University of Montreal. The titles of the contents of that 193 page review clearly reveal much similarity with the current areas of concern of American clinical sociology. First, it is clear that the work of Carl Rogers (1977), W. R. Bion, Elliot Jaques, Ronald Lippit, J. L. Moreno, and Kurt Lewin have been drawn upon both by American clinical sociologists and French-language psychosociologists. The techniques of the National Training Laboratories at Bethel, Maine, have been used critically by French-language psychosociologists and have influenced American clinical sociologists. Like American clinical sociology, the literature of French psychosociology has provided the basis for a host of interventions (Morissette et al., 1977; Pagès and Descendre, 1977; van Bockstaele et al., 1968). In the 1970s the place of the body has taken on greater importance among both psychosociologists and clinical sociologists. The "signifieds" of French psychosociology and American clinical sociology are much alike; clinical sociology and psychosociology denote very much the same thing. The differences between the fields center around the French theoretical literature and analysis of practice being more philosophical, historical, and holistic than the greater pluralistic, eclectic mixture found in American clinical sociology.

## A BRIEF HISTORY OF CLINICAL SOCIOLOGY FROM A FRENCH POINT OF VIEW

Another, more historicist example of an insightful feature of French clinical sociology's mode of reasoning is found in Eugène Enriquez (1977:79–104). In his article he antedated many of the theses, critiques, and observations made in Christopher Lasch's *The Culture of Narcissism* (1979). In Enriquez's view, the period 1945–60, during which the psychosociology of intervention and training was developed, had been characterized by economic growth, the rise of technocracy, and the end of ideologies. There was a consensus believing in the balance between human happiness and the welfare state and between self-realization and the development of large economic organizations. People marched to the call of productivity, organization, and consumption reflected in a lifestyle aiming for cooperation, small group democracy and harmonious and understanding relationships. It was thought that there would be social mobility for everyone if people adapted to the constantly changing technologies. In this historical context Lewin developed his sociopsychology which favored learning democratic decision making in small groups; Rogers and Moreno sought to build human relationships founded on attitudes of mutual understanding and the reduction of tension between individuals and collectivities; and Drucker and some of the writers of Tavistock wanted to balance personal growth and the development of the enterprise (Enriquez, 1977:80).

“The period which began in the 1960s and went approximately until 1973 was a brutal awakening for all those who began to taste the ‘discrete charms of the society of consumption’ ” (Enriquez, 1977:80). After reviewing the historical events and movements of this time (Vietnam, etc.), Enriquez (1977:81) concludes that there was a “rejection of the model of western growth, a virulent critique of the society of consumption, a feeling that the revolution was going to come and was the only solution, the desire to undertake exemplary actions which would destroy the old social order, awakening of the feeling of community and the neo-archaic (hippies).”

In today's world of high unemployment, disillusionment with post-war southeast Asia, Soviet and Chinese Communism, the renewal of liberal ideology, and the threat of nuclear holocaust, Enriquez identifies a breakdown of models and beliefs that has led to four types of psychosocial reactions: 1) limited social innovations such as communities; 2) the complete withdrawal into self, into the “experience,” and into the desire of realizing all one's craziest fantasies; 3) the resurgence of old beliefs—beliefs in growth or revolution or socialism or Christianity or Eastern religions; and 4) delinquent reactions preaching pleasure in the immediate, but a pleasure experienced in a violent manner, hopeless, in a world where everything is rotten (punk) and in which the only possible action is the stressing of decay (suicide, harder and harder drugs, armed attacks, etc.).

Enriquez identifies four critiques of psychosociology that were the product of this period. The field was criticized for: 1) having a tendency to hide political and institutional problems and the question of power, particularly the power of the state, in developed capitalist society (the French institutional movement: Lourau, Lapassade); 2) having forgotten the "body," the biological, vital energy, to concentrate too much on the conscious part of individuals and of their roles, to not favor the catharsis of individuals, and the questioning of their muscular shell (development of bio-energy, of gestalt therapy); 3) disregarding the importance of the unconscious being structured like a language (Lacanian psychoanalysis); 4) playing the game of capitalism in turning persons away from what is essential—the revolution to come, the class struggle, the total overthrow of the society (the renewal of Marxism in its Althusserian version, the development of Maoism) (Enriquez, 1977:81).

From these protests the psychosociological frameworks broke up and led to other trends. First, the institutionalist current integrated the psychosociological contribution as one rapid mode of intervention, "provocative" before "making the institution speak" and of making what "isn't said" come out.

Second was the current of new training groups. Enriquez was a harsh critic of these developments, for he felt that their participants withdraw into themselves, into the body, and in opposition to psychology. He attacked these approaches for ignoring social change. He believed that the training groups of the 1970s aimed at everyone's growth without their forming any bonds of social insertion. Enriquez thought that these groups had become self-satisfied with enjoyment, the reinvention of communication, and dealing with the problems of frustrated individuals.

Third, psychoanalysis, particularly its Lacanian manifestation, attracted a great number of French psychosociologists to give up, over time, all practice of intervention and, instead, to orient themselves toward the individual clinic.

Fourth, in France the group of CEFFRAP (Cercle d'étude français pour la formation et la recherche appliquée en psychologie [French Study Circle for Education and Applied Research in Psychology]), with Anzieu, Kaes, and others, continued to practice small group intervention but used only Freudian-based psychoanalytic concepts and hypotheses applied to the life of groups. Moreover, Enriquez bitterly recorded that neo-Marxists have only full-fledged scorn for the "unhappy, unpenitent reformists that psychosociologists are" because, for the neo-Marxists, the problems of small groups and organizations seem so dependent on the social structure and on the mode of capitalist production.

While this globalizing, historically and contextually situated sociology seen in much of French clinical sociology can be more insightful in many respects than much Anglo-American literature in the social sciences, it is not without its serious drawbacks. In demanding "empirical," "measureable" facts, in often concentrating on "testable" theories of the "middle range," Anglo-American

social science—while often an intellectually unsatisfying hodgepodge—tends to be more pluralistic and tolerant toward dissidents. Intellectual paradigms, whether existentialist, structuralist, deconstructivist, etc., often force facts into a mold, preconceived and not infrequently false or lacking in major details.

### SEVERAL RECENT CURRENTS IN FRENCH CLINICAL SOCIOLOGY

Robert Sévigny (1977:14–15) described the currents of French psychosociology at the end of the 1970s. In comparing its American and French theoreticians and practitioners, he noted that the French psychosociologists have been more interested in problems tied up with political power and the notions of authority and have been more regularly influenced by psychoanalysis. The debates around these issues of psychosociological intervention have taken place in the French journal, *Connexions*. In the writings of French psychosociologists, a variety is displayed in their concepts, methods, techniques, and areas of application. Sévigny recognized that Max Pagès and Daniel Descendre's (1977) treatment of power in industrial organizations integrates analyses based on sociology, psychosociology, and nonverbal processes. Sévigny contrasted this approach with that of institutional analysis à la Castoriadis, which related the functioning of small groups to institutions or the whole social system and with that of Felix Guattari's (1974) institutional psychotherapy.

One of the richest sources for exploring the meanings of the word "clinic" is the work of the French structuralist historian and philosopher Michel Foucault (1973). His works served as a significant support to the deinstitutionalization of mental patients and the self-empowering movements among mental patients and gays. Foucault seems to have inspired general French sociologists, particularly those interested in semiology, semiotics, and structuralism, more than clinical sociologists. Indeed, it appears that some French psychosociologists strongly disagreed with Enriquez (1977) or ignored Foucault's ideas due to French psychosociology's strong psychoanalytical bias.

Sévigny suggests that certain French works should be examined for a critique of the whole field of intervention. These include Lapassade (1975), Lapassade and Lourau (1971:240), Dreyfus (1975), and Continaud (1976). He also recommends other books that presented a more general critique of the field of psychosociology (Enriquez, 1972; Guattari, 1974; Levy, 1973; Lourau, 1972; Mendel, 1972).

### THE USE OF CRITICAL REFLECTION

One of the aspects of French clinical sociology, as of French thought in general, is the critical reflection given to a theoretical text. Often after a work has been

read, those arguments or observations with which the reader disagrees are identified. For example, in the van Bockstaele et al. (1968) critique of Georges Lapassade's work, they complain that he incorrectly equates group dynamics and socioanalysis in an article. But when they agree with his equal stress on acting, speaking, and locating demystifying, praxis-oriented analysers, they, then, claim that he has abandoned his imprecisions in terminology. Another aspect of the critical reflection puts an author's ideas and writing into a wider context of other relevant concepts and authors. For example, they wrote:

This exorcism through speech offers concrete analogies with the cure by speech. . . . Another attempt at exorcism through speech is met in the pre-May 1968 writings of G. Lapassade, *Groups, Organizations, and Institutions*, Paris, 1967. The author, paraphrasing Jacques Lacan, thinks that the psychosociologist "institutes in the society a certain field of speech . . . the sociologist himself also has to do with language. In the survey he asks and gathers responses. But they are not for him a signifier among other signifiers . . . For the psychosociologist, speech is, to the contrary, not only privileged but alone recognized definitively as the exact place of his practice" (p. 53) . . . G. Lapassade conceives of the principle of intervention and the role of social speech only in an analytical group where the rule is to say everything. (p. 283)

## CLINICAL SOCIOLOGY IN QUEBEC

Many social scientists have observed that in most areas of culture, both the English- and French-speaking parts of Canada lie somewhere between the United States, the United Kingdom, and France. Thus, in their round table on the profession of the psychosociologist in Quebec, Luc Morissette, Yves St.-Arnaud, Robert Sévigny, and Roger Tessier (1977:148-180) make concrete for the case of Quebec the general observations on the development of world clinical sociology identified by Eugène Enriquez.

In this vein, Roger Tessier noted that even for ARIP (Association pour la recherche et l'intervention psychosociologique [Association for Research and Psychosociological Intervention]) and Schutzenberger in France, Bethel, the location of the American National Training Laboratories, was the "mother house." The use of this reference to the head division of a religious order contains a subtle joke in that much of Quebec's clinical sociology was an outgrowth of the reform in and around the Catholic Church during Quebec's "Quiet Revolution." In fact, Father Mailloux required his students to go to Bethel for some training and observation.

They also identify the economic infrastructure upon which many of their interventions rested. In the early 1950s The National Council of Christians and

Jews partially financed conferences and training in group dynamics to study ethnic and racial prejudice in Montreal. Later, according to Roger Tessier, Quebec's Ministry of Education in the late 1960s "came to us with an immense contract that practically kept us alive from 1966 through 1970-71."

According to Morissette, Quebec's recent divorce from the repressive aspects of Quebec Catholicism under Maurice Duplessis kept Quebec clinical sociologists very wary of the transpersonal, Buddhist, Zen, and other Eastern religious currents of the California therapeutic milieu.

This round table also revealed that many of the younger Quebec clinical sociologists had qualms about having to run groups as a business, and they particularly resented the attempts at American commercialization of the group business in Quebec. What did catch on in a big way in Quebec was the return-to-the-land movement. Morissette saw in his own experience that his knowledge of body and couple therapy, therapy of the family system, etc., formed a basis for a new ecological intervention—people into preservation and conservation of energy, into less highly technological development of natural resources, into the liberation of women, and into participation in local levels of government.

### **A BRIEF COMPARISON OF FRENCH-LANGUAGE AND AMERICAN CLINICAL SOCIOLOGY**

Sociologists in French-speaking societies tend to be much more active in macropolitical processes than their American counterparts. From the 1960s, in France and Quebec, they have been active in promoting a variety of social democratic and nationalistic policies which have stimulated their own and their students' employment as governmental policy analysts, commentators, and civil servants. This activity has also given them greater entrée into certain types of organizations where clinical sociological interventions take place. It has recently been suggested that there is a common modernized, reformist Catholic agenda stressing the political issues of participation, decentralization, self-management, and state-coordinated planning among the new-middle-class intelligentsia both in France and Quebec. This world view is expressed in periodicals such as *Esprit* and in Quebec's newspaper *Le Devoir* and France's *Le Monde*, in unions like France's CFDT and SGEN and Quebec's CSN and FTQ, and in local civic action groups in both countries. Furthermore, these developments have common origins in the anticapitalist, antirepublican ideology of nineteenth century French Catholicism (Meyers, 1985:66-67).

However, pro-environmentalism, particularly in its expressed opposition to nuclear power and arms, is one major political issue in which American and Quebec social scientists have more in common with one another than with their French counterparts.

The economic research stakes in the United States are much greater, and so is the degree of stratification among sociologists. In the USA, certain grant

houses and great academic institutions capture by far the greatest amount of money to do clinical and applied types of interventions. Such research involves large sums of money (not infrequently grants in the hundreds of thousands to millions of dollars range, e.g., militarily funded grants to get soldiers to reduce their consumption of alcohol or eliminate their use of hard drugs) and must be framed in problem-specific, practical language if funds are to be obtained. In part, this structure also involves a large research organization where getting and maintaining grants requires positive relations with the grant giver. Such researchers tend to see the world in terms of their one specific social problem, for which their study of a solution financially supports them and confers on them professional prestige.

Un- and underemployment among holders of the Ph.D. degree in sociology (as well as many other fields) has increased dramatically during the 1970s and 1980s. While this trend is international, it is much greater in the USA, where the number of sociologists is larger and the force of the neoconservative outlook is the strongest. In part, the spectacular growth of the Clinical Sociology Association (among many new intellectual groups) in the last few years reflects an organizational effort to better the professional conditions of a younger cohort of sociologists whose careers have been crushed by political forces opposing collective solutions to social problems and by an older cohort of scholars who have been excluded from many of the power and prestige centers of the profession but whose intellectual productivity has been meritorious. In contrast, in Europe and Canada, sociologists' greater willingness to push their more left-leaning mass parties toward socialized medicine, urban transportation, full employment, and negotiated settlement of international conflict has, at the same time, opened up more positions for them, although it has not entirely shielded them from similar economic and political forces (Proulx, 1985). While most American members of the Clinical Sociology Association tend to engage in smaller scale types of intervention in more localized settings when they practice, and because CSA members are not in a powerful position within American social science research, French-language clinical sociologists are somewhat more secure to advocate more macro-level changes and to express their analyses in more abstract, critical language. However, many of these forces for social change are universal, and we are witnessing greater communication among clinical sociologists in all lands as the global villagers are brought quickly together by the jetliner and various forms of electronic media.

## NOTES

1. As a Vietnam-era war resister, the author completed all but the beginning of his graduate training in the social sciences in Canada and Europe. The author's B.A. is from UCLA, his M.A. is from The University of Toronto, and his Ph.D. from l'Université de Montréal.

Professor Robert Sévigny was the author's Ph.D. thesis director at l'Université de Montréal. The author wishes to thank him heartily for pointing out to and furnishing him with a copy of the van Bockstaele et al. (1968) article.

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