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Editor's Preface

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Editor's Preface:

Production of an annual has its cycles. The days after the volume is sent to the publisher are ones of relief and relaxation for the editor, a time to turn to those tasks put aside so the publisher's deadline can be met. Late spring is a time of proofreading—by authors, the editor, the editor's secretary; a constant attempt to catch all errors, ensure all names are correctly spelled, and all citations correct. August sees the issue published; the green and white and black cover with the familiar logo and lettering, the fresh contents neatly printed and bound. Manuscripts arrive all year long, are read, assigned to reviewers, read by reviewers, returned, accepted, rejected. Recommendations for revision are sent to authors, and tentative decisions made about what might be included in the next issue. It is often exhilarating.

But these words are being written in the last few days before the issue must be sent to the publisher. Space has been set aside for an article or two in the process of revision, and they have not yet arrived on the editor's desk. Leave them out, and the issue may be too short. Add another article, have the expected one arrive on the last day, and overfill the journal. Check the Bitnet files once again. Look for the mailperson delivering overnight mail or for the Express company van with the final manuscript.

Then there is the article that looked so hopeless when it first arrived. The reviewers saw something of value in it, spent time and effort suggesting to the author changes that could be made, references that might be included, the need for examples, and now it will appear in this year's issue.

There is the sense that the literature is beginning to be cumulative; articles build on past contributions in the discipline of clinical sociology, many published in the *Clinical Sociology Review*, but increasingly, articles published elsewhere. The Editor's Preface provides an opportunity to thank the Editorial Board and the Reviewers. Without the reviewers and the Editorial Board, there would be no *Clinical Sociology Review*. Without the concern for the quality of manuscripts and the caring and nurturing of the authors that the readers of manuscripts

for the *CSR* show, there would be nothing to include in this, or other, volumes. Every manuscript is reviewed by three people, usually a member of the Editorial Board, an expert in the field of the article, and a member of the Sociological Practice Association whose field of interest overlaps that of the article. It is always exciting to send an article for review to a member of the association picked from the membership directory because of a content interest in the area and receive back a review that is constructive, supporting, rigorous, and helpful. There are reviewers who are asked constantly to evaluate manuscripts and who consistently and promptly respond. Occasionally, a reviewer needs a reminder; I like to think the *Review* does a better job on this than many other journals.

Two people deserve particular thanks as their roles with the Review end. Colleen Kniffen has deservedly moved to a new position with increased responsibilities. She provided support in processing manuscripts and feedback to authors and kept my life organized enough so that I could spend time editing the Review. The Review and I are indebted to her. Howard Rebach has completed his term as book review editor; the Review thanks him for a job well done.

This rather long Editor's Preface reflects the fact that I requested the Sociological Practice Association to issue a call for a new editor for the *Clinical Sociology Review*. Dr. Clifford Black has been named as Editor-Elect. He and I will jointly be responsible for Volume 9, 1991, and then Cliff will assume the Editorship. I look forward to working with him and to the continued vitality of the *Clinical Sociology Review*.

There are five sections to the *Clinical Sociology Review: The History of Clinical Sociology, Theories and Methods of Clinical Sociology, The Practice of Clinical Sociology, Teaching Clinical Sociology, and Book Reviews*.

History of Clinical Sociology. W.E.B. Du Bois was one of the pioneers of sociological practice. The fact that he was black and a political radical has led to his contributions being largely ignored by mainstream sociology. Jan Fritz provides an introduction to his work in "In Pursuit of Justice: W.E.B. Du Bois." This is followed by a reprint of W.E.B. Du Bois' "My Evolving Program for Negro Freedom" first published in 1944. This autobiographical essay summarizes much of Du Bois' thought. Herbert Aptheker was a friend and colleague of Dr. Du Bois. He edited some of Du Bois' writings and is custodian of his unpublished work and correspondence. "W.E.B Du Bois: Struggle Not Despair" is an appreciation of his life and work by his friend and colleague.

Theories and Methods of Clinical Sociology. Clients have values and goals that they often have difficulty expressing. In "Identity Empowerment Through Clinical Sociology," C. Margaret Hall discusses how clinical discussion and behavioral applications enable clients to act on their values and goals to confirm their own identities. At the same time, painful and inappropriate social roles tend to perpetuate themselves, partly through clients' choices and partly through the

social structures which impact on clients. In "Dysfunctional Role Maintenance," **Melvyn L. Fein** discusses why some people persist in fulfilling nonfunctional roles and how the clinician can help clients give them up.

Clinical sociology, as a discipline, is relatively new. **Elizabeth J. Clark** traces "The Development of Contemporary Clinical Sociology" from its beginnings in the early 1970s to the present day.

The Practice of Clinical Sociology. The process of innovation in organizations is difficult, particularly when it involves members of that organization adopting new modes of behavior. In "Diffusion of Computer Applications Among Physicians: A Quasi-Experimental Study" **James G Anderson, Stephen J. Jay, Jane Perry and Marilyn M. Anderson** show how getting influential physicians in a hospital to use a new record-keeping system resulted in diffusion of the new system throughout those services on which those physicians practiced. **Robert C. Anderson** brings up-to-date a method first discussed in 1966 for describing, explaining, and predicting the consequences of changing various organizational variables. This "Technique for Predicting Intra-Organizational Action" is as useful today as when first described nearly a quarter of a century ago.

Mental illness may be personal, but it may be perpetuated by those institutions designed to help those who are labeled as mentally ill. **John Seem** provides "Clinical Insights about Mental Difference" from both sides of the institution—as patient and as healer. This is an article that will help therapists understand the healing process as well as provide students with insight into what it means to be mentally ill and to be labeled as such.

The Teaching of Clinical Sociology. "Legal Cases as a Teaching Tool" by **Jean H. Thoresen and Jeanette L. Miller** discusses how the use of legal briefs helps students understand basic sociological concepts in courses in Family Law and Law and Society. The use of the legal case material also helps students analyze and present material in a logical and succinct fashion.

Racism and discrimination abound in our society, and on our college campuses. **Arlene McCormack's**, "Strategies to Combat Racism on Campus: A Case Study of Class-Based Action Research" shows how a survey of the experience of minority students on one campus, conducted as part of a course in sociological methods, led to greater awareness of racism on the part of the campus and to the initiation of anti-discrimination activities on the part of the institution's administration.

Book Reviews. Murray Bowen is one of the seminal figures in family therapy. **Harry Cohen** reviews two books relating to Bowen's ideas: "Personal, Marital, and Family Myths: Theoretical Formulations and Clinical Strategies" by Dennis A. Bargarozzi and Stephen A. Anderson, and "Family Evaluation" by Michael E. Kerr and Murray Bowen. Bargarozzi and Anderson rely heavily

on Bowen's ideas in their book; Cohen reports both books will be useful to clinical sociologists.

Health and its maintenance are critical aspects of the aging process. **Rae B. Adams'** reviews "Aging and Health Care: Social Science and Policy Perspectives" edited by Marcia G. Ory and Kathleen Bond. She reports that this book contains important information on the influence of health on how people change as they age. Rosalie Cruise Jesse writes about "Children in Recovery" from parental substance abuse. **Linda Price** and **Tyrone Price** indicate the book will be useful in the design of programs for treating these children.