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CLINICAL SOCIOLOGY REVIEW
Volume 8, 1990

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

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

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CLINICAL SOCIOLOGY REVIEW

Volume 8, 1990

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Clinical Sociology is the creation of new systems as well as the intervention in existing systems for purposes of assessment and/or change. Clinical sociologists are humanistic scientists who are multi-disciplinary in approach. They engage in planned social change efforts by focusing on one system level (e.g., interpersonal small group, organization, community, international), but they do so from a sociological frame of reference.

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

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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.

About the Authors

Marilyn M. Anderson, “Diffusion of Computer Applications Among Physicians: A Quasi-Experimental Study” is a senior research associate in the Department of Medical Research at Methodist Hospital of Indiana.

James G. Anderson, “Diffusion of Computer Applications Among Physicians: A Quasi-Experimental Study” is professor of Sociology at Purdue University.

Robert C. Anderson, “A Technique for Predicting Intraorganizational Action” is professor in Community Development Programs at Michigan State University. His professional life has been devoted to mixing theory and research with practice as a teacher, researcher, and administrator. His works are widely published in fields ranging from soil chemistry, career development, organizational theory, and interorganizational relations to community development, public policies and university outreach.

Herbert Aptheker, “W.E.B. Du Bois: Struggle Not Despair”, an historian, is a faculty member in the Law School at the University of California, Berkeley. He is the editor of the *Collected Published Writings of Du Bois* (38 volumes), the *Correspondence of Du Bois*, and four volumes of Du Bois’ hitherto unpublished writings. His most recent books, published in 1989, are *Abolitionism: A Revolutionary Movement* and *The Literary Legacy of W.E.B. Du Bois*.

Elizabeth J. Clark, “The Development of Contemporary Clinical Sociology” is an associate professor of Health Professions at Montclair State College in New Jersey. Dr. Clark is a past president of the Sociological Practice Association and the Clinical Sociology Association and presently serves as vice-president of Sociotechnics—Sociological Practice (Research Committee # 26) of the International Sociological Association. She is co-editor of the journal *Sociological Practice* and senior editor of the 1990 book *Clinical Sociological Perspectives on Illness and Loss*. A certified clinical sociologist, Dr. Clark’s areas of specialization include social oncology, thanatology, and program development.

Melvyn L. Fein, “Dysfunctional Role Maintenance” is a certified clinical sociologist who has a private practice in resocialization in Rochester, New York. He has almost twenty years of experience helping individuals solve their personal, relationship, and vocational problems. He is the author of *Role Change: A Resocialization Perspective*, published by Praeger. Among his current interests are the medical model of personal problems and sociological interpretations of psychotherapy.

Jan Fritz, "In Pursuit of Justice: W.E.B. Du Bois" is a faculty member at California State University, San Bernardino. She is the author of numerous articles on the history of American sociology including "Notes from the History of American Sociology: Frank Blackmar's Last Years at the University of Kansas." She is the author of the *Clinical Sociology Handbook* and a co-editor of *Sociological Practice: The Development of Clinical and Applied Sociology* and *Clinical Sociological Perspectives on Illness and Loss*. She is a past president of the Sociological Practice Association (Clinical Sociology Association) and past chair of the American Sociological Association's Section on Sociological Practice.

C. Margaret Hall, "Identity Empowerment through Clinical Sociology" is an associate professor of Sociology, Georgetown University, Washington, DC. She has a private practice in clinical sociology, with specialization in family, gender, and value concerns. Her clinical research has been published in interdisciplinary and sociology journals, and her work on theory construction in clinical sociology is the basis of her recently published book, *Women and Identity: Value Choices in A Changing World*.

Stephen J. Jay, "Diffusion of Computer Applications Among Physicians: A Quasi-Experimental Study" is senior vice-president for Academic and Medical Affairs at Methodist Hospital of Indiana and professor of Medicine and assistant dean at Indiana University School of Medicine.

Arlene McCormack, "Strategies to Combat Racism on Campus: A Case Study of Class-Based Action Research" is currently an associate professor of Sociology at the University of Lowell. She has published numerous articles and book chapters on contemporary social problems, including the abuse of children, adolescent runaways, juvenile sex offenders, and sexual harassment on college campuses. She is the co-author of *Adolescent Runaways* published by Lexington Books, D.C. Heath & Co.

Jeanette L. Miller, "Legal Cases as a Teaching Tool" is on the faculty of the English Language Institute at the University of Delaware. She has also taught in similar programs at Boston University and Harvard University, pursuing an interest in adult second language acquisition and a content-based approach to language teaching.

Jane Perry, "Diffusion of Computer Applications Among Physicians: A Quasi-Experimental Study" is senior research associate in the Department of Medical Research at Methodist Hospital of Indiana.

John Seem, "Clinical Insights about Mental Differences" is chair of the Sociology Department at Viterbo College. His interests include applied research,

clinical sociology, and existential and humanistic sociology. He has recently published an article on “Designing Applied Courses” in teaching sociology. He is currently co-editing *Teaching Applied Sociology: A Resource Book*.

Jean H. Thoreson, “Legal Cases as a Teaching Tool” is associate professor of Sociology and Applied Social Relations at Eastern Connecticut State University in Willimantic, Connecticut. In addition to being a sociologist, she received her J.D. from Western New England College School of Law in 1989. While in law school she was a member of the Law Review. Her major research interests are in qualitative methods and deviant identity formation, and the role of law in constructing social realities.

In Pursuit of Justice: W.E.B. Du Bois

Jan M. Fritz
California State University, San Bernardino

ABSTRACT

William Edward Burghardt Du Bois (1868–1963) was one of the American pioneers of sociological practice. Du Bois made major contributions to the development of this country through his scientific and popular publications and through his organizational efforts. This article serves as an introduction to Du Bois' work. The first section is about Du Bois' writing and intervention activities and the second focuses on his relationship to the field of sociology. The third section provides information about Herbert Aptheker (1915—), the historian who edited Du Bois' published writings and was custodian of his unpublished work and correspondence. This article introduces Du Bois' 1944 autobiographical essay, "My Evolving Program for Negro Freedom," and Aptheker's "W.E.B. Du Bois: Struggle Not Despair."

William Edward Burghardt Du Bois (1868–1963) was one of the American pioneers of sociological practice. Du Bois made major contributions—as a clinical and applied sociologist—to the development of this country through his scientific and popular publications and through his organizational efforts. He was a founder and general secretary of the Niagara Movement, an early advocate of women's rights (Aptheker, 1988), a founder of the National Association for the Advancement of Colored People (NAACP) and, from 1910 to 1934, the internationally known editor of *The Crisis*.

This article serves as an introduction to Du Bois' work. The first section is about Du Bois' writing and intervention activities and the second focuses on his relationship to the field of sociology. The third section provides information about Herbert Aptheker,¹ the historian who edited Du Bois' published writings and was custodian of his unpublished work.

Du Bois engaged in numerous important activities that are not very well known. In 1900, for example, he unsuccessfully challenged the Southern Railway systems for denying him, on racial grounds, a sleeping berth and petitioned the Georgia state legislature regarding cuts in funds for black public schools. In 1917 he was in the front ranks of an NAACP-organized march in New York City to protest lynching. That same year he collected testimony from survivors of an East St. Louis massacre of blacks. In 1918 Du Bois helped organize the Negro Cooperative Guild—to study and coordinate black-run cooperatives—and in 1919 he organized and was elected executive secretary of the first Pan-African Congress. In the 1920s, “along with Alain Locke, [Du Bois] was a founder of the so-called Harlem Renaissance” (Aptheker, 1990) and in 1950 Du Bois was the Progressive party candidate for the U.S. Senate from New York. He was also, over the years, a newspaper columnist, a novelist, a poet, the founding editor of *Phylon* and a co-founder and the editor of *The Brownies' Book*, a magazine for black children.

Du Bois dedicated his life to trying to bring about a more just society.² In the course of doing this, he put new initiatives in place and did not hesitate to criticize individuals or programs when he felt the criticism was warranted. In 1918 the Department of Justice warned him that he risked prosecution for his criticism of racism in the U.S. armed services. At times he was at odds with Booker T. Washington, the NAACP, Marcus Garvey, the American Communist party, and the trustees of Atlanta University. In 1951, at age 83, he was indicted by the U.S. government—accused of being “an unregistered, foreign agent”—and in 1952 the federal government arbitrarily refused to issue him a passport. The last two matters were resolved, eventually, but not without restriction, pain, and, finally, a change of citizenship.

At age 93, in 1961, Du Bois left the United States to work in Ghana, a country where he received “worshipful, esteemed status” (Horne, 1986:344). He went there to undertake a major project, the *Encyclopedia Africana*, but he also left because he was frustrated. Several weeks before his departure, he wrote a letter to a woman who was having difficulty securing decent housing: “I just can’t take anymore of this country’s treatment . . . We leave for Ghana October 5th and I set no date for return . . . Chin up, and fight on, but realize that American Negroes can’t win” (Horne, 1986:345).

Four days before he went to Ghana, Du Bois wrote to Gus Hall, chair of the Communist party of the United States, to request membership in that organization. The party accepted Du Bois on October 13, eight days after he had left this country (Rampersad, 1976:261).

According to Herbert Aptheker (1990), Du Bois knew that he probably would not be able to renew his passport because of his communist affiliation.³ Du Bois and his wife went to the U.S. Consulate in Ghana and the consulate

did indeed refuse the renewal. Shirley Graham Du Bois was “outraged” by this decision and she suggested that her husband inquire about becoming a citizen of Ghana (Aptheker, 1990). Du Bois received Ghanaian citizenship—and a passport. Two years later, in 1963, Du Bois died in Ghana, a country where he was honored both in life and in death (Shirley Graham Du Bois, 1971:367).

* * *

Arnold Rampersad (1976:vii), in his *The Art and Imagination of W.E.B. Du Bois*, has urged readers not to regard Du Bois as “simply . . . a historian or sociologist or propagandist.” There is not much to worry about as far as many establishment sociologists are concerned.⁴ They seem happy to recognize Du Bois as a man of all disciplines rather than as a sociologist. They generally have not recognized Du Bois’ contributions to the development of sociology (Green and Driver, 1978:39–42)⁵ or to many of the field’s subspecialties (Green and Driver, 1978:41–42; Coates, 1989).

Even those who recognize Du Bois’ contributions often do so in a limited way.⁶ Take the following examples:

Du Bois began his career as an empirical sociologist . . . Du Bois left the United States in 1892 as a Harvard-trained historian with a background in philosophy; two years later he returned as an empirically oriented sociologist . . . During his early years at Atlanta [University], Du Bois wrote most of his sociological material. Still striving to maintain a scientific orientation, and still optimistic that black progress could be built upon a foundation of empirically based data . . . A related issue which also led Du Bois away from sociology was his involvement in the Niagara movement . . . [In 1933] he had returned to academic life and sociology, he retained enough of his propagandistic bent to impair his objectivity as a social scientist. More simply, he was no longer the objective, empirically oriented sociologist who had taught at Atlanta from 1897 to 1910, he was now more action-oriented, politicized and “radical.”

—Green and Driver, 1978:1, 8, 16, 24

In 1909 [Du Bois] became a founder of the National Association for the Advancement of Colored People. In 1910 he left Atlanta University to work for the new organization. For a brief period he continued the Atlanta studies, but his basic interests now lay elsewhere. Although Du Bois himself thus left the field of sociology . . .

—Rudwick, 1974:50

Most of what may be termed the purely sociological work of Du Bois was written [during] the 24 year period between 1896 and 1920. Before this period Du Bois was primarily a student, while after this period he was primarily a publicist/civil rights activist.

—Coates, 1989:3

Although DuBois (sic) had left sociology for social action, by 1920 . . .

—Smith and Killian, 1988:12

Du Bois never left sociology—he took sociology with him. What he left (between 1910 and 1915) was an academic setting.

A 1944 essay by Du Bois, reprinted here, provides some basic information about his connections to sociology. The essay appeared in a book initiated by The University of North Carolina Press. The Press hoped the volume would allow the country, particularly the South, “to know what the Negro wants” (Couch, 1944:ix). Rayford Logan, a professor of history and acting dean of the Graduate school at Howard University, was asked to edit the book and Logan, in turn, selected thirteen additional contributors.

Logan (1944:vii) arranged the contributions beginning with “those that give in largest measure an overall picture.” He wrote the introductory piece—“The Negro Wants First-Class Citizenship”—while the second entry, “My Evolving Program for Negro Freedom,” was the work of W.E.B. Du Bois.

Du Bois’ autobiographical essay was written when the author was in his mid-seventies. It provides some information about Du Bois’ direct connections to sociology—e.g., his academic work at Harvard,⁷ his studies with Schmoller and Weber, his offer to teach sociology at Wilberforce,⁸ his work in Philadelphia,⁹ and his development of the Atlanta Conferences, including the 1943 meeting for the seventeen Negro land grant colleges in the South.¹⁰

Particularly interesting are the ties that Du Bois makes between science and social change. Du Bois (1944:59) recalls that, when he was in his forties, he “followed the path of sociology as an inseparable part of social reform, and social uplift as a method of scientific investigation . . .” He said he was changing his attitude about the social sciences. He thought there “could be no . . . rift between theory and practice, between pure and applied science.” Du Bois (1944:57) discussed the times when action came before the “last word” of science:

I faced situations that called—shrieked—for action, even before any detailed, scientific study could possibly be prepared . . . I saw before me a problem that could not and would not await the last word of science, but demanded immediate action to prevent social death. I was

continually the surgeon probing blindly, yet with what knowledge and skill I could muster, for unknown ill, bound to be fatal if I hesitated, but possibly effective, if I persisted.

A review of Du Bois' earlier work shows he had a long-standing concern with sociology, science, and social change. In a speech (Du Bois, 1897:37) to the sociology club at Atlanta University in 1897, for instance, Du Bois stressed the mission for such an organization:

The aim . . . ought to be to furnish accurate information to such agencies as are engaged in the work of social reform, to endeavor to increase the cooperation between these agencies and to seek to establish new agencies for reform in neglected and unknown fields of effort.

His concern also is evident in his "A Program for Social Betterment." Du Bois gave a presentation, with this title, around 1908 to the first sociological society of Atlanta, Georgia. Du Bois again indicated the important link between science and social reform and he gave examples of 32 specific initiatives which might be undertaken by the group. The listing included many practical and colorful suggestions such as a "mission" which would "provide ice for [the] poor and encourage flower-raising"; "maternity refuges" for "women in confinement"; an "anti-credit crusade" which would "encourage cash buying" and a "dress reform" which would advocate "warm, simple clothing and [the] prevention of extravagance."

A number of factors may explain why some sociologists completely overlook Du Bois' work or think his sociological contributions came only during the early part of his career. Some authors simply have not been exposed to Du Bois' work and others may have uncritically accepted a "common" view that only the early work "counts." Others may have deliberately or unconsciously disregarded Du Bois' work as sociological because they don't accept clinical activities as a legitimate sociological pursuit, because Du Bois was so open about his political beliefs (particularly his periodic identification with socialist or communist groups) or because he often wrote in the popular press.

Still others may have been affected by Du Bois' own writing. It becomes easy for an author to lose identification with the discipline when one or more of the following happens: no affiliation with a sociology department; the name of the discipline does not appear in article titles; the discipline's jargon is not used as frequently as in the past, and frequent publication but not in the well-known sociology journals.¹¹

Du Bois (1944:57) acknowledged he changed his emphasis or focus at various times during his professional life but that does not mean he stopped

being a sociologist. He is connected to the discipline of sociology—and to several other fields—from the beginning to the end of his career.

* * *

In 1940 Du Bois made his first contact with Herbert Aptheker (1915—), a young, white historian. Du Bois sent Aptheker a letter to tell him that he liked his review of *Dusk of Dawn* (Du Bois, 1940).¹² Aptheker (1988) wrote back and this correspondence began a remarkable relationship that would last for over twenty years.¹³ Aptheker received his Ph.D. in 1943 from Columbia University and, after returning from Army service during World War II, was awarded a Guggenheim Fellowship. As Aptheker had no office in 1946, Du Bois, who was working for the NAACP in New York City, offered to share his own while Aptheker edited *A Documentary History of the Negro People in the United States*. Aptheker had the opportunity, for one full year, of being able to get first hand information from the authority who sat some five feet away.

During that year Du Bois asked Aptheker, a man whose ideas and interests were similar to his own, to edit his published writings and be custodian of his unpublished work and correspondence. Du Bois trusted Aptheker and thought his “lengthy *Documentary History of the Negro People in the United States* [was] a work seldom equaled and certainly not excelled by any historian” (Shirley Graham Du Bois, 1971:324).

Du Bois wrote the following in the preface of Aptheker’s multi-volume history:

It is a dream come true to have the history of the Negro in America pursued in scientific documentary form. . . . For fifteen years Dr. Aptheker has worked to find and select 450 documents to make an authentic record and picture of what it meant to be a slave in the Land of the Free, and what it meant to be free after the Emancipation Proclamation. . . . I hasten to greet the day of the appearance of this volume, as a milestone on the road to Truth.

Aptheker, like Du Bois, is a prolific writer. He is admired particularly by progressives for his diligent scholarship and because “for more than four decades [he] has defended working-class interests and struggled against the racism that pervades U.S. society” (Berlowitz and Morgan, 1987:8).

Aptheker has written numerous articles and is the author or editor of more than 80 books. Among those he has written are *American Negro Slave Revolts* (1943), *The World of C. Wright Mills* (1960), the *Annotated Bibliography of the Published Writings of W.E.B. Du Bois* (1973), *The Literary Legacy of W.E.B. Du Bois* (1989a) and *Abolitionism: A Revolutionary Movement* (1989b).

Aptheker has edited 41 volumes of Du Bois' work such as *Against Racism: Unpublished Essays, Papers, Addresses by W.E.B. Du Bois* (1985b) and *Creative Writings by W.E.B. Du Bois: A Pageant, Poems, Short Stories and Playlets* (1985c).

Aptheker (1988, 1989c, 1990) is a scholar-activist who has taken part in the "struggle against racism and imperialism for over fifty years." In the late 1930s and early 1940s, Aptheker assisted in trade union organizing in Virginia and North Carolina and served as secretary of the Abolish Peonage Committee in Georgia. He also distributed pamphlets such as his ten-cent *The Negro in the Civil War* after lecturing at some of the historically black colleges in the South. During the 1950s and early 1960s, Aptheker broke bans on radical speakers by giving presentations at more than 50 colleges and universities. In the mid-1960s, he organized a trip to Hanoi. He also ran unsuccessfully for a U.S. House seat in 1966 and a U.S. Senate seat in 1976.¹⁴

In 1988 Herbert Aptheker received an invitation to speak at Columbia University, the school that had awarded him his Ph.D. some 40 years earlier.¹⁵ Just before his evening presentation he quietly let his hosts know that this was the first time he had been officially invited back to the university since he lost his work there with Professor William L. Westermann in the late 1930s. Aptheker (1990) believes he lost his position as part of the purge of radicals that was going on nationally as well as in the state of New York.

Aptheker is now 73 years old. The dedicated scholar, with his black-rimmed glasses and thick white hair, draws in the assembled Columbia students and faculty with his detailed, lovingly-crafted presentation on W.E.B. Du Bois. Tears come to the speaker's eyes and to some in the audience as Aptheker concludes his talk with a discussion of the death of Dr. Du Bois. Aptheker does not reveal that he was prevented from attending the funeral service in Ghana in 1963 by the U.S. government. Aptheker was not issued a passport because of his affiliation with the Communist party.

This article serves as an introduction to two important essays. The first is W.E.B. Du Bois' 1944 autobiographical piece entitled "My Evolving Program for Negro Freedom." The second is a copy of Aptheker's poetry—"W.E.B. Du Bois: Struggle not Despair"—which was presented at Columbia University in December 1988.

NOTES

1. I am indebted to Herbert Aptheker for sharing his work and ideas. Any errors in fact or analysis, however, are the author's responsibility.

2. According to Aptheker (1988), Du Bois "thought people were like himself" in that he "never thought of making money [and] was singularly dedicated to service and truth."

3. According to Aptheker (Horne, 1986:345), "Under the terms of the McCarran Act, then still in force, it was a crime subject to ten years imprisonment for a Communist to have a passport."

4. Black scholars, sociological practitioners and others who accept clinical and applied sociology as legitimate areas for sociologists are more likely to consider Du Bois, without qualification, as an important sociologist. See, for instance, Fritz, 1985, 1988; Deegan, 1988.

5. According to Green and Driver (1978:39), "Important and valuable as [Du Bois'] contributions may be, historically or currently, Du Bois has not been accorded by early or later white sociologists the respect and recognition that he deserves. His continuous neglect by the sociological fraternity [hereafter meaning white sociologists only] until 1971 constitutes an interesting and perhaps instructive datum for the 'sociology of sociology.'"

6. Howard Odum (1951:378) mentions Du Bois a number of times within his volume on the development of American sociology. He refers to Du Bois as one who made "contributions to realistic sociology" and points to his "important role in sociology as a college and university discipline." Odum further states that between the periods of Du Bois' "notable work" at Atlanta University, he "contributed powerfully to what we have characterized elsewhere in this book as 'practical sociology.'" This praise for practical sociology may be put in some perspective when one realizes that Odum referred earlier in the book to several practitioners as "promising sociologists" but said they had chosen to work in "borderline sociology."

7. Sociology was not a separate discipline when Du Bois was at Harvard (Du Bois, 1944:40) from 1888 until 1891, but Du Bois took many social science courses and, in reviewing his background, has written that his "course of study would have been called sociology" (Du Bois, 1940:39).

8. Du Bois taught at Wilberforce University in Ohio from 1894 to 1896.

9. Du Bois went to the University of Pennsylvania as an assistant instructor in sociology (1896-97) to conduct a sociological study of the city's Negro population.

10. Du Bois went to Atlanta University in 1897 to teach history and economics, to found a department of sociology, and to take charge of the annual research conferences. He left in 1910, although he continued to edit the university conference reports for several years. Du Bois returned in the summer of 1933 to teach a course on Marx and the Negro which may have been the first course in the United States on Marx (Aptheker, 1990). He returned again in 1934 and remained until 1944.

11. This was the case with Saul Alinsky's work. An early (1934) Alinsky article—"A Sociological Technique in Clinical Criminology"—clearly identified Alinsky with the field. When Alinsky started to write about community organizing, however, the connection with the discipline was not easily made. Alinsky was not affiliated with a department of sociology, "sociology" was not in the titles of the publications and the writing did not clearly contain sociology jargon.

12. According to Aptheker (1973:558), "In the period of this book, [Du Bois] embraced a generally socialist outlook but with it went an attitude of opposition to the Communist party of the United States."

13. Shirley Graham Du Bois (1971:324) has referred to Aptheker as her husband's "close friend of long standing." Aptheker (1988, 1989c) says he "hesitate(s) to use the word 'friend'" when describing his relationship with W.E.B. Du Bois. "[Du Bois] was so distinguished [and] he was almost twice my age. I thought of him as a father."

14. Aptheker (1990) was a Peace and Freedom party candidate in 1966. (He invented the party's name when a reporter asked him for an affiliation.) While Aptheker lost this election, he joined—at the same time—a successful gerrymandering suit involving the district. A new district was created which allowed a black representative, Shirley Chisholm, to be selected in the next election. In 1976 Aptheker was a Communist party candidate in his unsuccessful senate race against Patrick Moynihan.

15. Aptheker (1990), in uniform and with his time in the Army coming to a close, visited the Columbia University campus in 1946. He talked with Professor William L. Westermann about a possible position with the university. He was told: "Aptheker, you belong on this campus—but Columbia will never hire a communist."

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My Evolving Program for Negro Freedom

W.E. Burghardt Du Bois

ABSTRACT

This autobiographical essay, published in 1944, defines freedom for Negroes and identifies the paths taken by Du Bois to achieve this freedom.

My Midnight Classmate

Once upon a time, I found myself at midnight on one of the swaggering streetcars that used to roll out from Boston on its way to Cambridge. It must have been in the Spring of 1890, and quite accidentally I was sitting by a classmate who would graduate with me in June. As I dimly remember, he was a nice-looking young man, almost dapper; well-dressed, charming in manner. Probably he was rich or at least well-to-do, and doubtless belonged to an exclusive fraternity, although that I do not know. Indeed I have even forgotten his name. But one thing I shall never forget and that was his rather regretful admission (that slipped out as we gossiped) that he had no idea as to what his life work would be, because, as he added, "There's nothing which I am particularly interested in!"

I was more than astonished—I was almost outraged to meet any human being of the mature age of twenty-two who did not have his life all planned

This essay is reprinted from Rayford Logan, ed., *What the Negro Really Wants* (Chapel Hill: The University of North Carolina Press, 1944), 31–70, by permission of the The University of North Carolina Press.

before him, at least in general outline; and who was not supremely, if not desperately, interested in what he planned to do.

Since then, my wonder has left my classmate, and been turned in and backward upon myself: how long had I been sure of my life-work and how had I come so confidently to survey and plan it? I now realize that most college seniors are by no means certain of what they want to do or can do with life; but stand rather upon a hesitating threshold, awaiting will, chance, or opportunity. Because I had not mingled intimately or understandingly with my Harvard classmates, I did not at the time realize this, but thought my rather unusual attitude was general. How had this attitude come to seem normal to me?

My Early Youth

The small western New England town where I was born, and several generations of my fathers before me, was a middle-class community of Americans of English and Dutch descent, with an Irish laboring class and a few remnants of Negro working folk of past centuries. Farmers and small merchants predominated, with a fringe of decadent Americans; with mill-hands, railroad laborers and domestics. A few manufacturers formed a small aristocracy of wealth. In the public schools of this town, I was trained from the age of six to sixteen, and in its schools, churches, and general social life I gained my patterns of living. I had almost no experience of segregation or color discrimination. My schoolmates were invariably white; I joined quite naturally all games, excursions, church festivals; recreations like coasting, skating, and ball-games. I was in and out of the homes of nearly all my mates, and ate and played with them. I was a boy unconscious of color discrimination in any obvious and specific way.

I knew nevertheless that I was exceptional in appearance and that this riveted attention upon me. Less clearly, I early realized that most of the colored persons I saw, including my own folk, were poorer than the well-to-do whites; lived in humbler houses, and did not own stores; this was not universally true: my cousins, the Crispels, in West Stockbridge, had one of the most beautiful homes in the village. Other cousins, in Lenox, were well-to-do. On the other hand, none of the colored folk I knew were so poor, drunken and sloven as some of the lower Americans and Irish. I did not then associate poverty or ignorance with color, but rather with lack of opportunity; or more often with lack of thrift, which was in strict accord with the philosophy of New England and of the Nineteenth Century.

On the other hand, much of my philosophy of the color line must have come from my family group and their friends' experience. My father dying early, my immediate family consisted of my mother and her brother and my

older half-brother most of the time. Near to us in space and intimacy were two married aunts with older children, and a number of cousins, in various degrees removed, living scattered through the county and state. Most of these had been small farmers, artisans, laborers and servants. With few exceptions all could read and write, but few had training beyond this. These talked of their work and experiences, of hindrances which colored people encountered, of better chances in other towns and cities. In this way I must have gotten indirectly a pretty clear outline of color bars which I myself did not experience. Moreover, it was easy enough for me to rationalize my own case, because I found it easy to excel most of my schoolmates in studies if not in games. The secret of life and the loosing of the color bar, then, lay in excellence, in accomplishment; if others of my family, of my colored kin, had stayed in school, instead of quitting early for small jobs, they could have risen to equal whites. On this my mother quietly insisted. There was no real discrimination on account of color—it was all a matter of ability and hard work.

This philosophy was saved from conceit and vainglory by rigorous self-testing, which doubtless cloaked some half-conscious misgivings on my part. If visitors to school saw and remarked my brown face, I waited in quite confidence. When my turn came, I recited glibly and usually correctly because I studied hard. Some of my mates did not care, some were stupid; but at any rate I gave the best a hard run, and then sat back complacently. Of course I was too honest with myself not to see things which desert and even hard work did not explain or solve: I recognized ingrained difference in gift; Art Gresham could draw caricatures for the *High School Howler*, published occasionally in manuscript, better than I; but I could express meanings in words better than he; Mike McCarthy was a perfect marble player, but dumb in Latin. I came to see and admit all this, but I hugged my own gifts and put them to test.

When preparation for college came up, the problem of poverty began to appear. Without conscious decision on my part, and probably because of continuous quiet suggestion from my High School principal, Frank Hosmer, I found myself planning to go to college; how or where, seemed an unimportant detail. A wife of one of the cotton mill owners, whose only son was a pal of mine, offered to see that I got lexicons and texts to take up the study of Greek in High School, without which college doors in that day would not open. I accepted the offer as something normal and right; only after many years did I realize how critical this gift was for my career. I am not yet sure how she came to do it; perhaps my wise principal suggested it. Comparatively few of my white classmates planned or cared to plan for college—perhaps two or three in a class of twelve.

I collected catalogues of colleges and over the claims of Williams and Amherst, nearest my home, I blithely picked Harvard, because it was oldest

and largest, and most widely known. My mother died a few months after my graduation, just as though, tired of the long worry and pull, she was leaving me alone at the post, with a certain characteristic faith that I would not give up. I was, then, an orphan, without a cent of property, and with no relative who could for a moment think of undertaking the burden of my further education. But the family could and did help out and the town in its quiet and unemotional way was satisfied with my record and silently began to plan. First, I must go to work at least for a season and get ready for college in clothes and maturity, as I was only sixteen. Then there was the question of where I could go and how the expenses could be met.

The working out of these problems by friends and relatives brought me face to face, for the first time, with matters of income and wealth. A place was secured for me as time-keeper, during the building of a mansion by a local millionaire, in whose family an ancestor of mine had once worked. My job brought me for the first time in close contact with organized work and wage. I followed the building and its planning: I watched the mechanics at their work; I knew what they earned, I gave them their weekly wage and carried the news of their dismissal. I saw the modern world at work, mostly with the hands, and with few machines.

Meantime in other quarters, a way was being made for me to go to college. The father of one of my schoolmates, the Reverend C. C. Painter, was once in the Indian Bureau. There and elsewhere he saw the problem of the reconstructed South, and conceived the idea that there was the place for me to be educated, and there lay my future field of work. My family and colored friends rather resented the idea. Their Northern Free Negro prejudice naturally revolted at the idea of sending me to the former land of slavery, either for education or for living. I am rather proud of myself that I did not agree with them. That I should always live and work in the South, I did not then stop to decide; that I would give up the idea of graduating from Harvard, did not occur to me. But I wanted to go to Fisk, not simply because it was at least a beginning of my dream of college, but also, I suspect, because I was beginning to feel lonesome in New England; because, unconsciously, I realized, that as I grew older, the close social intermingling with my white fellows would grow more restricted. There were meetings, parties, clubs, to which I was not invited. Especially in the case of strangers, visitors, newcomers to the town was my presence and friendship a matter of explanation or even embarrassment to my schoolmates. Similar discriminations and separations met the Irish youth, and the cleft between rich and poor widened.

On the other hand, the inner social group of my own relatives and colored friends always had furnished me as a boy most interesting and satisfying company; and now as I grew, it was augmented by visitors from other places. I

remember a lovely little plump and brown girl who appeared out of nowhere, and smiled at me demurely; I went to the East to visit my father's father in New Bedford, and on that trip saw well-to-do, well-mannered colored people; and once, at Rocky Point, Rhode Island, I viewed with astonishment 10,000 Negroes of every hue and bearing. I was transported with amazement and dreams; I apparently noted nothing of poverty or degradation, but only extraordinary beauty of skin-color and utter equality of mien, with absence so far as I could see of even the shadow of the line of race. Gladly and armed with a scholarship, I set out for Fisk.

At Fisk University

Thus in the Fall of 1885 and at the age of seventeen, I was tossed boldly into the "Negro Problem." From a section and circumstances where the status of me and my folk could be rationalized as the result of poverty and limited training, and settled essentially by schooling and hard effort, I suddenly came to a region where the world was split into white and black halves, and where the darker half was held back by race prejudice and legal bonds, as well as by deep ignorance and dire poverty.

But facing this was not a little lost group, but a world in size and a civilization in potentiality. Into this world I leapt with provincial enthusiasm. A new loyalty and allegiance replaced my Americanism: henceforward I was a Negro.

To support and balance this, was the teaching and culture background of Fisk of the latter Nineteenth Century. All of its teachers but one were white, from New England or from the New Englandized Middle West. My own culture background thus suffered no change nor hiatus. Its application only was new. This *point d'appui* was not simply Tennessee, which was never a typical slave state, but Georgia, Alabama, Mississippi, Louisiana and Texas, whence our students came; and whose mature men and women, for the most part from five to ten years older than I, could paint from their own experience a wide and vivid picture of the post-war South and of its black millions. There were men and women who had faced mobs and seen lynchings; who knew every phase of insult and repression; and too there were sons, daughters and clients of every class of white Southerner. A relative of a future president of the nation had his dark son driven to school each day.

The college curriculum of my day was limited but excellent. Adam Spence was a great Greek scholar by any comparison. Thomas Chase with his ridiculously small laboratory nevertheless taught us not only chemistry and physics but something of science and of life. In after years I used Bennett's German in Germany, and with the philosophy and ethics of Cravath, I later sat under William

James and George Palmer at Harvard. The excellent and earnest teaching, the small college classes; the absence of distractions, either in athletics or society, enabled me to re-arrange and re-build my program for freedom and progress among Negroes. I replaced my hitherto egocentric world by a world centering and whirling about my race in America. To this group I transferred my plan of study and accomplishment. Through the leadership of men like me and my fellows, we were going to have these enslaved Israelites out of the still enduring bondage in short order. It was a battle which might conceivably call for force, but I could think it confidently through mainly as a battle of wits; of knowledge and deed, which by sheer reason and desert, must eventually overwhelm the forces of hate, ignorance and reaction.

Always in my dreaming, a certain redeeming modicum of common sense has usually come to my rescue and brought fantasy down to the light of common day: I was not content to take the South entirely by hearsay; and while I had no funds to travel widely, I did, somewhat to the consternation of both teachers and fellow-students, determine to go out into the country and teach summer school. I was only eighteen and knew nothing of the South at first hand, save what little I had seen in Nashville. There to be sure I had stared curiously at the bullet holes in the door of the City Hall where an editor had been murdered in daylight and cold blood. It was the first evidence of such physical violence I had ever seen. I had once made the tragic mistake of raising my hat to a white woman, whom I had accidentally jostled on the public street. But I had not seen anything of the small Southern town and the countryside, which are the real South. If I could not explore Darkest Mississippi, at least I could see West Tennessee, which was not more than fifty miles from the college.

Needless to say the experience was invaluable. I traveled not only in space but in time. I touched the very shadow of slavery. I lived and taught school in log cabins built before the Civil War. My school was the second held in the district since emancipation. I touched intimately the lives of the commonest of mankind—people who ranged from bare-footed dwellers on dirt floors, with patched rags for clothes, to rough, hard-working farmers, with plain, clean plenty. I saw and talked with white people, noted now their unease, now their truculence and again their friendliness. I nearly fell from my horse when the first school commissioner whom I interviewed invited me to stay to dinner. Afterward I realized that he meant me to eat at the second, but quite as well-served, table.

The net result of the Fisk interlude was to broaden the scope of my program of life, not essentially to change it; to center it in a group of educated Negroes, who from their knowledge and experience would lead the mass. I never for a moment dreamed that such leadership could ever be for the sake of the educated group itself, but always for the mass. Nor did I pause to enquire in just what ways

and with what technique we would work—first, broad, exhaustive knowledge of the world; all other wisdom, all method and application would be added unto us.

In essence I combined a social program for a depressed group with the natural demand of youth for “Light, more Light.” Fisk was a good college; I liked it; but it was small, it was limited in equipment, in laboratories, in books; it was not a university. I wanted the largest and best in organized learning. Nothing could be too big and thorough for training the leadership of the American Negro. There must remain no suspicion of part-knowledge, cheap equipment, for this mighty task. The necessity of earning a living scarcely occurred to me. I had no need for or desire for money.

I turned with increased determination to the idea of going to Harvard. There I was going to study the science of sciences—philosophy. Vainly did Chase point out, as James did later, that the world was not in the habit of paying philosophers. In vain did the president offer me a scholarship at Hartford Theological Seminary. I believed too little in Christian dogma to become a minister. I was not without Faith: I never stole material nor spiritual things; I not only never lied, but blurted out my conception of the truth on the most untoward occasions; I drank no alcohol and knew nothing of women, physically or psychically, to the incredulous amusement of most of my more experienced fellows: I above all believed in work—systematic and tireless. I went to Harvard. Small difference it made if Harvard would only admit me to standing as a college junior; I earned \$100 by summer work: I received Price Greenleaf Aid to the amount of \$250, which seemed a very large sum. Of the miracle of my getting anything, of the sheer luck of being able to keep on studying with neither friends nor money, I gave no thought.

The Enlargement at Harvard and Berlin

Fortunately I did not fall into the mistake of regarding Harvard as the beginning rather than the continuing of my college training. I did not find better teachers at Harvard, but teachers better known, with wider facilities and in broader atmosphere for approaching truth. Up to this time, I had been absorbing a general view of human knowledge: in ancient and modern literatures; in mathematics, physics and chemistry and history. It was all in vague and general terms—interpretations of what men who knew the facts at first hand, thought they might mean. With the addition of a course in chemistry in a Harvard laboratory under Hill, some geology under Shaler and history under Hart, I was in possession of the average educated man’s concept of this world and its meaning. But now I wanted to go further: to know what man could know and how to collect and interpret facts face to face. And what “facts” were.

Here I revelled in the keen analysis of William James, Josiah Royce and young George Santayana. But it was James with his pragmatism and Albert Bushnell Hart with his research method, that turned me back from the lovely but sterile land of philosophic speculation, to the social sciences as the field for gathering and interpreting that body of fact which would apply to my program for the Negro.

I began with a bibliography of Nat Turner and ended with a history of the suppression of the African Slave Trade to America; neither needed to be done again at least in my day. Thus in my quest for basic knowledge with which to help guide the American Negro, I came to the study of sociology, by way of philosophy and history rather than by physics and biology, which was the current approach; moreover at that day, Harvard recognized no "science" of sociology and for my doctorate, after hesitating between history and economics, I chose history. On the other hand, psychology, hovering then at the threshold of experiment under Münsterberg, soon took a new orientation which I could understand from the beginning.

My human contacts at Harvard were narrow, and if I had not gone immediately to Europe, I was about to encase myself in a completely colored world, self-sufficient and provincial, and ignoring just as far as possible the white world which conditioned it. This was self-protective coloration, with perhaps an inferiority complex, but more of increasing belief in the ability and future of black folk. I sought at Harvard no acquaintanceship with white students and only such contacts which white teachers as lay directly in the line of my work. I joined certain clubs like the Philosophical Club; I was a member of the Foxcroft dining club because it was cheap. James and one or two other teachers had me at their homes at meal and reception.

Nevertheless my friends and companions were taken from the colored students of Harvard and neighboring institutions, and the colored folk of Boston and other cities. With them I led a happy and inspiring life. There were among them many educated and well-to-do folk; many young people studying or planning to study; many charming young women. We met and ate, danced and argued and planned a new world. I was exceptional among them, in my ideas on voluntary race segregation; they for the most part saw salvation only in integration at the earliest moment and on almost any terms in white culture; I was firm in my criticism of white folk and in my more or less complete dream of a Negro self-sufficient culture even in America.

In Germany, on the other hand, where after a stiff fight for recognition of my academic work, I went on fellowship in 1892, the situation was quite different. I found myself on the outside of the American world, looking in. With me were white folk—students, acquaintances, teachers—who viewed the scene with me. They did not pause to regard me as a curiosity, or something

sub-human; I was just a man of the somewhat privileged student rank, with whom they were glad to meet and talk over the world; particularly, the part of the world whence I came. I found to my gratification that they with me did not regard America as the last word in civilization. Indeed I derived a certain satisfaction in learning that the University of Berlin did not recognize a degree even from Harvard University, no more than from Fisk. Even I was a little startled to realize how much that I had regarded as white American, was white European and not American at all: America's music is German, the Germans said; the Americans have no art, said the Italians; and their literature, remarked the English, is English; all agreed that Americans could make money but did not care how they made it. And the like. Sometimes their criticism got under even my anti-American skin, but it was refreshing on the whole to hear voiced my own attitude toward so much that America had meant to me.

In my study, I came in contact with several of the great leaders of the developing social sciences: with Schmoller in economic sociology; Adolf Wagner, in social history; with Max Weber and the Germanophile, von Treitschke. I gained ready admittance to the rather exclusive seminars, and my horizon in the social sciences was broadened not only by teachers, but by students from France, Belgium, Russia, Italy and Poland. I traveled, on foot and third-class railway, to all parts of Germany and most of Central Europe. I got a bird's eye glimpse of modern western culture at the turn of the century.

But of greater importance, was the opportunity which my *Wanderjahre* in Europe gave of looking at the world as a man and not simply from a narrow racial and provincial outlook. This was primarily the result not so much of my study, as of my human companionship, unveiled by the accident of color. From the days of my later youth to my boarding a Rhine passenger steamer at Rotterdam in August, 1891, I had not regarded white folk as human in quite the same way that I was. I had reached the habit of expecting color prejudice so universally, that I found it even when it was not there. So when I saw on this little steamer a Dutch lady with two grown daughters and one of twelve, I proceeded to put as much space between us as the small vessel allowed. But it did not allow much, and the lady's innate breeding allowed less. Before we reached the end of our trip, we were happy companions, laughing, eating and singing together, talking English, French and German, visiting in couples, as the steamer stopped, the lovely castled German towns, and acting like normal, well-bred human beings. I waved them all good-bye, in the solemn arched aisles of the Köln cathedral, with tears in my eyes.

So too in brave old Eisenach, beneath the shadow of Luther's Wartburg, I spent a happy holiday with French and English boys, and German girls, in a home where university training and German home-making left no room for American color prejudice, although one American woman did what she could

to introduce it. She thought that I was far too popular with the German girls and secretly warned the house-mother. I was popular, but there was no danger in the American sense. I was quite wedded to my task in America. When blue-eyed Dora confessed her readiness to marry me "*gleich!*" I told her frankly and gravely that it would be unfair to himself and cruel to her for a colored man to take a white bride to America. She could not understand.

From this unhampered social intermingling with Europeans of education and manners, I emerged from the extremes of my racial provincialism. I became more human; learned the place in life of "Wine, Women, and Song"; I ceased to hate or suspect people simply because they belonged to one race or color; and above all I began to understand the real meaning of scientific research and the dim outline of methods of employing its technique and its results in the new social sciences for the settlement of the Negro problems in America

Prelude to Practice

I returned to the United States, traveling steerage, in July, 1894. I was twenty-six years of age and had obtained an education such as few young Americans, white or black, had had opportunity to receive. Probably, looking back after the event, I have rationalized my life into a planned, coherent unity which was not as true to fact as it now seems; probably there were hesitations, gropings, and half-essayed bypaths, now forgotten or unconsciously ignored. But my first quarter-century of life seems to me at this distance as singularly well-aimed at a certain goal, along a clearly planned path. I returned ready and eager to begin a life-work, leading to the emancipation of the American Negro. History and the other social sciences were to be my weapons, to be sharpened and applied by research and writing. Where and how, was the question in 1894.

I began a systematic mail campaign for a job. I wrote one public school in West Tennessee, not far from where I had taught school. The board hesitated, but finally indicated that I had rather too much education for their use. I applied to Howard University, Hampton Institute and my own Fisk. They had no openings. Tuskegee, late in the Fall, offered me a chance to teach mathematics, mentioning no salary; the offer came too late, for in August, I had accepted an offer from Wilberforce to teach Latin and Greek at \$750 a year.

Probably Wilberforce was about the least likely of all Negro colleges to adopt me and my program. First of all I was cocky and self-satisfied; I wore invariably the cane and gloves of a German student. I doubtless strutted and I certainly knew what I wanted. My redeeming feature was infinite capacity for work and terrible earnestness, with appalling and tactless frankness. But not all was discouragement and frustration at Wilberforce. Of importance that

exceeded everything, was the group of students whom I met and taught; most of the student body was in high school grades and poorly equipped for study. But filtering into the small college department were a few men and women of first-class intelligence, able and eager to work. As working companions, we made excursions into Greek literature; I gathered a class in German which talked German from the first day; I guided the writing of English themes and did a bit of modern history. Try as I might, however, the institution would have no sociology, even though I offered to teach it on my own time.

I became uneasy about my life program. I was doing nothing directly in the social sciences and saw no immediate prospect. Then the door of opportunity opened: just a crack, to be sure, but a distinct opening. In the Fall of 1896, I went to the University of Pennsylvania as "Assistant Instructor" in Sociology. It all happened this way: Philadelphia, then and still one of the worst governed of America's badly governed cities, was having one of its periodic spasms of reform. A thorough study of causes was called for. Not but what the underlying cause was evident to most white Philadelphians: the corrupt, semi-criminal vote of the Negro Seventh Ward. Every one agreed that here lay the cancer; but would it not be well to elucidate the known causes by a scientific investigation, with the imprimatur of the University? It certainly would, answered Samuel McCune Lindsay of the Department of Sociology. And he put his finger on me for the task.

There must have been some opposition, for the invitation was not particularly cordial. I was offered a salary of \$800 for a period limited to one year. I was given no real academic standing, no office at the University, no official recognition of any kind; my name was even eventually omitted from the catalogue; I had no contact with students, and very little with members of the faculty, even in my department. With my bride of three months, I settled in one room over a cafeteria run by a College Settlement, in the worst part of the Seventh Ward. We lived there a year, in the midst of an atmosphere of dirt, drunkenness, poverty and crime. Murder sat on our doorsteps, police were our government, and philanthropy dropped in with periodic advice.

I counted my task here as simple and clear-cut: I proposed to find out what was the matter with this area and why. I started with no "research methods" and I asked little advice as to procedure. The problem lay before me. Study it. I studied it personally and not by proxy. I set out no canvassers. I went myself. Personally I visited and talked with 5000 persons. What I could I set down in orderly sequence on schedules which I made out and submitted to the University for criticism. Other information I stored in my memory or wrote out as memoranda. I went through the Philadelphia libraries for data, gained access in many instances to private libraries of colored folk and got individual

information. I mapped the district, classifying it by condition; I compiled two centuries of the history of the Negro in Philadelphia and in the Seventh Ward.

It was a hard job, but I completed it by the Spring of 1898 and published it a year later, under the auspices of the University, as *The Philadelphia Negro*; a formidable tome of nearly a thousand pages. But the greatest import to me was the fact, that after years, I had at last learned just what I wanted to do, in this life program of mine, and how to do it. First of all I became painfully aware that merely being born in a group, does not necessarily make one possessed of complete knowledge concerning it. I had learned far more from Philadelphia Negroes than I had taught them concerning the Negro Problem. Before the American Academy, affiliated with the University, I laid down in public session in 1899, a broad program of scientific attack on this problem, by systematic and continuous study; and I appealed to Harvard, Columbia and Pennsylvania, to take up the work.

Needless to say, they paid not the slightest attention to this challenge and for twenty-five years thereafter not a single first-grade college in America undertook to give any considerable scientific attention to the American Negro. There was no thought or suggestion even of keeping me at the University of Pennsylvania. Before I had finished my work in Philadelphia, however, a Negro college, Atlanta University, had asked me to develop my program in Georgia. The days of the years of my apprenticeship were over. I entered on my life plan in the Fall of 1897.

The Program of 100 Years

The main significance of my work at Atlanta University, during the years 1897 to 1910 was the development at an American institution of learning, of a program of study on the problems affecting the American Negroes, covering a progressively widening and deepening effort designed to stretch over the span of a century. This program was grafted on an attempt by George Bradford of Boston, one of the trustees, to open for Atlanta University a field of usefulness, comparable to what Hampton and Tuskegee were doing for rural districts in agriculture and industry. At the Hampton and Tuskegee conferences, there came together annually and in increasing numbers, workers, experts and observers to encourage by speeches and interchange of experience the Negro farmers and laborers of adjoining areas. Visitors, white and colored, from North and South, joined to advise and learn. Mr. Bradford's idea was to establish at Atlanta a similar conference, devoted especially to problems of city Negroes. Such a conference, emphasizing particularly Negro health problems, was held in 1896. Immediately the University looked about for a man to teach history and political science, and take charge of future conferences. I was chosen.

When I took charge of the Atlanta Conference, I did not pause to consider how far my developed plans agreed or disagreed with the ideas of the already launched project. It made little essential difference, since only one conference had been held and a second planned. These followed the Hampton and Tuskegee model of being primarily meetings of inspiration, directed toward specific efforts at social reform and aimed at propaganda for social uplift in certain preconceived lines. This program at Atlanta, I sought to swing as on a pivot to one of scientific investigation into social conditions, primarily for scientific ends: I put no especial emphasis on specific reform effort, but increasing and widening emphasis on the collection of a basic body of fact concerning the social condition of American Negroes, endeavoring to reduce that condition to exact measurement whenever or wherever occasion permitted. As time passed, it happened that many uplift efforts were in fact based on our studies: the kindergarten system of the city of Atlanta, white as well as black; the Negro Business League, and various projects to better health and combat crime. We came to be however, as I had intended, increasingly, a source of general information and a basis for further study, rather than an organ of social reform.

The proverbial visitor from Mars would have assumed as elemental a study in America of American Negroes—as physical specimens; as biological growths; as a field of investigation in economic development from slave to free labor; as a psychological laboratory in human reaction toward caste and discrimination; as an unique case of physical and cultural intermingling. These and a dozen other subjects of scientific interest, would have struck the man from Mars as eager lines of investigation for American social scientists. He would have been astounded to learn that the only institution in America in 1900 with any such program of study was Atlanta University, where on a budget of \$5000 a year, including salaries, cost of publication, investigation and annual meetings, we were essaying this pioneer work.

My program for the succession of conference studies was modified by many considerations: cost, availability of suitable data, tested methods of investigation; moreover I could not plunge too soon into such controversial subjects as politics or miscegenation. Within these limitations, I finished a ten-year cycle study as follows:

- 1896, *Mortality among Negroes in Cities*
- 1897, *Social and Physical Condition of Negroes in Cities*
- 1898, *Some Efforts of Negroes for Social Betterment*
- 1899, *Negro in Business*
- 1900, *The College-bred Negro*
- 1901, *The Negro Common School*

- 1902, *The Negro Artisan*
 1903, *The Negro Church*
 1904, *Notes on Negro Crime*
 1905, *A Select Bibliography of the American Negro*

I then essayed for the second decade a broader program, more logical, more inclusive, and designed to bring the whole subject matter into a better integrated whole. But continued lack of funds, and outside demands (like the request of the Carnegie Institution of 1907 for a study of co-operation) kept even the second decade from the complete logic of arrangement which I desired; finally, my leaving Atlanta in 1910 and at last the severing of my connection with the conference in 1914, left the full form of my program still unfinished. I did, however, publish the following studies:

- 1906, *Health and Physique of the Negro American*
 1907, *Economic Co-operation among Negro Americans*
 1908, *The Negro American Family*
 1909, *Efforts for Social betterment among Negro Americans*
 1910, *The College-bred Negro American*
 1911, *The Common School and the Negro American*
 1912, *The Negro American Artisan*
 1914, *Morals and Manners among Negro Americans*

With the publication of 1914, my connection with Atlanta ceased for twenty years. Although studies and publications were prepared by others at the University in 1915 and 1918, the war finally stopped the enterprise. What I was laboriously but steadily approaching in this effort was a recurring cycle of ten studies in succeeding decades; with repetition of each subject or some modification of it in each decade, upon a progressively broader and more exact basis and with better method; until gradually a foundation of carefully ascertained fact would build a basis of knowledge, broad and sound enough to be called scientific in the best sense of that term. Just what form this dream would eventually have taken, I do not know. So far as actually forecast, it had assumed in 1914, some such form as this:

1. Population: Distribution and Growth
2. Biology: Health and Physique
3. Socialization: Family, Group and Class
4. Cultural Patterns: Morals and Manners
5. Education
6. Religion and the Church
7. Crime

8. Law and Government
9. Literature and Art
10. Summary and Bibliography

I proposed as I have said, to repeat each of these every ten years, basing the studies on ever broader and more carefully gathered data. Eventually I hoped to keep all the inquiries going simultaneously, only emphasizing and reporting on one particular subject each year. This would have allowed some necessary shifting or combination of subjects as time and developments might suggest; and adjustments to new scientific advance in fields like anthropology and psychology. The plan would have called in time for a large and well-paid staff of experts and a study of method and testing of results such as no group of Americans were engaged in at the time; beginning with a definite, circumscribed group, but ending with the human race. If it could have been carried out even imperfectly and with limitations, who can doubt its value today, not only to the Negro, but to America and to the still troubled science of sociology?

It was of course crazy for me to dream that America, in the dawn of the Twentieth Century, with Colonial Imperialism, based on the suppression of colored folk, at its zenith, would encourage, much less adequately finance, such a program at a Negro college under Negro scholars. My faith in its success was based on the firm belief that race prejudice was based on widespread ignorance. My long-term remedy was Truth: carefully gathered scientific proof that neither color nor race determined the limits of a man's capacity or desert. I was not at the time sufficiently Freudian to understand how little human action is based on reason; nor did I know Karl Marx well enough to appreciate the economic foundations of human history.

I was therefore astonished and infinitely disappointed, gradually to realize that our work in the Atlanta conferences was not getting support; that, far from being able to command increased revenue for better methods of investigation and wider fields, it was with increasing difficulty that the aging and overworked President, with his deep earnestness and untiring devotion to principle, could collect enough to maintain even our present activities. The conference had not been without a measure of success. Our reports were widely read and commented upon. We could truthfully say that between 1900 and 1925, no work on the Negro and no study of the South was published which was not indebted in some respect to the studies at Atlanta University. The United States Census Bureau and the Federal Labor Bureau asked our help and co-operation; institutions and philanthropies; authors, students and individuals in all walks of life, and in Europe, Asia and Africa, wrote us for information and advice. On the other hand, so far as the American world of science and letters was concerned, we never "belonged"; we remained unrecognized in learned societies and academic

groups. We rated merely as Negroes studying Negroes, and after all, what had Negroes to do with America or Science?

Gradually and with deep disappointment I began to realize, as early as 1906, that my program for studying the Negro problems must soon end, unless it received unforeseen support.

The Closing and Opening Decades, 1900

For the American Negro, the last decade of the 19th, and the first decade of the 20th Centuries were more critical than the Reconstruction years of 1868 to 1876. Yet they have received but slight attention from historians and social students. They are usually interpreted in terms of personalities, and without regard to the great social forces that were developing. This was the age of triumph for Big Business, for Industry, consolidated and organized on a world-wide scale, and run by white capital with colored labor. The southern United States was one of the most promising fields for this development, with invaluable staple crops, with a mass of cheap and potentially efficient labor, with unlimited natural power and use of unequalled technique, and with a transportation system reaching all the markets of the world.

The profit promised by the exploitation of this quasi-colonial empire was facing labor difficulties, threatening to flare into race war. The relations of the poor-white and Negro working classes were becoming increasingly embittered. In the year when I undertook the study of the Philadelphia Negro, lynching of Negroes by mobs reached a crimson climax in the United States, at the astounding figure of nearly five a week. Government throughout the former slave states was conducted by fraud and intimidation, with open violation of state and federal law. Reason seemed to have reached an impasse: white demagogues, like Tillman and Vaardman, attacked Negroes with every insulting epithet and accusation that the English language could afford, and got wide hearing. On the other hand Negro colleges and others were graduating colored men and women, few in the aggregate, but of increasing influence, who demanded the full rights of American citizens; and even if their threatening surroundings compelled silence or whispers, they were none the less convinced that this attitude was their only way of salvation. Supporting Negro education were the descendants of those Northerners who founded the first Negro institutions and had since contributed to their upkeep. But these same Northerners were also investors and workers in the new industrial organization of the world. Toward them now turned the leaders of the white South, who were at once apprehensive of race war and desirous of a new, orderly industrial South.

Conference began between whites of the North and the South, including industrialists as well as teachers, business men rather than preachers. At Capon

Springs, on the Robert Ogden trips to Hampton and Tuskegee, in the organization of the Southern Education Board, and finally in the founding of the General Education Board, a new racial philosophy for the South was evolved. This philosophy seemed to say that the attempt to over-educate a "child race" by furnishing chiefly college training to its promising young people, must be discouraged; the Negro must be taught to accept what the whites were willing to offer him; in a world ruled by white people and destined so to be ruled, the place of Negroes must be that of an humble, patient, hard-working group of laborers, whose ultimate destiny would be determined by their white employers. Meantime, the South must have education on a broad and increasing basis, but primarily for whites; for Negroes, education, for the present, should be confined increasingly to elementary instruction, and more especially to training in farming and industry, calculated to make the mass of Negroes laborers contented with their lot and tractable.

White and Negro labor must, so far as possible, be taken out of active competition, by segregation in work: to the whites the bulk of well-paid skilled labor and management; to the Negro, farm labor, unskilled labor in industry and domestic service. Exceptions to this general pattern would occur especially in some sorts of skills like building and repairs; but in general the "white" and "Negro" job would be kept separate and superimposed.

Finally, Northern philanthropy, especially in education, must be organized and incorporated, and its dole distributed according to this program; thus a number of inefficient and even dishonest attempts to conduct private Negro schools and low-grade colleges would be eliminated; smaller and competing instructions would be combined; above all, less and less total support would be given higher training for Negroes. This program was rigorously carried out until after the first World War.

To the support of this program, came Booker T. Washington in 1893. The white South was jubilant; public opinion was studiously organized to make Booker Washington the one nationally recognized leader of his race, and the South went quickly to work to translate this program into law. Disfranchisement laws were passed between 1890 and 1910, by all the former slave states, and quickly declared constitutional by the courts, before contests could be effectively organized; Jim-Crow legislation, for travel on railroads and street-cars, and race separation in many other walks of life, were rapidly put on the statute books.

By the second decade of the Twentieth Century, a legal caste system based on race and color, had been openly grafted on the democratic constitution of the United States. This explains why, in 1910, I gave up my position at Atlanta University and become Director of Publications and Research for the newly formed National Association for the Advancement of Colored People, of which I was one of the incorporators in 1911.

The First Re-adaptation of My Program

Very early in my work in Atlanta, I began to feel, on the one hand, pressure being put upon me to modify my work; and on the other hand an inner emotional reaction at the things taking place about me. To note the latter first: as a scientist, I sought the traditional detachment and calm of the seeker for truth. I had deliberately chosen to work in the South, although I knew that there I must face discrimination and insult. But on the other hand I was a normal human being with strong feelings and pronounced likes and dislikes, and a flair for expression; these I could not wholly suppress, nor did I try. I was on the other hand willing to endure and as my dear friend, Henry Hunt, said to me in after years, I could keep still in seven different languages. But, if I did speak I did not intend to lie.

A characteristic happening that seared my soul took place in Georgia in 1899. A Negro farm laborer, Sam Hose, tried to collect his wages from his employer; an altercation ensued and Hose killed the white farmer. Several days passed and Hose was not found. Then it was alleged that he had been guilty of murder, and also of rape on the farmer's wife. A mob started after him.

The whole story was characteristic and to me the truth seemed clear: the habit of exploiting Negro workers by refusing for trivial reasons to pay them; the resultant quarrel ending usually in the beating or even killing of the overbold black laborer; but sometimes it was the employer who got whipped or killed. If punishment did not immediately follow, then the mob was aroused by the convenient tale of rape. I sat down and wrote a letter to the *Atlanta Constitution*, setting down briefly the danger of this kind of needless race row, and the necessity of taking it firmly in hand in the very beginning. I had a letter of introduction to "Uncle Remus," Joel Chandler Harris, the editor, which I had never delivered. I took letter and article and started down town. On the way I learned that Hose had been caught and lynched; and I was also told that some of his fingers were on exhibit at a butcher shop which I would pass on my way to town. I turned about and went home. I never met Joel Chandler Harris. Something died in me that day.

The pressure which I began to feel came from white Northern friends, who I believed appreciated my work and on the whole wished me and my race well. But I think they were apprehensive; fearful because as perhaps the most conspicuously trained young Negro of my day, and, quite apart from any question of ability, my reaction toward the new understanding between North and South, and especially my attitude toward Mr. Washington, were bound to influence Negroes. As a matter of fact, at that time I was not over-critical of Booker Washington. I regarded his Atlanta speech as a statesmanlike effort to

reach understanding with the white South; I hoped the South would respond with equal generosity and thus the nation could come to understanding for both races. When, however, the South responded with "Jim-Crow" legislation, I became uneasy. Still I believed that my program of investigation and study was just what was needed to bring understanding in the long run, based on truth. I tried to make this clear. I attended the conferences at Hampton for several years, to attest my interest in industrial training. There I was approached with tentative offers to come to Hampton and edit a magazine. But I could not be certain that I was to be allowed to express my own opinions or only the opinions of the school. Of those Hampton opinions, I became increasingly critical. In all the deliberations to which I listened, and resolutions, which were passed at Hampton, never once was the work at Atlanta University nor college work anywhere for Negroes, commended or approved. I ceased regular attendance at the conferences; but when later I was invited back I delivered a defense of higher training for Negroes and a scathing criticism of the "Hampton Idea." I was not asked to return to Hampton for twenty-five years.

About 1902, there came a series of attempts to induce me to leave my work at Atlanta and go to Tuskegee. I had several interviews with Mr. Washington and was offered more salary than I was getting. I was not averse to work with Mr. Washington, but I could get no clear idea what my duties would be. If I had been offered a chance at Tuskegee to pursue my program of investigation, with larger funds and opportunity, I would doubtless have accepted, because by that time, despite my liking for Atlanta, I saw that the university would not long be able to finance my work. But my wife and many friends warned me that all this eagerness for my services might conceal a plan to stop my work and prevent me from expressing in the future any criticism of the current Hampton-Tuskegee plan. I hesitated. Finally, in 1903, I published "The Souls of Black Folk" with its chapter, "Of Mr. Booker T. Washington and others." This was no attack on Mr. Washington but it was a straightforward criticism and a statement of my own aims. I received no further invitation to come to Tuskegee.

Events now moved fast. Opposition among Negroes to what now came to be called the Washington program grew. I took no active part in it, until Trotter was jailed in Boston for trying to heckle Washington. Then, in 1906, I called the Niagara Movement to meet at Niagara Falls and deliberate on our future course as leaders of the Negro intelligentsia. The manifesto which we sent out fixed my status as a radical, opposed to segregation and caste; and made retention of my position at Atlanta more difficult.

The presidents of Negro colleges, mostly white men, who began service with Reconstruction, were now beginning to retire or die of old age. Dr. Bumstead died in 1919. He was particularly disliked in the South because his white teachers and colored students ate together and because he gave up state aid rather than

bar white students from his institution. He had been succeeded by a young man, son of Edmund Asa Ware, our first president. Young Edmund Ware was a good friend of mine and started his work with enthusiasm. But in raising funds he found himself against a stone wall; I do not know that he was actually advised to get rid of me, but I sensed his burden. I accepted the offer of the National Association for the Advancement of Colored People in 1910 to join their new organization in New York, as Director of Publications and Research.

My new title showed that I had modified my program of research, but by no means abandoned it. First, I directed and edited my Atlanta study of 1912, *in absentia*, with the help of my colleague, Augustus Dill, my student and successor as teacher in Atlanta. Then in our study of 1913, I secured the promise of Dr. Dillard, of the Slater Board, to join Atlanta University in keeping up the work of the conferences. The work of research was to be carried on in New York, with a conference and annual publication at Atlanta. I was jubilant at the projected survival of my work. But on advice of President Ware, this arrangement was not accepted by the trustees. Ware was probably warned that this tie with a radical movement would continue to hamper the university. In August, 1910, I reported at my new office and new work at 20 Vesey Street, New York.

As I have said elsewhere, the National Association for the Advancement of Colored People "proved between 1910 and the World War, one of the most effective organizations of the liberal spirit and the fight for social progress which the Negro race in America has known." It fought frankly to make Negroes "politically free from disfranchisement; legally free from caste and socially free from insult." It established the validity of the Fifteenth Amendment, the unconstitutionality of the "Grandfather Clause," and the illegality of residential segregation. It reduced lynching from two hundred and thirty-five victims a year to a half dozen. But it did not and could not settle the "Negro Problem."

This new field of endeavor represented a distinct break from my previous purely scientific program. While "research" was still among my duties, there were in fact no funds for such work. My chief efforts were devoted to editing and publishing the *Crisis*, which I founded on my own responsibility, and over the protests of many of my associates. With the *Crisis*, I essayed a new role of interpreting to the world the hindrances and aspirations of American Negroes. My older program appeared only as I supported my contentions with facts from current reports and observation or historic reference; my writing was reinforced by lecturing, and my facts increased by travel.

On the other hand, gradually and with increasing clarity, my whole attitude toward the social sciences began to change: in the study of human beings and their actions, there could be no such rift between theory and practice, between pure and applied science; as was possible in the study of sticks and stones. The "studies" which I had been conducting at Atlanta I saw as fatally handicapped

because they represented so small a part of the total sum of occurrences; were so far removed in time and space as to lose the hot reality of real life; and because the continuous, kaleidoscopic change of conditions made their story old already before it was analyzed and told.

If, of course, they had had time to grow in breadth and accuracy, this difficulty would have been met, or at least approached. Now in contrast I suddenly saw life, full and face to face; I began to know the problem of Negroes in the United States as a present startling reality; and moreover (and this was most upsetting) I faced situations that called—shrieked—for action, even before any detailed, scientific study could possibly be prepared. It was as though, as a bridge-builder, I was compelled to throw a bridge across a stream without waiting for the careful mathematical testing of materials. Such testing was indispensable, but it had to be done so often in the midst of building or even after construction, and not in the calm and leisure long before. I saw before me a problem that could not and would not await the last word of science, but demanded immediate action to prevent social death. I was continually the surgeon probing blindly, yet with what knowledge and skill I could muster, for unknown ill, bound to be fatal if I hesitated, but possibly effective, if I persisted.

I realized that evidently the social scientist could not sit apart and study *in vacuo*; neither on the other hand, could he work fast and furiously simply by intuition and emotion, without seeking in the midst of action, the ordered knowledge which research and tireless observation might give him. I tried therefore in my new work, not to pause when remedy was needed; on the other hand I sought to make each incident and item in my program of social uplift, part of a wider and vaster structure of real scientific knowledge of the race problem in America.

Facts, in social science, I realized, were elusive things: emotions, loves, hates, were facts; and they were facts in the souls and minds of the scientific student, as well as in the persons studied. Their measurement, then, was doubly difficult and intricate. If I could see and feel this in East St. Louis, where I investigated a bloody race riot, I knew all the more definitely, that in the cold, bare facts of history, so much was omitted from the complete picture that it could only be recovered as complete scientific knowledge if we could read back into the past enough to piece out the reality. I knew also that even in the ugly picture which I actually saw, there was so much of decisive truth missing that any story I told would be woefully incomplete.

Then, too, for what Law was I searching? In accord with what unchangeable scientific law of action was the world of interracial discord about me working? I fell back upon my Royce and James and deserted Schmoller and Weber. I saw the action of physical law in the actions of men; but I saw more than that: I saw rhythms and tendencies; coincidences and probabilities; and I saw that,

which for want of any other word, I must in accord with the strict tenets of Science, call Chance. I went forward to build a sociology, which I conceived of as the attempt to measure the element of Chance in human conduct. This was the Jamesian pragmatism, applied not simply to ethics, but to all human action, beyond what seemed to me, increasingly, the distinct limits of physical law.

My work assumed from now on a certain tingling challenge of risk; what the "Captain of Industry" of that day was experiencing in "kick," from money changing, railway consolidation and corporation floating, I was, in what appeared to me on a larger scale, essaying in the relations of men of daily life. My field of effort began to broaden in concept. In 1911, I attended a Races Congress in London. Had not the First World War so swept the mind of man clear of its pre-war thought, this meeting would have marked an epoch and might easily have made this Second World War unnecessary, and a Third, impossible. It was a great meeting of the diverse peoples of the earth; scarce any considerable group was omitted; and amid a bewildering diversity, a distinct pattern of human unity stood out.

I returned to America with a broad tolerance of race and a determination to work for the Internation, which I saw forming; it was, I conceived, not the ideal of the American Negroes to become simply American; but the ideal of America to build an interracial culture, broader and more catholic than ours. Before I had implemented this program in more than fugitive writing, World War fell on civilization and obliterated all dreams.

The Second Re-adaptation of My Program

I was forthwith engulfed in a mad fight to make Negroes Americans; a program I was already about to discard for something wider. The struggle was bitter: I was fighting to let the Negroes fight; I, who for a generation had been a professional pacifist; I was fighting for a separate training camp for Negro officers; I, who was devoting a career to opposing race segregation; I was seeing the Germany which taught me the human brotherhood of white and black, pitted against America which was for me the essence of Jim Crow; and yet I was "rooting" for America; and I had to, even before my own conscience, so utterly crazy had the whole world become and I with it.

I came again to a sort of mental balance, when after the armistice, I landed in France, in December, 1918, charged with two duties: to investigate the stories of cruelty and mistreatment of Negro soldiers by the American army; and to sound some faint rallying cry to unite the colored world, and more especially the Negroes of three continents, against the future aggressions of the whites. For now there was no doubt in my mind: Western European civilization had nearly

caused the death of modern culture in jealous effort to control the wealth and work of colored people.

The Pan-African congresses which I called in 1919, 1921 and 1923, were chiefly memorable for the excitement and opposition which they caused among the colonial imperialists. Scarcely a prominent newspaper in Europe but used them as a text of warning, and persisted in coupling them with the demagogic "Garvey Movement," then in its prime, as a warning for colonial governments to clamp down on colonial unrest. My only important action in this time, was a first trip to Africa, almost by accident, and a vaster conception of the role of black men in the future of civilization.

But here I was going too fast for the National Association for the Advancement of Colored People. The board was not interested in Africa. Following post-war reaction it shrank back to its narrowest program: to make Negroes American citizens, forgetting that if the white European world persisted in upholding and strengthening the color bar, America would follow dumbly in its wake.

From 1910 to 1920, I had followed the path of sociology as an inseparable part of social reform, and social uplift as a method of scientific social investigation; then, in practice, I had conceived an interracial culture as superseding as our goal, a purely American culture; before I had conceived a program for this path, and after throes of bitter racial strife, I had emerged with a program of Pan-Africanism, as organized protection of the Negro world led by American Negroes. But American Negroes were not interested.

Abruptly, I had a beam of new light. Karl Marx was scarcely mentioned at Harvard and entirely unknown at Fisk. At Berlin, he was a living influence, but chiefly in the modifications of his theories then dominant in the Social Democratic Party. I was attracted by the rise of this party and attended its meetings. I began to consider myself a socialist. After my work in Atlanta and my advent in New York, I followed some of my white colleagues—Charles Edward Russell, Mary Ovington, and William English Walling into the Socialist Party. Then came the Russian Revolution and the fight of England, France and the United States against the Bolsheviks. I began to read Karl Marx. I was astounded and wondered what other lands of learning had been roped off from my mind in the days of my "broad" education. I did not however jump to the conclusion that the new Russia had achieved the ideal of Marx. And when I was offered a chance to visit Russia in 1928, with expenses paid, I carefully stipulated in writing that the visit would not bind me in any way to set conclusions.

The Third Modification of My Program

My visit to Germany and the Soviet Union in 1928, and then to Turkey and Italy on return, marked another change in my thought and action. The

marks of war were all over Russia—of the war of France and England to turn back the clock of revolution. Wild children were in the sewers of Moscow; food was scarce, clothes in rags, and the fear of renewed Western aggression hung like a pall. Yet Russia was and still is to my mind, the most hopeful land in the modern world. Never before had I seen a suppressed mass of poor, working people—people as ignorant, poor, superstitious and cowed as my own American Negroes—so lifted in hope and starry-eyed with new determination, as the peasants and workers of Russia, from Leningrad and Moscow to Gorki and from Kiev to Odessa; the art galleries were jammed, the theatres crowded, the schools opening to new places and new programs each day; and work was joy. Their whole life was renewed and filled with vigor and ideal, as Youth Day in the Red Square proclaimed.

I saw of course but little of Russia in one short month. I came to no conclusions as to whether the particular form of the Russian state was permanent or a passing phase. I met but few of their great leaders; only Radek did I know well, and he died in the subsequent purge. I do not judge Russia in the matter of war and murder, no more than I judge England. But of one thing I am certain: I believe in the dictum of Karl Marx, that the economic foundation of a nation is widely decisive for its politics, its art and its culture. I saw clearly, when I left Russia, that our American Negro belief that the right to vote would give us work and decent wage; would abolish our illiteracy and decrease our sickness and crime, was justified only in part; that on the contrary, until we were able to earn a decent, independent living, we would never be allowed to cast a free ballot; that poverty caused our ignorance, sickness and crime; and that poverty was not our fault but our misfortune, the result and aim of our segregation and color caste; that the solution of letting a few of our capitalists share with whites in the exploitation of our masses, would never be a solution of our problem, but the forging of eternal chains, as Modern India knows to its sorrow.

Immediately, I modified my program again: I did not believe that the Communism of the Russias was the program for America; least of all for a minority group like the Negroes; I saw that the program of the American Communist party was suicidal. But I did believe that a people where the differentiation in classes because of wealth had only begun, could be so guided by intelligent leaders that they would develop into a consumer-conscious people, producing for use and not primarily for profit, and working into the surrounding industrial organization so as to reinforce the economic revolution bound to develop in the United States and all over Europe and Asia sooner or later. I believed that revolution in the production and distribution of wealth could be a slow, reasoned development and not necessarily a blood bath. I believed that 13 millions of people, increasing, albeit slowly in intelligence, could so concentrate their thought and action on the abolition of their poverty, as to work in conjunction with the

most intelligent body of American thought; and that in the future as in the past, out of the mass of American Negroes would arise a far-seeing leadership in lines of economic reform.

If it had not been for the depression, I think that through the *Crisis*, the little monthly which I had founded in 1910, and carried on with almost no financial assistance for twenty years, I could have started this program on the way to adoption by American Negroes. But the depression made the survival of the *Crisis* dependent on the charity of persons who feared this thought and forced it under the control of influences to whom such a program was Greek. In a program of mere agitation for "rights," without clear conception of constructive effort to achieve those rights, I was not interested, because I saw its fatal weakness.

My Present Program

About 1925, the General Education Board adopted a new program. It had become clear that the studied neglect of the Negro college was going too far; and that the Hampton-Tuskegee program was inadequate even for its own objects. A plan was adopted which envisaged, by consolidation and endowment, the establishment in the South of five centers of University education for Negroes. Atlanta had to be one of these centers, and in 1929, Atlanta University became the graduate school of an affiliated system of colleges which promised a new era in higher education for Negroes. My life-long friend, John Hope, became president, and immediately began to sound me out on returning to Atlanta to help him in this great enterprise. He promised me leisure for thought and writing, and freedom of expression, so far, of course, as Georgia could stand it.

It seemed to me that a return to Atlanta would not only have a certain poetic justification, but would relieve the National Association for the Advancement of Colored People from financial burden during the depression, as well as from the greater effort of re-considering its essential program.

With the unexpected coming of a Second World War, this move of mine has proved a relief. However it only postpones the inevitable decision as to what American Negroes are striving for, and how eventually they are going to get it.

The untimely death of John Hope in 1936 marred the full fruition of our plans, following my return to Atlanta, in 1933. Those plans in my mind fell into three categories; first with leisure to write, I wanted to fill in the background of certain historical studies concerning the Negro race; secondly I wanted to establish at Atlanta University a scholarly journal of comment and research on race problems; finally, I wanted to restore in some form at Atlanta, the systematic study of the Negro problems.

Between 1935 and 1941, I wrote and published three volumes: a study of the Negro in Reconstruction; a study of the black race in history and an

autobiographical sketch of my concept of the American race problem. To these I was anxious to add an Encyclopaedia of the Negro. I had been chosen in 1934 to act as editor-in-chief of the project of the Phelps-Stokes Fund to prepare and publish such a work. I spent nearly ten years of intermittent effort on this project and secured co-operation from many scholars, white and black, in America, Europe and Africa. But the necessary funds could not be secured. Perhaps again it was too soon to expect large aid for so ambitious a project, built mainly on Negro scholarship. Nevertheless, a preliminary volume summarizing this effort will be published in 1944.

In 1940, there was established at Atlanta, a quarterly magazine, *Phylon*, the "Atlanta University Review of Race and Culture." It is now finishing its fifth volume.

In the attempt to restore at Atlanta the study of the Negro problem in a broad and inclusive way, we faced the fact that in the twenty-three years which had passed since their discontinuance, the scientific study of the American Negro had spread widely and efficiently. Especially in the white institutions of the South had intelligent interest been aroused. There was, however, still need of systematic, comprehensive study and measurement, bringing to bear the indispensable point of view and inner knowledge of Negroes themselves. Something of this was being done at Fisk University, but for the widest efficiency, large funds were required for South-wide study.

The solution of this problem, without needless duplication of good work, or for mere pride of institution, came to me from W. R. Banks, principal of the Prairie View State College, Texas. He had been a student at Atlanta University during the days of the conferences. He took the idea with him to Texas, and conducted studies and conferences there for twenty years. He suggested that Atlanta University unite the seventeen Negro Land-Grant colleges in the South in a joint co-operative study, to be carried on continuously. I laid before the annual meeting of the presidents of these colleges in 1941, such a plan. I proposed the strengthening of their departments of the social sciences; that each institution take its own state as its field of study; that an annual conference be held where representatives of the colleges came into consultation with the best sociologists of the land, and decide on methods of work and subjects of study. A volume giving the more important results would be published annually.

This plan was inaugurated in the Spring of 1943, with all seventeen of the Land-Grant colleges represented, and eight leading American sociologists in attendance. The first annual report appeared in the Fall of 1943. Thus, after a quarter century, the Atlanta conferences live again.

To complete this idea, there is need to include a similar study of the vitally important Northern Negro group. The leading Negro universities like Howard,

Fisk, Wilberforce, Lincoln of Pennsylvania and of Missouri, and others might with Northern universities jointly carry out this part of the scheme.

This program came to full fruition in 1944, when a report of the first conference was published as *Atlanta University Publication No. 22*. Then, without warning, the University retired me from work and gave up this renewed project.

Summary

Finally and in summation, what is it that in sixty years of purposive endeavor, I have wanted for my people? Just what do I mean by "Freedom"?

Proceeding from the vague and general plans of youth, through the more particular program of active middle life, and on to the general and at the same time more specific plans of the days of reflexion, I can see, with overlappings and contradictions, these things:

By "Freedom" for Negroes, I meant and still mean, *full economic, political and social equality with American citizens, in thought, expression and action, with no discrimination based on race or color.*

A statement such as this challenges immediate criticism. Economic equality is today widely advocated as the basis for real political power: men are beginning to demand for all persons, the right to work at a wage which will maintain a decent standard of living. Beyond that the right to vote is the demand that all persons governed should have some voice in government. Beyond these two demands, so widely admitted, what does one mean by a demand for "social equality"?

The phrase is unhappy because of the vague meaning of both "social" and "equality." Yet it is in too common use to be discarded, and it stands especially for an attitude toward the Negro. "Social" is used to refer not only to the intimate contacts of the family group and of personal companions, but also and increasingly to the whole vast complex of human relationships through which we carry out our cultural patterns.

We may list the activities called "social," roughly as follows:

- A. Private social intercourse (marriage, friendships, home entertainment).
- B. Public services (residence areas, travel, recreation and information, hotels and restaurants).
- C. Social uplift (education, religion, science and art).

Here are three categories of social activities calling for three interpretations of equality. In the matter of purely personal contacts like marriage, intimate friendships and sociable gatherings, "equality" means the right to select one's own mates and close companions. The basis of choice may be cultured taste or vagrant whim, but it is an unquestionable right so long as my free choice

does not deny equal freedom on the part of others. No one can for a moment question the preference of a white man to marry a white woman or invite only white friends to dinner. But by the same token if a white Desdemona prefers a black Othello; or if Theodore Roosevelt includes among his dinner guests Booker T. Washington, their right also is undeniable and its restriction by law or custom an inadmissible infringement of civil rights.

Naturally, if an individual choice like intermarriage is proven to be a social injury, society must forbid it. It has been the contention of the white South that the social body always suffers from miscegenation, and that miscegenation is always possible where there is friendship and often where there is mere courtesy.

This belief, modern science has effectively answered. There is no scientific reason why there should not be intermarriage between two human beings who happen to be of different race or color. This does mean any forcible limitation of individual preference based on race, color, or any other reason; it does limit any compulsion of persons who do not accept the validity of such reasons not to follow their own choices.

The marriage of Frederick Douglass to a white woman did not injure society. The marriage of the Negro Greek scholar, William Scarborough, to Sarah Bierce, principal of the Wilberforce Normal School, was not a social catastrophe. The mulatto descendants of Louise Dumas and the Marquis de le Pailleterie were a great gift to mankind. The determination of any white person not to have children with Negro, Chinese, or Irish blood is a desire which demands every respect. In like manner, the tastes of others, no matter how few or many, who disagree, demand equal respect.

In the second category of public services and opportunities, one's right to exercise personal taste and discrimination is limited not only by the free choice of others, but by the fact that the whole social body is joint owner and purveyor of many of the facilities and rights offered. A person has a right to seek a home in healthy and beautiful surroundings and among friends and associates. But such rights cannot be exclusively enjoyed if they involve confining others to the slums. Social equality here denies the right of any discrimination and segregation which compels citizens to lose their rights of enjoyment and accommodation in the common wealth. If without injustice, separation in travel, eating and lodging can be carried out, any community or individual has a right to practise it in accord with his taste or desire. But this is rarely possible and in such case the demand of an individual or even an overwhelming majority, to discriminate at the cost of inconvenience, disease and suffering on the part of the minority is unfair, unjust and undemocratic.

In matters connected with these groups of social activity, the usage in the United States, and especially in the South, constitutes the sorest and bitterest

points of controversy in the racial situation; especially in the life of those individuals and classes among Negroes whose social progress is at once the proof and measure of the capabilities of the race.

That the denial of the right to exclude Negroes from residential areas and public accommodations may involve counter costs on the part of the majority, by unpleasant contacts and even dangerous experiences, is often true. That fact has been the basis of wide opposition to the democratization of modern society and of deep-seated fear that democracy necessarily involves social leveling and degeneration.

On the whole, however, modern thought and experience have tended to convince mankind that the evils of caste discrimination against the depressed elements of the mass are greater and more dangerous to progress than the affront to natural tastes and the recoil from unpleasant contacts involved in the just sharing of public conveniences with all citizens. This conviction is the meaning of America, and it has had wide and increasing success in incorporating Irish, and German peasants, Slavic laborers and even Negro slaves into a new, virile and progressive American Culture.

At the incorporation of the Negro freedman into the social and political body, the white South has naturally balked and impeded it by law, custom, and race philosophy. This is historically explicable. No group of privileged slave-owners is easily and willingly going to recognize their former slaves as men. But just as truly this caste leveling downward must be definitely, openly, and determinedly opposed or civilization suffers. What was once a local and parochial problem, now looms as a world threat! If caste and segregation is the correct answer to the race problem in America, it is the answer to the race contacts of the world. This the Atlantic Charter and the Cairo conference denied, and to back this denial lies the threat of Japan and all Asia, and of Africa.

What shall we, what can we, do about it in the United States? We must first attack Jim-Crow legislation: the freezing in law of discrimination based solely on race and color—in voting, in work, in travel, in public service.

To the third category of social activity, concerned with social uplift, one would say at first that not only should everyone be admitted but all even urged to join. It happens, however, that many of these organizations are private efforts toward public ends. In so far as their membership is private and based on taste and compatibility, they fall under the immunities of private social intercourse, with its limitation of equal freedom to all.

But such organizations have no right to arrogate to themselves exclusive rights of public service. If a church is a social clique, it is not a public center of religion; if a school is private and for a selected clientele, it must not assume the functions and privileges of public schools. The underlying philosophy of our public school system is that the education of all children together at public

expense is the best and surest path to democracy. Those who exclude the public or any part of it from the schools, have no right to use public funds for private purposes. Separate Negro public schools or separate girl's schools or separate Catholic schools are not inadmissible simply because of separation; but only when such separation hinders the development of democratic ideals and gives to the separated, poor schools or no schools at all.

Beyond all this, and when legal inequalities pass from the statute books, a rock wall of social discrimination between human beings will long persist in human intercourse. So far as such discrimination is a method of social selection, by means of which the worst is slowly weeded and the best protected and encouraged, such discrimination has justification. But the danger has always been and still persists, that what is weeded out is the Different and not the Dangerous; and what is preserved is the Powerful and not the Best. The only defense against this is the widest human contacts and acquaintanceships compatible with social safety.

So far as human friendship and intermingling are based on broad and catholic reasoning and ignore petty and inconsequential prejudices, the happier will be the individual and the richer the general social life. In this realm lies the real freedom, toward which the soul of man has always striven: the right to be different, to be individual and pursue personal aims and ideals. Here lies the real answer to the leveling compulsions and equalitarianisms of that democracy which first provides food, shelter and organized security for man.

Once the problem of subsistence is met and order is secured, there comes the great moment of civilization: the development of individual personality; the right of variation; the richness of a culture that lies in differentiation. In the activities of such a world, men are not compelled to be white in order to be free: they can be black, yellow or red; they can mingle or stay separate. The free mind, the untrammelled taste can revel. In only a section and a small section of total life is discrimination inadmissible and that is where my freedom stops yours or your taste hurts me. Gradually such a free world will learn that not in exclusiveness and isolation lies inspiration and joy, but that the very variety is the reservoir of invaluable experience and emotion. This crowning of equalitarian democracy in artistic freedom of difference is the real next step of culture.

The hope of civilization lies not in exclusion, but in inclusion of all human elements; we find the richness of humanity not in the Social Register, but in the City Directory; not in great aristocracies, chosen people and superior races, but in the throngs of disinherited and underfed men. Not the lifting of the lowly, but the unchaining of the unawakened mighty, will reveal the possibilities of genius, gift and miracle, in mountainous treasure-trove, which hitherto civilization has scarcely touched; and yet boasted blatantly and even glorified in its poverty. In

world-wide equality of human development is the answer to every meticulous taste and each rare personality.

To achieve this freedom, I have essayed these main paths:

1. 1885-1910

“The Truth shall make ye free.”

This plan was directed toward the majority of white Americans, and rested on the assumption that once they realized the scientifically attested truth concerning Negroes and race relations, they would take action to correct all wrong.

2. 1900-1930

United action on the part of thinking Americans, white and black, to force the truth concerning Negroes to the attention of the nation.

This plan assumed that the majority of Americans would rush to the defence of democracy, if they realized how race prejudice was threatening it, not only for Negroes but for whites; not only in America but in the world.

3. 1928-to the present

Scientific investigation and organized action among Negroes, in close co-operation, to secure the survival of the Negro race, until the cultural development of America and the world is willing to recognize Negro freedom.

This plan realizes that the majority of men do not usually act in accord with reason, but follow social pressures, inherited customs and long-established, often sub-conscious, patterns of action. Consequently, race prejudice in America will linger long and may even increase. It is the duty of the black race to maintain its cultural advance, not for itself alone, but for the emancipation of mankind, the realization of democracy and the progress of civilization.*

* After this book had gone to the press, Dr. Du Bois was appointed Director of Special Research of the NAACP. (Editor's note.)

W.E.B. Du Bois: Struggle Not Despair*

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ABSTRACT

This essay seeks to convey the essence of the life and work of Du Bois; it is an appreciation by one who knew him for some decades and loved him.

Deep in the Berkshires, in New England's heart, three years after Lincoln was murdered, was born this brown child, a son of poor people, and great-great-grandson of a veteran of the Revolutionary War.

When he was twenty-five years old, on his birthday—while studying at the University of Berlin—in the diary that he kept for his own eyes, he dedicated himself to the search for Truth. He swore to himself that he would carve out a name in literature and in science and that, come what may, he would fight for his people. He would, he wrote in this secret place, be “a man worthy of my race and my fathers.”

Du Bois never really grew old, except towards the last months of his life. When he was sixty and had been invited back to head the sociology department at Atlanta University, he customarily ran up the stone steps that brought one to the campus grounds; he ran up because, reaching the top, one was rewarded with a view of flowers and he could not wait to bathe his eyes in the vision. When he was eighty and away on a lecture tour, he wrote his wife that to his keen regret an engagement made it impossible for him to visit the circus. When he

*This paper is based on a lecture delivered at the Institute of African Studies, Columbia University on December 8, 1988.

was near ninety, I remember him sitting on a piano bench with a seven-year-old girl, singing lustily, and well, about Old MacDonald and his farm.

I recall when we were at the New York airport, in 1961, seeing him and his wife off to Ghana, where he was to take charge of the projected *Encyclopedia Africana*, that a reporter asked the Doctor, then in his ninety-second year, how many volumes he projected and how long the task would take. "Ten volumes, I think," he replied and then added, with the barest suggestion of a smile, "and about ten years per volume."

* * *

In Georgia, over eighty years ago, Du Bois gave voice to the Black people's resistance against the conquest of the South and their own subjugation by monopoly capitalism. He led the struggle against Big Business' "philanthropic" effort to miseducate his people and to corrupt their leaders. He recognized what appeared to him to be the irresistible logic of socialism about eighty years ago.

Du Bois was the main organizer (together with William Monroe Trotter) of the Niagara Movement, in 1905, and, speaking out for his people, he declared:

We will not be satisfied to take one jot or tittle less than our full manhood rights. We claim for ourselves every single right that belongs to a free-born American, political, civil and social; and until we get these rights we will never cease to protest and assail the ears of America.

It was this Niagara Movement, and Du Bois personally, that were vital to the launching, in 1909, of what became known as the National Association for the Advancement of Colored People (NAACP).

Du Bois is the person who wrote, in 1900, that "The problem of the twentieth century is the problem of the color line," and who added, ten years later: "The cause of labor is the cause of black men, and the black man's cause is labor's own." Surely, in these two prophecies lie much of the history of the United States, and of the world, for the century that now approaches its termination. Naturally, with these kinds of insights, it was Du Bois who, more clearly than any other person, saw over sixty years ago the anti-imperialist potential in a world-unity of African and African-derived peoples and therefore founded the Pan-African Movement.

The essence of his life, as writer, educator, and organizer, has been the call for Peace—peace within nations and among nations; for dignified, secure, fraternal living-together by a creative humanity. "I believe that War is Murder," he wrote in his influential "Credo" of 1904; "I believe that the wicked conquest of weaker and darker nations by nations white and stronger but foreshadows the death of that strength."

Increasingly, as time passed, Du Bois came to believe that the good things of life, based, as they must be, on peace so that they might be created, shared and enjoyed, could be obtained only by struggle. Increasingly, he came to believe that the leadership and the main role in such struggle must fall—if it were to be a principled and an effective one—to the working class and its allies. As he put it: “Naturally, out of the mass of the working classes, who know life and its bitter struggles, will continually rise the real, unselfish, and clear-sighted leadership.”

Du Bois insisted that imperialism was evil; racism, vile; poverty, conquerable; and that world war was not inevitable. Leading the Peace Information Center, that did monumental work in the late 1940s and early 1950s, Dr. Du Bois and four associates, were indicted and tried some thirty-five years ago as “un-registered foreign agents” under the provisions of the McCormick Act. That act—unlike the later McCarran Act—required substantive proof of the actual guilt of the defendant personally; the United States government offered Du Bois a “deal,” telling him that if he pleaded no-defense, it would let him off without a jail sentence. Steeped in racism and reflecting the ethics of imperialism, the government officials did not know with whom they were dealing. Du Bois told his attorney that, “before I would enter such a plea I would rot in jail.”

Of course, the defendants were not guilty. To think of Dr. Du Bois as a “foreign agent” is like thinking of Thomas Jefferson or Frederick Douglass as a “foreign agent” (of which both were accused in their time!). And since under the McCormick Act one does not have a legislative Bill of Attainder, such as the McCarran Act, a defendant had a chance, given due process of law. Dr. Du Bois was acquitted.

During the period of the indictment, the worldwide protest movement, and the trial, Dr. Du Bois stuck to his guns, of course; as had been true throughout his life, he said exactly what he believed and said it with clarity. “With jail in sight,” he wrote in his *In Battle for Peace* (1952), “I hammered at the proposition that the Soviet Union did not want war, while our masters did; that we in demanding peace were opposing Big Business which wanted war, and that we did this as free Americans and not as the tools of any foreign or domestic power.”

It was in the midst of this effort—and in the midst of the McCarthy period—that Langston Hughes, one of the scores of distinguished figures who, as youths, had turned to Du Bois for help and inspiration, to his everlasting credit wrote a magnificent column in the *Chicago Defender* (October 5, 1951):

. . . Du Bois is more than a man. He is all that he has stood for . . . The things that he has stood for are what millions of people of good will the world around desire, too—a world of decency, of no nation over another nation, of no color line, no more colonies, no more poverty, of education

for all, of freedom and love and friendship and peace among men. For as long as I can remember, Dr. Du Bois has been writing and speaking and working for these things. He began way before I was born to put reason above passion, tolerance above prejudice, well-being above poverty, wisdom above ignorance, cooperation above strife, equality before Jim Crow and peace above the bomb.

What made Du Bois? Monumental persistence was there; and a fantastic capacity for work. As one studies his life, he is reminded of the letter Thomas Jefferson—whose range similarly was almost incredible—wrote his daughter: “No person will have occasion to complain of the want of time, who never loses any.” And: “It is wonderful how much may be done if we are always doing.” Du Bois lived as though he had made Jefferson’s advice his motto. Repeatedly he said to others—and told himself—that there was but one reason for living: to live creatively and productively; and that there was but one answer to attack and criticism and that was effective work.

There was also present what John Hope, then president of Morehouse College in Atlanta, wrote him in 1915—after Atlanta University had felt compelled to let him go, since “philanthropists” insisted that either he moderate his militancy or they would cancel their contributions. Hope wrote, “You are able because you are honest . . . Intellectual honesty and moral courage are your adornments.”

With Du Bois’ almost fierce honesty there went other qualities that were part of the whole: Du Bois was not vindictive, though he waged some monumental battles; he was highly self-critical and did not refrain from publicly affirming error or an important change of mind—as, for example, in his support of U.S. entry into the first world war. If he failed at times in dealing with others—and he was not the easiest-going person in the world—it was basically because he set fearfully high standards for himself and tended to apply the same standards to others.

Of course, when seeking the secret of Du Bois, one is in the presence of genius, and here biology itself has failed us so far. Certainly, an aspect of his genius was persistence, a colossal capacity for work, integrity, a fundamental love for people. And there was something else that is not understood and is called “talent.” Du Bois got to the heart of matters; he anticipated; he consciously sought to comprehend not only the past and present but also he sought to project the future; he thought big; he came to no hasty judgements; he took himself seriously—some, who did not fully understand his own stern standards, thought too seriously. And, he was not afraid to act, even to venture “recklessly,” as some thought.

In the course of my study of Du Bois, over many years, I have sought out people who knew him and have asked their memories of him. One such was Norman Thomas who knew Du Bois fairly well and who shared his reminiscences with me not long before Mr. Thomas passed away. A final remark by Norman Thomas, a sort of summing up, remains with me as eminently apt: "Du Bois," he said to me, "was a true prophet."

* * *

Du Bois' writing is characteristically clear and lyrical; it exudes honesty and passion. Zona Gale once described Du Bois as "a great teacher of Democracy in America—of a democracy which we have not yet practiced nor even visioned." Some fifty years ago, Eugene O'Neill wrote: "Ranking as one does among the foremost writers of true importance in this country, one selfishly wishes sometimes (as a writer oneself) that he could devote all his time to the accomplishment of that fine and moving prose which distinguishes his books. But at the same time one realizes, self-reproachfully, that with Dr. Du Bois it is a cause—an ideal—that overcomes the personal egoism of the artist." "The cause"—there is the heart of Du Bois. And it was his devotion to it, his identity with it, that is the ultimate source of his greatness. For over half a century this man epitomized the cause; and it was the most dramatic cause in his country and era. He experienced the crucifixion himself; but he never sought to use his great gifts to remove the thorns from his head. Many times was wealth offered him; many times were positions of great distinction dangled before his eyes—sometimes, his pre-eminence being so indubitable, they actually came to him—but neither the offers nor the momentary reality ever came near corrupting him.

The iron had entered his soul; he had seen the lynch-victim's fingers displayed in a Georgia butcher-shop; he had stared down the driver of a bus in Alabama and kept his "wrong" seat until, as he surmised, the driver decided he "wasn't really a Negro" and let him be; he had stood, shotgun in hand, defending his own home after the pogrom in Atlanta of 1906; he had sent his first-born who had died in infancy, twelve hundred miles from home to be buried where Jim Crow did not roost.

Among his thousands of letters are scores from the laborer, the aspiring adolescent, the sharecropper, the woman who scrubbed other peoples' homes. The most scorned and the most despised—the prisoner, the peon—poured their hearts out to him. You are our voice, is what they all said; speak for us. These letters were carefully answered and preserved; the answers were serious, full, helpful. The Black intelligentsia, professionals and artists looked upon Du Bois as a father as well as a mentor and he fought for them. There is no outstanding Afro-American creative figure of the twentieth century—from Countée Cullen

to E. Franklin Frazier, from Jessie Fauset to John Hope Franklin, from Richmond Barthé to Paul Robeson—who did not, at some point, draw inspiration and gather aid directly from their Dean.

From all of these, at the same time, Du Bois gained his astonishing strength. The inspiration was mutual; they held him up and he led the way.

Du Bois wrote with ease, but his manuscripts show that he did so with great care. Many are the pencilled alterations on manuscripts and on galley sheet—the latter often to the despair of publishers. He knew well what he wanted to say, he was an artist at saying it, and so he took infinite pains with the instruments of his craft.

Normal Thomas used that one word “prophet,” to sum up Du Bois; perhaps another helps and it is “poet,” assuming there is any real difference between the two. Du Bois made of his life a great poem.

* * *

Du Bois' passion was justice. Through reason, struggle, organization, would come justice and in that would be peace. It was this passion that brought Du Bois to socialism over eighty years ago. Never did he give up that compass and goal. His learning was as extensive as any man's; his friendships extended from James Weldon Johnson to Gandhi; no part of this globe did he not study with his own eyes; no significant political, social or intellectual current moved in the United States during the seventy years prior to his death without his participation. This unparalleled experience held him firm to the need for socialism and led him, in the last period, to the momentous decision of becoming a member of the Communist Party. In this connection his long-standing friendship with Black Communists—as B. J. Davis, J. W. Ford, Louis Burnham, W. L. Patterson, J. E. Jackson, Henry Winston and others, was significant. In all this there would seem to be reasons for pause on the part of those who have affirmed that Marxism or socialism is something meant only for white people—assuming it has any meaning at all. Certainly, the founder of the modern Black liberation movement and of the Pan-African Movement decided the opposite to be true.

It is a hallmark of the decay of the social order in the United States and the depravity of its ruling class that Dr. Du Bois actually was labelled a criminal, a traitor, a purchased foe of democracy! One man's criminal is another man's saint. Langston Hughes, in the essay already cited, having in mind the government's effort to send Dr. Du Bois to prison, wrote:

Somebody in Greece long ago gave Socrates the hemlock to drink. Somebody at Golgotha erected a cross and somebody drove nails into the hands of Christ. Somebody spat upon His garments. No one remembers their names.

In E. P. Thompson's splendid biography of another revolutionary, William Morris, the author writes of Morris as "beckoning us forward to the measureless bounty of life." And he concludes with this fine line: "He is one of those men whom history will never overtake." Another such was William Edward Burghardt Du Bois.

* * *

Dr. Kwame Nkrumah, when President of Ghana, said at the grave of his teacher: "Dr. Du Bois was a phenomenon." He was—like Jefferson, Douglass, Marx, Lenin—a phenomenon.

Du Bois was rather slight, strikingly handsome, impeccably groomed and dressed, erect carriage, head held high, clear voice, eager eyes. He tended to be quiet, invariably polite, especially tender with children. Slow to anger though very sensitive. A fierce fighter but a fair one. He enjoyed life; he loved the theatre, music, painting, flowers, good wine and food. He cherished friends and glowed when there was spirited talk.

Work, he would say; work. Be about; there is so much to do. Yet, he was not all work for he was laughter too. His humor was subtle, not broad but it was delicious.

The main thing, however, was work, and how he loved his labor! That, he often told me, was the secret; love what you do or don't do it.

In sheer dimension his productivity is almost incredible; like that of a Shakespeare or Dickens or Beethoven. His poems, his pageants and plays, his books (several unpublished), his magazines—*The Moon*, *The Horizon*, *The Crisis*, *The Brownies' Book*, *Phylon*—his hundreds of newspaper columns, his thousands of lectures, his scores of thousands of letters. What work he put into *The Crisis'* poetry and essay and drama contests; and the college graduate numbers and the beautiful baby issues! And his pioneering scholarship in history with the *Suppression* book (1896) and in sociology with the study of *The Philadelphia Negro* (1899) and in anthropology with *The Negro* (1915). Some of his poetry is excellent; his novels are good; his *John Brown* (1909) has not been surpassed for its grasp of the deepest meanings of that martyr. And it is not too early to affirm that two of his books, at least, are classics—that is, will live so long as books have any meaning—namely, *The Souls of Black Folk* (1903) and *Black Reconstruction* (1935).

Courage, too, is a hallmark of Du Bois. What it meant, living and working in Georgia, eighty years ago and fighting for the full equality of Black people! What it meant to organize at the turn of this century and in Atlanta scientific conferences on racism and the so-called Negro question to which figures of national and international renown came—and to do this not once but regularly for eighteen years! What it meant to organize a movement eighty years ago saying

“no” to Carnegie and Morgan and the Tuskegee Machine; to hold pilgrimages to Harpers Ferry and to issue calls for struggle in the name of Old John Brown.

Du Bois needed that courage, too, for he was an organizer of struggle; he was an agitator and a fighter. As to agitation, he wrote in the first volume of *The Crisis*, in 1910, that certain friends had urged that perhaps the agitational method was harmful rather than helpful. Not so, declared Du Bois:

Such honest critics mistake the function of agitation. Is a toothache a good thing? No. Is it therefore useless? No. It is supremely useful, for it tells the body of decay and death. Without it the body, would suffer unknowingly. It would think: All is well, when lo! the danger lurks.

Du Bois always held to the belief in human progress; and he insisted that its inevitability was not independent of but rather was dependent upon people’s activities. And basic to human progress he held (with Douglass) was the radical, the disturber, the agitator and the organizer. There are the ones, he wrote in *The Crisis* in 1914, who, seeing “the disinherited and the damned, can never sit still and silent.” On the contrary, Du Bois wrote, in the biblical language that was in his bones:

These are the men who go down in the blood and dust of battle. They say ugly things to an ugly world. They spew the lukewarm fence straddlers out of their mouths, like God of old; they cry aloud and spare not; they shout from the housetops, and they make this world so damned uncomfortable with its nasty burden of evil that it tries to get good and does get better.

* * *

Du Bois held to the vision not only of the Afro-American but also of the white people of the United States understanding and joining someday—especially the working masses among those who were white. Du Bois was always a union man—*The Crisis* carried the union button even when the typographical union was lily-white; Du Bois very early was attracted to socialism—certainly, as his papers show, by 1904; Du Bois was a friend of the Bolshevik Revolution from its birth and publicly announced this at least as early as 1919 and repeated this until his death. Du Bois studied Marx with care about 60 years ago; he gave one of the earliest (if not the earliest) graduate seminars on Marx in any U.S. university—it was given in the summer of 1933 at Atlanta University on “Karl Marx and the American Negro.”

Du Bois had serious differences with the Communist Party of the United States (and it with him) especially in the 1930s, but he never permitted himself to become a Red-baiter, though often invited to do so. And he never failed to add his belief even in the period of sharp debate, that Communists were devoted, in their own light, to the cause of human emancipation.

Du Bois saw sixty years ago that the battle for civil rights was but one element and only a beginning of the struggle for full liberation of his people. He insisted, with growing emphasis, beginning especially in the late 1920s, that economic questions—jobs, prices, food, housing, training—constituted the nub of the subject; it was fundamentally because of this and the failure of the Board of the NAACP to agree with it that he resigned from the Association in 1934. The question of so-called segregation was deliberately misconstrued by many on that Board and used as a pretext for bringing about a situation forcing Du Bois' resignation; the main point was Du Bois' increasingly radical stance on domestic issues and his growing militancy in denouncing colonialism.

By 1900 when Du Bois served as the secretary of the first Pan-African Congress and wrote its appeal to the world, he sensed the historic significance of the impending rebellion of the colored masses. This was reinforced in his experiences at the First Universal Races Congress in 1911 and took major organized form with his projection in 1918 of a Pan-African movement whose first Conference was held in Paris the next year. (This rebellion against colonialism is, of course, the theme of his second novel, *Dark Princess*, 1928.)

In Du Bois' vision of Pan-Africanism there was no sense of exclusion; on the contrary, always he insisted that it was part of the general social and class phenomenon of the destruction of imperialism and the victory of socialism. In racism and colonialism (and, more and more as the years passed, in the structure of monopoly capitalism, in imperialism) Du Bois saw the heart of the war danger. One of the central features of his work and writing was the struggle against war; he died, as his last message makes clear, firm in the conviction that the peace would be won. In combining these visions and working effectively for their realization, Du Bois' pioneering was of world-wide historical significance.

Du Bois was exceptional in his attitude towards women. In the fall of 1885, he entered Fisk University and at once became an editor of the student paper, the *Fisk Herald*. In its issue of December, 1885, Du Bois called attention to the paper called the *College Message* published by women at Bennett College in Greensboro, North Carolina. It was gotten up, he thought, "in a bewitching style"; its column "on woman's work" was especially good, he thought, and overall represented "a first rate woman's rights argument." Exactly two years later, in the same publication, Du Bois called attention to a meeting of the Women's Christian Temperance Union in Nashville and remarked, "the Age of Woman

is surely dawning”—as noteworthy a prophecy as his better known remark, in 1900, that the color line would be a central question of the twentieth century.

To the end of his days, Du Bois was a fervent supporter of women’s liberation, seeing it also as basic to the humanization of the male. Beginning with his close relationship with his mother (who died as Du Bois graduated from high school), he had warm friendships with women and consistently argued—in print and lectures—for their full equality in every aspect of life.

* * *

Nothing can erase the fact that Dr. Du Bois, in his ninety-second year, and with the McCarran Act being activated, announced his decision to join the Communist Party of the United States. He saw it as embodying the best in the radical and egalitarian traditions of this country. In this sense and as a direct continuation and logical culmination of his own superb life, joining that Party symbolized his convictions as to what was true and what was necessary.

Many are the glories and many are the shames of the United States. Du Bois’ accomplishments reflect the glories; his harassments, the shame. The latter culminated, in the time of McCarthyism and brinkmanship, in the arrest and fingerprinting and trying of Du Bois for being a “foreign agent,” and finally—a scholar abroad laboring on the monumental project of an *Encyclopedia Africana* (something he had projected in 1909)—making him a man without a passport, a man unwelcome in his own country. Then—and only then—did he turn to the citizenship of Ghana, and there did he die and lies buried, thousands of miles from the green of the Berkshires and the graves of his children—and fifty yards from the shore whence his ancestors were carried in shackles to make rich the New World. America’s pariah was Africa’s glory. The eradication of racism will begin the erasing of the shame of the hounding of Dr. Du Bois. Then, cities and states will vie with each other in naming their loveliest parks and best schools for Du Bois.

Difficult were the heart-breaking setbacks; awful were the arrogance and cruelty of the dominating classes. At times, the pain was so great that it squeezed doubt from his heart—as after the Atlanta pogrom of 1906, with these lines in his great “Litany:” *“Whither? North is greed and South is blood; within, the coward, and without the liar. Whither? To Death?”* But the times of doubt were rare and were overcome; his life is a hymn not to doubt but to confidence, not to despair but to struggle.

The quarter of a million who marched in Washington the day he died, heard his name called and knew that he had carried the banner at their head for over half a century. He died, his widow told me, without pain, fully lucid to the last, and after the sun had set and the darkness had gathered.

Characteristically he had written what he labelled his Last Message, in preparation for the final rest. It was dated June 26, 1957 and was given to the keeping of his wife, Shirley Graham Du Bois. It was read at his funeral:

It is much more difficult in theory than actually to say the last good-bye to one's loved ones and friends and to all familiar things of this life. I am going to take a long, deep and endless sleep. This is not a punishment but a privilege to which I looked forward for years.

I have loved my work, I have loved people and my play, but always I have been uplifted by the thought that what I have done well will live long and justify my life; that what I have done ill or never finished can now be handed on to others for endless days to be finished, perhaps better than I could have done.

And that peace will be my applause.

One thing alone I charge you. As you live, believe in life. Always human beings will live and progress to greater, broader and fuller life.

The only possible death is to lose belief in this truth simply because the great end comes slowly, because time is long.

Good-bye.

Of a friend who died in Georgia in 1915—breaking his heart in the fight against oppression—Du Bois then wrote: "All the long years the voices of little black children shall make his silence sweet." Surely, so it is with him.

But though now Du Bois is silent, we hear him; all who seek the Good Life will hear him forever. The Beacon dims, but the Dawn rises. We thank you, dear Dr. Du Bois.

Identity Empowerment Through Clinical Sociology*

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ABSTRACT

Identity empowerment is defined as the deliberate enhancement of clients' awareness of their values and goals and of clients' expression of these values and goals in everyday behavior. Values are the deepest and broadest objectives or goals with which an individual can identify. Identity empowerment culminates in observable increases in clients' behavioral expressions of their values in social commitments. The process of clinical discussion and behavioral applications promotes clients' well-being and effectiveness by increasing the durability and flexibility of their bonds with significant others and by strengthening their motivations to accomplish meaningful goals in their lives.

Two case studies illustrate selected uses of clinical sociological theory. The cases suggest a number of unique contributions of sociological practice in crisis intervention and in the formulation of clients' options during periods of more gradual change.

Ten selected clinical sociological concepts bridge micro- and macrosociological structures and represent different levels of analysis. Each concept is a context or frame of reference for a particular aspect of identity empowerment and its concomitant changes in interpersonal behavior, group membership, and societal participation. Although it is frequently in crises that clients' awareness of their values and value negotiations with others is most dramatically heightened, these clinical concepts are a basis for therapeutically directed efforts to strengthen their self-understanding both during crises and in periods of gradual change.

*An earlier version of this paper was presented at the 1987 annual meeting of the District of Columbia Sociological Society.

This paper describes a series of clinical sociological concepts that are used for the purpose of expanding and deepening clients' self-perceptions and social functioning (Wentworth, 1980). Identity empowerment is defined as the deliberate enhancement of clients' awareness of their values and goals and clients' expression of these values and goals in their everyday behavior. Values are the deepest and broadest objectives or goals with which an individual can identify. Identity empowerment culminates in observable increases in clients' behavioral expressions of their values in social commitments.

Identity empowerment is an effective clinical outcome for therapists professionally committed to improving clients' quality of life (Stryker, 1968). Clinical intervention increases the probability of deliberate, self-conscious personal growth in the course of daily activities. Clinical sociologists may use the proposed concepts to strengthen clients' abilities to scrutinize, select, and apply their preferred values—such as honesty, justice, or equality—more directly in their own lives (Maslow, 1976). This heightened self-awareness enables clients to become increasingly autonomous in their everyday decision making (Babad, Birnbaum, & Benne, 1983). Identity empowerment enables clients to perceive themselves as active agents in society and thus affords them more expansive self-perceptions and world views.

Substantive sources used in the construction of the selected clinical sociological concepts are life history data from approximately five hundred individuals, in some cases representing several generations of a given family. The data were collected in both clinical (crisis interventions and sustained consultations) and research (volunteer interviews) settings. The author has been in private practice as a clinical sociologist since 1971 and served as a clinical sociologist in community mental health services from 1971–76. The life histories of individuals and families derive from varied social classes and ethnic groups but do not comprise a representative sample of the U.S. population. Clients and research subjects in the private setting were predominantly white, middle-class adults; those in the community mental health setting were predominantly non-white, lower-class adults. In both settings most clients and subjects were women.

Richly detailed life-history data from the clinical and research subjects reveal recurring patterns in decision making and other significant dimensions of interpersonal behavior. Major emotional events, such as deaths within the family or the loss of employment, are turning points in the lives of most people (Chess & Thomas, 1986). In dramatic transitions such as these, values and relationships frequently need to be reforged.

When clients' functioning effectiveness is diminished during major structural shifts in their lives, effective therapeutic intervention can enhance their coping mechanisms and precipitate significant positive changes in their lives (Hall, 1986a). Therapeutically directed identity empowerment increases clients'

personal autonomy by broadening their awareness of value choices. This process may also promote new and/or revised commitments to broad social groups or social movements (Glassner & Mayadas, 1986).

Clinical Sociology

Before discussing identity empowerment, it is useful to state some of the broad perspectives and concepts of clinical sociology. Existing knowledge in clinical sociology comprises varied frames of reference, principles, and strategies (Wirth, 1931; Lee, 1955; Glassner & Freedman, 1979; Straus, 1979; Swan, 1984). Reported findings from sociological practice substantiate, and to some extent explain, the influence of broad social structures on values, goals, and interpersonal behavior (Thomas, 1927; Mead, 1934; Gerth & Mills, 1953; Mills, 1959). Significant propositions derive from this discipline:

- Behavior is inextricably related to broad social structures, and individual freedom is most effectively increased by gaining a deeper and more accurate understanding of the interactive processes between self and society.
- Belief in the possibility of changing one's behavior is a necessary, but not sufficient, condition of increasing individual freedom.
- A redefinition of clients' personal problems in terms of social structures increases clients' options for the quantity and quality of their participation in society (Straus, 1984).
- Values exert a strong influence on individual decision making, as they are powerful social sources of motivation (Weber, 1964).
- Crises, conflicts, and discontent can become learning situations where clinicians effectively encourage clients to observe and focus on their own experiences, situations, and possibilities rather than on others' expectations and demands.
- Clinicians suggest how clients can use self-knowledge and information about their values and goals to make constructive changes in their lives. Clients strengthen their functioning in relation to others when they can articulate and act upon their preferred values in their day-to-day behavior.

Effective clinical intervention culminates in clients perceiving their interpersonal crises as turning points or transitions in their lives, which present opportunities for them to learn more effective ways to act in their own interests (Garfinkel, 1967).

Scope of Research

Identity empowerment is hypothesized to be one of the most effective clinical and social processes that increases the probabilities and possibilities of clients' well-being and levels of functioning. An empowered person makes meaningful commitments and undertakes effective goal-oriented activities.

The sociological concepts described below are distillations of accumulated life-history data. They are clinical tools or perspectives, as they broaden the series of contexts through which clients can define themselves, their situations, and their life chances.

The concepts are effective clinical strategies in that they suggest ever-expanding views of self within milieus and social structures. Adult growth, as well as growth in childhood, can be thought of as an opening up of the perceived and behavioral worlds people live in. Clinical discussion is one means to achieve this unfolding of being and behavior.

For clinical purposes, exchanges in social interaction (Goffman, 1959; Homans, 1961; Cooley, 1964; Berger & Luckmann, 1966; Blumer, 1969) are considered here as negotiations of values. This is an especially meaningful view as many people do not share the same values. When individuals trade values with each other (Pruitt, 1981), negotiating strategies and resulting patterns of behavior depend on the significance or emotional importance of the particular values to each person (Strauss, 1978). Differences in values are such a common occurrence, however, that many of our values are compromised in our negotiations with others. When people take a stand based on their values, others are forced to adapt or leave those relationships. Heightened self-awareness, together with general consistency in value commitments, comprise a client's strongest negotiating position and most meaningful social source of motivation (Hall, 1985).

Case Studies

Two case studies are used to illustrate applications of clinical sociological theory and therapeutic strategies. The descriptions of Janet and Peter demonstrate the usefulness of sociological practice in crisis intervention (Janet) and gradual change (Peter).

Janet

Janet, a forty-year-old white woman, sought therapeutic assistance after her husband of eighteen years abruptly left her. Marriage afforded

Janet upward social mobility: upon her husband's insistence, she gave up a career in personnel work to stay at home. As the primary caretaker of the couple's two children—a son and a daughter—it was difficult for Janet to sustain and pursue her own interests. She was ill prepared for the traumatic structural shift forced upon her by divorce.

Clinical support enabled Janet to perceive the marital break as an opportunity to scrutinize and articulate her own goals. Sociological concepts and clinical strategies enabled her to see how she had been trapped in her personal relationships and how she could broaden her contacts and deepen meaning in her life. Her self-awareness was heightened through clinical discussions of possibilities for her identity and value commitments.

Peter

Peter, a forty-five-year-old black man, sought therapeutic assistance to redirect his life during a period of disillusionment. He had been discontent in a social work career and frustrated in his marriage to a colleague. Peter was the first college-educated male in his family and felt a great deal of pressure to meet relatives' expectations of how a successful professional should live.

After several months of clinical work, Peter was able to see alternative directions for his life. He gradually extricated himself from the constant demands of his extended family and from the uncomfortable intensity of his marriage. He began to work in an administrative capacity and at the same time started to develop novel writing and journalist skills. Peter's family and wife disapproved of this change, but he persevered in his new life style. Peter's wife eventually left him, and he became successful in a writing career.

Therapeutically directed identity empowerment, as in the cases of Janet and Peter, enables clients to detach themselves from debilitating personal relationships by making commitments to new values and goals. To the extent that Janet and Peter strengthened their identities, they assumed more independent roles. Their changed commitments to religion and education and their increased social activity contributed to some extent toward broad structural changes, thereby increasing the long-run viability of social institutions such as churches, schools, and volunteer associations (Iutovich & Iutovich, 1987).

Janet also benefited from understanding the connection between her social class mobility and her marriage. This new view of herself freed her from the

debilitating effects of these traditional values. She was able to become more self-directed in her efforts to strengthen herself and to change her uncomfortable dependency on her former husband. Similarly, Peter's understanding of the link between his reference groups and his reactive behavior enabled him to alter his relationship dynamics. Viewing themselves as actors, and thinking from a broader perspective, allowed both Janet and Peter to more constructively consider their choices of values and goals. As their awareness of their preferred group affiliations broadened and deepened, they increasingly made decisions based on their own real interests rather than according to others' expectations.

Both Janet and Peter became more competent in their value negotiations with those closest to them through exercising increased deliberateness in their choices of material, nonmaterial, traditional, or modern values. Eventually, each of them became aware of, and were able to pursue, deep-seated career interests of their own. Values and their meanings motivate individuals for effective goal formulation and social action (Weber, 1950; Eisenstadt, 1968; Parsons, 1968), and both Janet and Peter increased their levels of life satisfaction by perceiving themselves and acting in broader social contexts.

Concepts and Contexts for Clinical Discussions

Identity empowerment is initiated by clinical discussions through which clients heighten their awareness of how values and goals influence their lives at varied levels of experience and interaction. Identity empowerment enhances clients' capacities to take value stands in their own interests in personal and public negotiations.

Janet began to claim her independence after she was able to delineate the most debilitating social influences in her life. Peter changed the direction of his life through a deeper understanding of the family and social pressures dominating him. Applications of the following clinical sociological concepts broadened their perspectives, enabling them to select their own more constructive values and goals and to act more effectively in relation to the social structures influencing their lives. Peter saw his interaction with his wife as negotiations of contradictory values; and his discussions and reflections in therapy strengthened the autonomy of his responses to her demands, ultimately bringing about for him a viable resolution of their differences.

Ten clinical sociological concepts bridge micro- and macrosociological structures and synthesize subjective and objective dimensions of social reality (Hall, 1981). These are central concepts of the discipline of sociology, which are defined selectively here with specific emphases for clinical applications. By using each concept as a context for, or a dimension of, their realities, clients

can scrutinize the impact of social structures and substantive forces upon their self-concepts and life experiences. Identity empowerment—the clarification of self—is a process through which clients strengthen their everyday negotiations of values.

Self

Self-awareness and self-knowledge are preconditions of identity empowerment and new patterns in clients' behavior. No significant improvement in clients' functioning effectiveness can occur without a thorough examination of their habitual patterns of interaction, particularly those with intimates and authority figures. The clinician assists clients in their analyses of these value negotiations. This critical process serves to uncover clients' deepest priorities and preferences. Clients' personal histories are thought of as outcomes of successful or failed expressions of integrity and compromises as well as evidence of impasses and conflicts in their value negotiations. Focus enables clients to decide which values they cherish most and which they want to claim as their own for future negotiations with others.

Although attitudes and behavior are directly related to micro- and macro-structures, few individuals have the requisite objectivity—or even the desire—to understand the strength of this connection (Hall, 1990). In this respect the clinician may have to make continuous and concerted efforts to enable clients to understand the varied dimensions of the social construction of themselves (Berger & Luckmann, 1966). Both Janet and Peter were able to become relatively detached from the crisis situation and conflicts that permeated their lives at the time of clinical intervention. They accomplished this loosening of their bonds with significant others by examining the values they cherished most as well as the ways in which they had sacrificed these values to those closest to them.

Dyad

Dyads are two-person, intrinsically unstable relationships. A dyad is the basic unit of analysis of exchange theory (Blau, 1967). Clinical examinations of the variety of "routinized" dyads in which clients participate are essential for delineating habitual behaviors, and this unit of analysis can be applied to social structures at different levels of organization. Clinical discussion focuses on patterns of superordination, subordination, symbiosis, and less extreme dependencies, in order to determine which patterns are the most characteristic and which carry the highest degree of emotional significance.

A close and continuous examination of the most intense dyads in Peter's family culminated in his ability to modify patterns of his participation in these

dyads. Encouragement and support in clinical discussions enabled Peter to express his preferred values more directly in these dyadic exchanges. His new behavior increased his functioning effectiveness and defined his identity more clearly and more meaningfully.

Janet's analysis of the patterns of overdependency on her former husband allowed her to articulate a direction of increased autonomy in her continuing exchanges with him. She came to realize that her divorce would necessitate a degree of emotional detachment from her habitual reactive and dependent behavior.

Triad

The most stable microstructure an individual participates in is a triad (Simmel, 1950; Wolff, 1950; Caplow, 1968). Participation in a triad is generally characterized by patterns of dyadic closeness or conflict with an outsider third party. The outsider position is preferred when the other two parties are in conflict rather than emotionally close. In all cases, however, the outsider has the most autonomy, and is thus the strongest functioning position (Bowen, 1978; Kerr & Bowen, 1988). As a triad cannot sustain balance through the protracted equal participation of all its members, the outsider is less restricted than the dyadic participants, who tend to interact in dependent patterns of sharing or conflict (Hall, 1989).

Dyadic interaction is intensified positively or negatively through the relative detachment of the third party. Autonomy from the emotional claims of members of dyads provides opportunities for empowering self through action and commitments that express clients' preferred values in broader social contexts. Identity empowerment also enables clients to stay in the outsider positions of their triads.

Peter was able to move into an outsider position of the triad with his parents. Autonomy and increased detachment from the emotional claims and demands of his parents provided him with opportunities to know and express himself through altered occupational commitments and leisure activities.

Janet negotiated a similar outside position in an emotionally charged triad by reactivating a previously dormant triad with her former husband and his mother. As her mother-in-law disapproved of her son's abandonment of Janet, Janet was able to distance herself more from her husband through staying out of the conflict between him and his mother.

Family

Traditional family relationships defined by kinship or contract are meaningful emotional bonds for many people. Alternative support groups may serve a

similar emotional function to that provided by families, and longstanding friendships are sometimes absorbed into family emotional systems. Family systems are relatively open or closed and include members of several generations (Bowen, 1978; Kerr & Bowen, 1988). A family is the most intensely dependent group to which an individual belongs.

As the family was highly valued by Janet, she had a great deal of difficulty in adjusting to the loss of her role as wife. When she defined herself more clearly, however, she empowered her identity as an autonomous person; and she was able to create more effective value negotiations with her family members, thereby sustaining these relationships through her divorce crisis.

Religion

Religion includes clients' most fundamental beliefs and assumptions about the supernatural and reality as well as conventional denominational or sectarian beliefs. Both everyday beliefs and organized traditional religious beliefs are tied to institutional structures (Berger & Luckmann, 1966). Traditional, modern, and secular beliefs exert strong influences on clients' perceptions of themselves, others, society, and the universe (Hall, 1986b).

Identity empowerment requires clients to examine their internalized religious beliefs and to make more deliberate choices to accept or discard specific religious beliefs. Both Janet and Peter were able to reevaluate and modify their traditional religious upbringing during the course of clinical discussions. New beliefs about self and others were formulated and embraced in this process as well as new religious commitments.

Definition of the Situation

Clients' definitions of their own life situations provide the crucial subjective link between their self-understanding and their perceptions of society. Subjective views of social reality are unavoidably formulated through significant values. Clinical sociologists can assist clients to redefine problematic aspects of their living conditions as opportunities for change.

To be sure, the process of redefining life situations is value laden. Clinicians encourage clients to select orienting values that expand their perceptions of their current situations, thereby facilitating changes in these conditions. Janet had to see herself as an individual, and Peter needed to define himself as a writer before either one of them could make effective changes in their behavior. Beliefs about the self and reality are influential motivating forces with significant social consequences (Thomas, 1931). Identity empowerment includes clients' self-conscious and deliberate redefinitions of the situations of their everyday lives.

Reference Group

Reference groups may be achieved or desired status groups, such as professional associations, or ascribed status groups defined by sex or ethnicity. Clients' behaviors are influenced by the intensity of their sense of belonging to groups that have specific meanings for them. It matters little whether clients actually belong to these groups or merely aspire to group membership. Janet aspired to have professional skills long before she was able to accomplish the educational requirements that would bring her closer to her goal. The values Janet sustained through her emotional identification with her professional reference group provided her with direction and purpose in all other actions she took towards her career goals.

Peter also benefited from an examination of his reference groups. He strengthened his identity by changing his affiliations with existing occupational and friendship groups, so that new reference groups served to further his objective of strengthening his writing skills.

Life-history data over long time periods, or during transitions in social mobility, show changing sequences of subjective and objective affiliations with reference groups (Merton & Kitt, 1969). Identity empowerment flows from clients' increased awareness of the influences of their commitments to valued reference groups.

Class

All micro- and macrosociological structures and processes are anchored in social classes. Social classes are socioeconomic strata or vested interest groups (Dahrendorf, 1959). Classes may also be based upon age, gender, race, and ethnicity (Hess, Markson, & Stein, 1988).

Classes are not formally organized, and have many members who are unaware of their class affiliation or class designation by others. Whether or not clients have previously considered their class memberships, clinical discussions should ideally reveal that class is a significant and consistent overt or covert influence on clients' behaviors.

The articulation of specific aspects of clients' social class memberships can have a strong impact on their behavior. Janet was unaware that her marriage represented upward class mobility to her and her family until she examined that possibility. Her increased objectivity about her class interests clarified how she saw herself in relation to social structures beyond her personal milieu (Mills, 1956). She was able to become more autonomous when she realized the strength of social class influences in her life.

Identity empowerment occurs most effectively when the impact of class is delineated and dealt with directly. Peter had to recognize the social class mobility expectations of his wife and family before he could move out of these influences and change his behavior. Identity empowerment through clients' deliberate selections of specific values as sources of their motivation frequently results in increased class mobility as well as increased autonomy.

Culture

Culture is made up of the plurality of society's majority and minority values. Mainstream values generally have a stronger influence on clients' behavior than do marginal values, even when clients are members of minority groups. Dominant cultural values are a significant social context through which clients can increase their understanding of their personal behavior and value negotiations. After Janet was able to see and think of herself as a traditional woman, she began to evaluate whether she wanted to limit her options in this way. By opening her consideration of values to include modern life styles such as having a career, she became increasingly autonomous in her behavior.

Culture can also be thought of as an infinite variety of value negotiations, which cumulatively shape shared concerns and public issues. In times of rapid social change, cultural values may become ambiguous, and individual and social action may be disoriented. Peter's ambivalence about a writing career reflected some of these contradictions. His stable job as a social worker was experienced by him as a narrowing of his options. Until therapy, his sporadic dream of being a writer had essentially threatened his conventional status and suggested a possible loss of self-esteem. However, clinical discussion neutralized the relatively dysfunctional behavior stemming from his temporarily weakened identity. His scrutiny of conditions and possibilities for a new, more fulfilling career in writing allowed him to surmount these cultural and personal ambiguities.

Society

Society is the most comprehensive social structure with which an individual identifies. The concept of society assumes specific images of history and evolution and related views of the universe (Teilhard de Chardin, 1965). Society suggests the broadest contexts of being.

A marked degree of correspondence between clients' perceptions of the universe and the world as it actually operates increases the effectiveness of their identities and behaviors. To some extent, both Janet and Peter were trapped in their personal milieus, unable to see broader social arenas. The identity empowerment process rested upon their abilities to articulate more meaningful and

representative views of themselves, the world, and the universe. Clinical discussions articulated broad contexts within which both Janet and Peter could view their lives.

The concept of society expands clients' awareness of possibilities for their identities. Placing the self in its broadest possible context increased the ability of both Janet and Peter to transcend the restrictive empirical realities of their life situations. They achieved greater self-knowledge and identity empowerment through applying these broad perspectives to their experiences.

Relative Degrees of Identity Empowerment

Summary profiles are used to describe life-history data from a variety of clinical and research subjects (Gerth & Mills, 1946; Rogers, 1969). These suggest some of the contrasts and similarities among the different degrees of identity empowerment—strong, intermediate, and weak identities.

Characteristics of the range of possibilities for identity empowerment, and possible results of clinical intervention through applications of the clinical sociological concepts, are reviewed. Arbitrarily selected types of identity are used to suggest significant dimensions and characteristics of different stages of empowerment.

Strong Identity

Strong identity results when clients define their own values and goals and the relationship of these to their emotional involvement with other individuals and groups. The therapeutic outcome of clinical work with Janet and Peter was that both were able to strengthen their identities in these respects. This change in functioning occurred when they analyzed their behaviors in terms of their value negotiations with others. Through this process they enhanced their awareness of more meaningful options. They became better able to express their own values in their lives and more adept at consolidating their energy and abilities. Clients with strong identity express purpose and direction in everyday activities. They maintain autonomy in value negotiations with others, refusing to undertake debilitating compromises.

Identity empowerment culminates in strong identity as clients move from perceiving themselves as victims of circumstances to becoming historical actors. Information about clients' families, religious affiliations, class, culture and society is used to define the context and substance of their values and circumstances. Their life situations and opportunities are envisioned constructively, and they seek membership in supportive or inspirational reference groups.

Clinical intervention achieves identity empowerment by revealing to clients their capacity to make meaningful links between their personal milieus and society. Identity is strengthened by this bridging of social structures, the active recognition of underlying connections between personal difficulties and social issues (Mills, 1959).

Intermediate Identity

Intermediate identity exists when clients are not consistently strong in their interactions and value negotiations with others. Both Janet and Peter went through a stage of intermediate identity in their clinical work. Presenting problems of dysfunctional characteristics frequently reemerge in new crises when clients have achieved only intermediate identities. However, more functionally efficient and personally rewarding behavior can be established through the direction, encouragement, and support of the clinician.

One characteristic of intermediate identity is the understanding of self in intellectual rather than emotional terms. It took Janet a long time to make a transition from intellectual to emotional understanding. She did not readily recognize the debilitating impact of her intense dependency on her former husband. Intermediate identity is a condition where clients are periodically victims of circumstances or historical actors. Past patterns of socialization remain dominant, and clients with an intermediate identity lack sufficient autonomy or conviction to redefine their life situations.

Intermediate identity can be strengthened, however, and this level of awareness and commitment is characterized by clients' abilities to define more meaningful goals for themselves. Clinicians' responsibilities include suggesting ways in which clients' decisions and behaviors would become increasingly intentional and effective. Therapists neutralize clients' isolation by encouraging them to choose more beneficial structures in which to interact. When Peter turned to writers for referential interaction, rather than to childhood friends, his sense of self was significantly strengthened as was his awareness of opportunities to exercise his creative talents.

Weak Identity

Even with therapeutic intervention, the probability of clients with weak identity becoming empowered is low, as their motivation to make changes in their lives is virtually nonexistent. Clinical data substantiate that clients must want to change their behavior before they can begin to implement changes in their lives. In some cases, however, weak identity may show progression to

intermediate and strong identity. If clients' awareness of their value choices increases through clinical discussions, their identities may be empowered. Clients with weak identity are typically pawns for others' dominance or victims of circumstances. Clients with weak identity are rarely in charge of their lives, as they allow others to make crucial decisions that override their own values and commitments.

Weak identity is observed most clearly when clients react to crisis conditions by being unable to cope or adapt. Most frequently, however, weak identity results from a lifetime of debilitating value negotiations. Clients of this sort evidence little or no sense of self or awareness of their own subordination or entrapment in the intensely dependent dyads and triads in their relationships.

Family influences and religious indoctrination may weaken identity. The internalization of conflicting values increases confusion and disorientation. As a result, clients tend to define reality and particular situations according to the terms of others' dominance. Clients with weak identity succumb to external family and religious influences, unable to see or think about the connections between the personal and public domains of their everyday behavior. Isolation from others or absorption into mass society are typical outcomes of weak identity.

Social influences need not limit the life chances of clients with weak identities. If clients become able to see the broader picture of their lives, they generally define themselves—as well as their private situations and their most significant relationships—more autonomously. Although Janet was overwhelmed by the interdependence complexities of her crisis situation, her identity was only temporarily weak, and she was gradually able to take charge of her life. Peter's preoccupation with others' expectations also weakened his identity temporarily. When he realized that he was more than the sum of his relatives' demands and expectations, he was able to lessen their influence in his life and move toward intermediate and strong identity.

Clinical Sociologist as Agent of Change

Therapists in crisis intervention work and extensive clinical consultations can significantly increase clients' awareness of their value choices and can empower their identities by using clinical sociological theory. As clients' perceptions of themselves and others are clarified and put in a broader context, their behavior is observably modified (Swan, 1988; Fein, 1988). Clients' patterns of interaction shift, and their relatedness with social structures becomes more autonomous and more flexible. These modifications enable clients to choose more meaningful roles for themselves (Zurcher, 1983).

Predictable qualities of change characterize identity empowerment. Empowerment includes some or all of the following characteristics:

- Clients become increasingly aware of the strengths and weaknesses of their personal and social past and present. Through this important substantive information about themselves, they gain an increased sense of purpose and direction for the future.
- Clinical examinations of clients' values in personal and social contexts enable them to more consciously determine goals for their lives.
- Clients increase their knowledge about options in their everyday behavior.
- Enhanced coping mechanisms and more effective conflict resolutions improve the quality of clients' social relationships over time. Short-term consequences, however, may be perceived as being less productive, as the direct result of identity empowerment necessarily entails some disruption of the status quo.
- Increased breadth and clarity in clients' views of society and the universe give rise to their articulation of new values and goals. These generate additional motivational power to attain or work toward them. When clients' attention shifts from personal troubles to social issues, the promise of sociology and clinical sociology is realized (Mills, 1959).

Realistic anticipation of the range of possibilities for identity changes increases probabilities for optimal therapeutic outcomes (Papp, 1983). Appreciation of the different stages of identity empowerment increases the likelihood that identity empowerment will occur. A clinical focus on identity empowerment is an effective substitute for tendencies toward professional preoccupations with diagnoses, problem conditions or intra-psychic phenomena (Bowen, 1978; Kerr & Bowen, 1988). Attention to the value components of clients' behavior increases their motivation for social action (Weber, 1964).

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Dysfunctional Role Maintenance

Melvyn L. Fein

ABSTRACT

Many of the problems that clients bring to clinical sociologists are caused by dysfunctional social roles that they are unable to change. These roles are often fixed in place by dysfunctional variations of the mechanisms that normally stabilize role structures. The cognitive, emotional, volitional, and social components of role scripts that ordinarily keep roles from changing also serve to maintain painful ones. Understanding how they accomplish this is the first step toward facilitating effective personal growth.

Much of the personal distress that impels individuals to seek professional assistance can be attributed to dysfunctional social roles (Fein, 1990). People often find themselves in situations in which their role structures do not meet their private needs, e.g., for love or respect. They then come to clinical sociologists seeking relief. In part, they request help because they find it difficult to achieve change on their own. Indeed, their attempts to improve their situation often backfire; and they wind up trapped in the very behavior patterns that cause them anguish. Such clients almost seem to participate in perpetuating their distress despite their desire to feel better. Their painful social roles seem impervious to correction and may well be described as “dysfunctionally maintained.” If such individuals are ever to experience fulfillment, the mechanisms that hold their roles in place have to be confronted and transformed.

Angela

Let us here interpose an example from the author's files. Angela was born out of wedlock. From the beginning, she was wanted by neither her mother nor father, and she was shipped off to her maternal grandparents where she remained until her mother married another man and began having children by him. The mother then reluctantly recalled Angela but treated her like a "Cinderella" whose only job in life was to take care of her younger siblings. Angela naturally felt rejected and craved maternal love; but no matter what she tried, she failed to bring about what she wanted and was left feeling more rejected.

When she attained her majority, Angela still missed being loved. No matter where she went or what relationships she established, others seemed to reject her. Friends dropped her, boyfriends neglected her, employers fired her; even the welfare department gave her a difficult time. Indeed, her mother still rejected her; for whenever Angela was in trouble and needed support, her mother was sure to deny it.

Angela complained bitterly about her situation. She told anyone who would listen how unfairly she was being treated, yet she somehow seemed to stumble from one rejecting relationship to another. Even when she entered a counseling relationship, she complained, but did not change. It was as if she were destined to remain a "rejected daughter" for her entire life. What was worse, she seemed to conspire to keep this role in place. Although she didn't intend to, she always seemed to pick the wrong people to befriend; and because she became desperate when they mistreated her, she clung to them, even as they abused her. Her intense need to be loved by her mother—or someone like her mother—kept her seeking love in the wrong places and guaranteed that her role would not change.

It took years for a change in Angela's self-defeating behavior patterns to evolve. Before she could relinquish her role as rejected daughter and begin to enter relationships based on a different premise, she had to change her image of herself, overcome her terror at losing her mother's love, alter the value she placed on meeting her mother's needs, and extricate herself from all those relationships in which people continued to reject her. In short, she had to free herself from those elements of herself and her social environment that impelled her to recapitulate her unsatisfying role. She had to give up dysfunctionally maintaining it.

Ambiguity

The phrase "dysfunctional role maintenance" is ambiguous. It might refer to "dysfunctional roles" that are maintained or to a "role maintenance process" that

is itself dysfunctional. In the former instance, it would allude to the perpetuation of unsatisfying roles; in the latter, to the misapplication of the mechanisms that perpetuate such roles. The concern here will be primarily with the second possibility; nevertheless, there does exist an unavoidable link between the two. Very often the judgment that a role maintenance process is dysfunctional is itself contingent on the fact that the role being maintained is dysfunctional.

A social role may be considered dysfunctional when it either fails to meet the needs of an individual or fails to meet larger social needs. While this latter social function of roles is an important one and the success or failure of a role may well be judged by the degree to which it serves collective purposes, it is the objectives served for the individual that will be the focus here. It is on this level that the micro-clinical sociologist finds the greatest challenge and the greatest import for clients. And on this personal level, it is roles that do not allow for the achievement of safety, love, or self-respect (Maslow, 1954) that are dysfunctional. Since a central purpose of social roles is to meet needs, when this does not happen, a role has failed in its task. Thus, such roles as "caretaker," "rebel," or "family scapegoat" often interfere with a person's ability to be loved or respected and are often dysfunctional.

Yet, the concept of dysfunctional role maintenance is not tied exclusively to the roles it perpetuates. It can also be identified with the specific mechanisms that hold them in place. These, too, can be dysfunctional. If they are too strong or too weak, they can be a problem in their own right and can make it more likely that a person's roles will be dysfunctional, or that dysfunctional ones will be more difficult to change. By way of example, when a very intense emotion, such as fear, prevents a person from altering a social role, the fear itself can be described as dysfunctional. It can escalate into panic and become so overwhelming that a person devotes his energies to defending against it rather than to changing the patterns of behavior that cause him distress (Barlow, 1988). Role behaviors then become stereotyped and repetitive.

Similarly, emotions can cause dysfunctional role maintenance if they are misdirected. They can point in the wrong direction by initiating internal communications that are in error or by energizing supposedly corrective actions that are, in fact, ineffectual. Instead of being disruptive because they are too powerful, they cause distress by giving a person incorrect messages about the environment or by impelling one to take actions against one's interests. If fear, for instance, indicates that a danger exists where none is in fact to be found, it may inspire a person to protect him or herself in ways that are unnecessary and perhaps harmful. One might, for instance, cling to a dangerous role partner—as Angela did—in the mistaken belief that this will provide safety. And such clinging will help perpetuate the dysfunctional role, just as it did Angela's role of "rejected daughter."

Functional Role Maintenance

The fact that dysfunctional role maintenance is possible is contingent on the prior existence of functional role maintenance. For the most part, the mechanisms of dysfunctional role maintenance are merely distortions of the ones necessary to ensure the continued existence of normal social arrangements. If people are to live together in large groups, their patterns of interaction must be stabilized (Durkheim, 1933). Individuals must be able to coordinate their behaviors and predict one another's actions. Without such abilities, they could not cooperate to achieve common aims. Life would then be far more uncertain than it currently is, and the human species could never have assumed its present level of biological dominance.

For the most part, it is the existence of dependable social roles—that is, of stabilized patterns of interactive behavior—that facilitates social equilibrium. People are expected to behave as mothers and fathers, employees and employers, boxers and bankers (Biddle, 1979). When they do not, when they overstep role boundaries and act in ways that are inconsistent with these expectations, other people become apprehensive. These others then usually demand that rule breakers do as they are “supposed to.” If they do not, they will be confronted with substantial sanctions.

The remarkable thing is that most role actors stay within prescribed boundaries without being constantly punished. Although opportunities for innovation and novelty abound, people seem to know what is expected of them and to voluntarily comply (Etzioni, 1962). Despite temptations to do otherwise, they maintain their behaviors within required channels. It would seem, then, that over and above the pressures for conformity that are applied by external agents, people have internal devices for keeping themselves in line. It is this internal apparatus, together with social demands, that forms the basis of role maintenance.

Another way of describing these mechanisms is as the “scripts” that guide actors during their role performances. A script is a tool for giving direction to action and seems the apt term to use when one is discussing the guidance of roles. It rightly extrapolates from the dramaturgical roots of the “role” concept.

Role Scripts

While role scripts may be defined in many ways, we will find it useful to understand them as having four components. These are the (1) cognitive, (2) emotional, (3) volitional, and (4) social mechanisms that steer individual behavior patterns. The first three may be said to comprise a person's internal scripts,

and the fourth, his external ones. What follows is a very brief characterization of these factors—one meant only to sketch their nature.

1. The *cognitive* component of role scripts consists of the understandings persons have about themselves and their social situation. The world is not a given. It must be interpreted before a person can engage in action within it. People must define the situations in which they find themselves if they are to have meaning, and they must subscribe to some form of self-image if they are to know where they fit in such a world. These understandings then act as internal maps that guide actions.

2. The *emotional* element of role scripts is none other than ordinary human feelings. While there are many of these, perhaps the most important for role maintenance are fear, anger, sadness, guilt, shame, and love. Each helps a person to interpret the world and can motivate one to function within it. Thus, emotions both communicate and motivate. Fear, for example, warns of danger while providing the energy for either fight or flight (Cannon, 1929); anger informs us that an important goal has been frustrated while giving us the strength to achieve it.

3. *Volitions* are the necessary complement to cognitions and emotions. They consist of the plans and decisions that people make. It is not enough for individuals to interpret the world or to have feelings about it: these must be translated into specific actions. It is values and normative rules that provide the key to this development. They direct people in choosing the behavior patterns that they believe to be necessary and/or expedient (Sumner, 1960).

4. As has been indicated, the *social* component of role scripts is initiated externally. No one acts in complete isolation. The actual behaviors of an individual result from an interaction of impulses originating from within and demands emanating from role partners (Wentworth, 1980). The demands and expectations of these others influence actions as much as do internal desires (Biddle, 1979). While these are often in balance and provide gratification for both partners, they are often in conflict and must be resolved.

The various elements of role scripts, however, do not spring to life full-blown the moment a particular role is implemented. They may be learned and/or constructed in childhood or when one is an adult (Clausen, 1968; Erikson, 1950; Brim & Wheeler, 1966; Turner, 1962, 1978), and comprise a repertoire that can be drawn upon as needed. The specific configurations of one's cognitions, emotions, volitions, and social environment take shape during interactions with role partners, and these shapes then delimit role behaviors. If these role elements are moderate in their intensity and suitable in their direction, they usually serve to maintain functional roles. But when they are too potent, or are mistaken in their goals, they become dysfunctional. They then implement behaviors that fail to meet needs, yet are difficult to change.

Mechanisms of Dysfunctional Maintenance

Cognitive

When too firmly held, or too dissonant with the facts, the understandings that people have about themselves or their world can militate toward unsatisfying role behaviors. Ellis (Ellis & Grieger, 1977) has called some of these "irrational" ideas. While they may not be literally illogical, they are usually mistaken. Thus, people who believe that in order to be happy they must be loved by everyone are laboring under a misapprehension. Since different human beings subscribe to different values, some people may appreciate who one is, while others will not. Trying simultaneously to please very divergent audiences can only entangle a person in contradictions—it cannot produce the coveted universal love. Despite best intentions, such interpretation of the world makes success impossible; and the more intensely it is held to, the more firmly one will be attached to dysfunctional behaviors (Beck, 1976).

An especially important kind of cognitive mistake is the distorted self-image (Cooley, 1966; Rosenberg, 1979). One who believes oneself too weak to do something is unlikely to attempt it. If this action happens to be vital to such a person's interests, they will perforce remain unsatisfied. Success is usually dependent on an accurate assessment of one's self.

Emotional

Intense misdirected emotional reactions may be the single most important factor in perpetuating dysfunctional roles. When emotions are too strong or are attached to inappropriate objects, they tend to become inflexible. It is in the nature of emotions, especially intense ones, to resist change (Greenberg & Safran, 1987). Thus, a person who is deeply afraid tends to remain afraid; and if fear happens to be aroused by an object that is not, in fact, dangerous, the person may continue to fear it, even after becoming cognitively aware that it presents no danger.

Fear is certainly the emotion most central to role maintenance. In his 1980 study on the socialization of psychiatrists, Donald Light has observed how anxiety is used to fix professional identities in place. This same mechanism, it develops, is even more essential to childhood socialization. Young children who run out into traffic, or who reach for hot stoves, are quite purposively frightened by their parents. These caretakers may not consciously intend to scare the children; but their shouts of distress, and the spankings they inflict, have precisely this effect. If parents do succeed in instilling fear, they can usually rest assured that their children will thereafter avoid busy streets and hot stoves. They need

not worry that tomorrow the children will have overcome their fear or fail to be restrained by it. Fear is not that readily extinguished.

Anger, sadness, love, guilt, and shame all share some critical properties with fear in that when each is intense, it tends to perpetuate itself. Strong emotions are by nature conservative and press for fulfillment until their goals are achieved. Like intense fear, which presses hard for safety and continues to do so until safety is achieved, anger presses insistently to end major frustrations, and sadness presses to recover lost relationships. Should such an emotion be misdirected, this very conservatism makes it likely that it will stay misdirected. Since a misdirected emotion has special difficulty in achieving its underlying goal (e.g., for safety), it will remain unrequited and in perpetual quest of fulfillment. For example, if a child becomes intensely angry at a perceived injustice committed by a parent, that child may remain angry at the parent, or at parent surrogates, for a lifetime. When anger is based on a mistake, such as misinterpreting a parent's hospitalization for desertion (Bowlby, 1969), that mistake is not easily corrected; and the child will be inclined to perpetuate the misguided, and hence unfulfillable, quest in subsequent role relationships.

Volitional

When a person's volitions are too strongly entrenched or misdirected, they too may dysfunctionally maintain roles. If the values one holds, or the social rules they follow, are inflexibly implemented, role behaviors become dysfunctionally stereotyped. The plans made and the decisions taken may get out of synch with goals and the social realities faced.

One example of how action schemas can take an independent and often destructive course is the "perfectionism" frequently encountered in the children of alcoholics (Bratter & Forrest, 1985). Because of the obvious imperfections of their parents, these children often vow to be totally different. They develop a reaction formation which impels them to make *no* mistakes. Yet, mistakes are an inevitable part of living. Without an ability to make mistakes, and to learn from them, complex patterns of living become impossible. Those who are committed to an avoidance of all errors, thus, inadvertently cut themselves off from many satisfactions while simultaneously condemning themselves to unnecessary failures.

Similarly, a too intense will to "win" can make a person his or her own worst enemy. A desire to have one's way no matter what, can blind one to lost causes and seduce one into some very foolish battles. Flexibility in the choice of goals and in the selection of strategies to achieve them, is a *sine qua non* of successful role behavior.

Social

The human environment can be every bit as intransigent and wrong-headed as one's own cognitions, emotions, or volitions. As with these internal script elements, the external demands of an individual's role partners can be inappropriately strong or inappropriately directed. The mandates they impose can adamantly require that a person behave in ways that are detrimental to one's interests. In short, role partners can be coercive, and their insistent demands can prevent a person from making role modifications he or she might otherwise choose to inaugurate.

Alcoholism counselors frequently find that once they have helped a client stop drinking, he may return home to a spouse who encourages him to fall from grace (Bratter & Forrest, 1985). Whether through badgering or enticement, he is manipulated into regressing to a previous life style by the very person who earlier lobbied against it. Whatever a role partner's conscious intentions, old role relationships can seem strangely comfortable. After all, role partners have cognitions, emotions, volitions, and social entanglements of their own that militate toward conservatism in their role structures. The demands they make, e.g., the ones that maintain an alcoholic as an alcoholic, come from role maintenance mechanisms. It should, therefore, not be surprising that role partners are often a serious impediment to role change.

More than this, role problems are usually sociogenic in origin—that is, they have their origin in social interactions. It is typically coercive role demands that are at the foundation of dysfunctional role structures and which induce a person to internalize dysfunctional script elements. People rarely become caretakers or rejected daughters unless they are trying to comply with, or react against, the untoward demands and manipulations of significant others.

Changing Dysfunctional Roles

If dysfunctional roles are to be replaced by more satisfying ones, the mechanisms holding them in place must be addressed and disarmed. Since these mechanisms are tenacious, altering them often takes considerable effort. The clinician who would help his or her client to develop new and happier patterns of living must recognize and understand the vehicles that impeded change, and then help the client to remove them. In essence, a process of resocialization must be implemented. The client must be taught how to relinquish old roles before new ones can be instituted.

First, the clinician must determine which cognitions, emotions, volitions, and social demands are maintaining a client's present status. When their nature

and the way in which they are impeding progress have been assessed, an effort can be made to alter them. Only after they have been removed will a path be cleared for altering the client's dysfunctional roles.

Rather than discuss all the techniques that can be employed to unblock the various elements of role scripts, a brief description of a strategy for disarming fear will be presented. A person in the throes of intense fear can be helped to become less fearful by implementing the following steps:

1. The client must be placed in a safe situation. He has to have a method for protecting himself from the dangers he perceives. Then, and only then, will he be able to relax and begin the process of reducing his fear (Weis, 1985). If a person does not have suitable safe places to which he can retreat, a clinician can help him to develop these.

2. The intensity of the person's fear can be diminished by gradual "desensitization" to it (Wolpe, 1973). He can gradually emerge from his safe place to permit incremental exposure to that which he fears. With time and patience, he will be better able to tolerate his emotion, without automatically springing into action.

3. When the person's fear is no longer experienced as panic, it can be reevaluated to determine what danger it actually represents. If it is discovered that the danger previously apprehended does not currently exist, the person will be able to react differently. With nothing to defend himself against, he can abandon his previous attempts at fight or flight.

4. The person's fear can itself be used to lessen its emotional impact. For example, it can be used to avoid or combat a danger. When fear warns of a real hazard, fight or flight may be in order. In this case, the energy of the fear can help make one's reaction more successful. Properly used, fear can motivate a frightened person to "walk" away from danger without exacerbating his peril.

The Case of Philip

How the mechanisms of dysfunctional role maintenance interfere with salutary personal growth can be seen in the case of Philip. When this client entered his late teens and prepared to leave high school for college, he discovered that his father was adamantly opposed to such a move. His father was engaged in a manual trade and believed that, despite his son's good grades, college would be a waste of time. Instead, he demanded that his son follow in his footsteps.

But Philip wanted to go into business management. He did not want to be like his father and intended to carve out a very different niche for himself. Nevertheless, he found it difficult to resist the pressures brought to bear by his

family. His father was a very forceful and committed person and so, whenever Philip attempted to move toward college, his father threatened to evict him from the family home.

Philip found these threats quite frightening. Unsure that he could survive on his own, he tended to waffle. He usually looked to his mother for support and occasionally she would verbally intercede on his behalf. Yet, when Philip did try to enter a college program, she abandoned him. He discovered that she was more concerned with protecting herself and if he allowed himself to be convinced by her promises, he would find himself forsaken. The result was an emotional "breakdown" with delusions serious enough to require his hospitalization.

When the hospital staff attempted to help him achieve independence from his family, Philip resisted and remained certain that he could not survive on his own. The fears instilled in him by the coercive atmosphere of his family remained as much alive as when he was at home, and he was convinced that his only avenue to safety lay in returning to the bosom of his family. They had socialized him to be both a "dutiful son" and "the crazy one" of the family—and he could let go of neither role.

Philip's resistance to change can be directly attributed to the role scripts he had learned. These constituted a mechanism that induced him to repeat past mistakes and to avoid alternative solutions. In particular, his cognitive scripts informed him that he was too weak to protect himself without his family's help. The emotional reactions that he had acquired in earlier battles with his father left him so intimidated that he was afraid to approach any unfamiliar living situation. Volitionally, his options were so narrowed that he could only plan for a return home, since it was the protective strategy in which he had most confidence. Each of these internal script elements was derived from the stifling social demands made by his parents when he was young, and they endured even when he was hospitalized. But, so did his parent's demands. They constituted an external environment that continued to constrain his options. Together, these factors conspired to prevent him from establishing the successful college identity for which he so longed.

Eventually, Philip did go to college—but only after professional interventions had calmed his fears and reeducated him to his possibilities. Only after he had become physically separated from his parent's demands—that is, after a subsequent referral to a group home—was he truly able to act independently. It took a supportive and accepting social structure to extricate him from his dilemma and to set him on the road to developing new cognitive, emotional, volitional, and social structures.

Conclusion

This paper introduces the notion of dysfunctional role maintenance and begins the process of placing the difficulty of achieving therapeutic success within a social context. Successful clinical interventions depend on an accurate grasp of the impediments to role change. Unless this is understood by change agents, they will be left to wonder why clients resist movement while overtly demanding help in achieving it.

Those familiar with psychoanalysis will recognize echoes of the Freudian concepts of "resistance" and the "repetition compulsion" in the concept of dysfunctional role maintenance (Freud, 1953–1974). This is no accident and reflects the continuities that exist between different intervention strategies. The major advantage of casting therapeutic techniques in role change terms is that it frees clinicians from the tyranny of medical and purely psychological concepts. Once it is understood that clients are trapped in unsatisfying role behaviors by dysfunctional variations of the same mechanisms that normally hold roles in place, it becomes much easier to free them from their torment.

More detailed investigations of the operation of these mechanisms obviously await implementation. But as our knowledge increases, it can be expected that we will develop ever more efficacious change strategies. The more sociologists know about what impedes role modification, the better placed they will be to contribute to its theoretical understanding, and to facilitate it.

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The Development of Contemporary Clinical Sociology

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ABSTRACT

While clinical sociologists have been part of American sociology for well over fifty years, it has been only the last decade that the field of clinical sociology has become formalized and has gained acceptance as having a legitimate role in contemporary sociology. The history and development of this renewed interest in clinical sociology parallels the history and development of the Clinical Sociology Association (currently called the Sociological Practice Association). This paper gives an overview of the movement, differentiates current uses of the terms "clinical sociology," "applied sociology," and "sociological practice," and discusses directions for the next decade.

The history and development of contemporary clinical sociology parallels the history and development of the Clinical Sociology Association, currently called the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists (SPA). The contemporary clinical sociology movement generally is dated from the organizational meeting of the Clinical Sociology Association (CSA) in 1978 during the annual meeting of the American Sociological Association (ASA) in San Francisco. John Glass is credited with being the founder of this movement; and, during the organizational meeting, he was elected coordinator of the newly formed network.

Glass had been working in clinical settings for some time and had discussed the need for a clinical sociology in both a 1970 article entitled "Toward a Humanistic Sociology," and in his book *Humanistic Sociology* (Glass & Staude, 1972). However, it was a 1972 presentation by Warren Dunham on "Clinical Sociology: Its Nature and Function" (reprinted in *Clinical Sociology Review* 1(1), 1982), that reinforced Glass' interest in the development of the field (Glass & Fritz, 1982).

At the 1976 ASA annual meeting in New York City, Glass held a roundtable discussion entitled "Clinical Sociology: A New Profession." In the abstract for this roundtable, Glass noted:

By defining sociology narrowly as an academic discipline we have short-sightedly given up by default the opportunity to train and develop practitioners in social change and human services and thereby to open up new career opportunities essential to sociology's vitality and future at a time that the academic market is so dismal.

While only ten people attended this first roundtable, Glass held numerous other informal discussions at the 1976 meeting; and at the 1977 annual meeting of the ASA, he presented a formal paper session also entitled "Clinical Sociology: A New Profession" (Glass, 1977). The paper was revised and appeared in 1979 under the title of "Renewing an Old Profession" in an issue of the *American Behavioral Scientist*. In this article, Glass discussed what was then known as the origin of the field of clinical sociology (1979a:515):

The idea of clinical sociology is not new. Almost 50 years ago Wirth (1931), in a pioneering article entitled 'Clinical Sociology,' described a role which sociologists, including such well-known figures as D. and T. Thomas, were taking in the child guidance clinics of that time. Gouldner (1965) discussed clinical sociology as a profession almost 15 years ago, and a textbook on clinical sociology is forthcoming (Glassner & Freedman, 1979). Lee (1973, 1955, 1966, 1976), Lennard & Bernstein (1969) and Dunham (1972) have also used the term 'clinical sociology.'

Glass' discussions of clinical sociology continued to generate interest, and a number of individuals agreed to become coordinators of the informal network. In addition to Glass, these included Roger Straus, Suzanne Powers, C. Margaret Hall, Hugh Gardner, and Doris Wilkinson. Straus was appointed acting editor of the *Clinical Sociology Newsletter*, and the first issue appeared in summer 1978 prior to the ASA meetings. It was mailed to all those who had expressed an interest in clinical sociology and to others who might be interested. This first newsletter carried an announcement of an organizational meeting of the network to be held at the upcoming annual meeting of ASA. As Straus noted (1978a:1):

John Glass' informal discussion sessions at the 1976 and 1977 ASA meetings precipitated an unexpected flood of interest in Clinical

Sociology. Out of this has emerged the idea of a Clinical Sociology Network comprising all who are interested in aiding, abetting or following the development of a recognized profession of Clinical Sociology - along with those who are doing or would like to do clinical work as professional sociologists.

The organizational meeting took place as planned in the Imperial Ballroom of the San Francisco Hilton on September 7, 1978. There were over thirty persons in attendance. It was agreed that a formal network should be established, and Glass was elected coordinator. It was named the Association of Clinical Sociologists (ACS). As reported in the next issue of the *Newsletter*, much progress was made during the organizational meeting (Straus, 1978b:2):

Almost 50 of us, total, met together during the ASA meetings. However, the official meeting was held Sept. 7, 1978 at 6:30 PM with over thirty attendees. John Glass gave us a brief history of the events leading up to this event, and Alfred McClung Lee spoke of his clinical writings and endeavors, encouraging a close relationship between the ACS and the Association for Humanist Sociology.

Consensus had been reached on the new name—the Association of Clinical Sociologists (shortly thereafter changed in a unilateral decision by Glass to the Clinical Sociology Association to better highlight the field and not the association)—and on officers. Glass was named the first coordinator (for 1979 and 1980), with Charles Cleveland as co-coordinator. Selected to the Steering Committee were John Glass, Charles Cleveland, Roger Straus, Suzanne Powers, Clifford Black, Louise Klasic, Ronnie Braun, Jan Fritz, Barry Glassner, Jonathan Freedman, Hugh Gardner, and Hugh Floyd. Five task forces and chairs also were established: Standards and Ethics (Black); Internal Organization (Fritz); Education and Training (Powers); and Employment Development and Public/Community Relations (Gardner).

The new association did agree to maintain strong ties with the Association for Humanist Sociology and with the Sociological Practice Section of the ASA which also had just begun that year. Additionally, five proposed goals for the CSA were established (Gardner, 1979a:16):

1. To promote the application of sociological knowledge to intervention for individual and social change.
2. To develop opportunities for the employment and utilization of clinical sociologists.

3. To provide a common meeting ground for sociological practitioners, allied professionals, scholars, and students.
4. To develop training, internships, certification, and other activities to further clinical sociological practice.
5. To advance theory, research, and methods for sociological interventions in the widest range of professional settings.

By the summer of 1979, substantial progress had been made. A special issue of the *American Behavioral Scientist* devoted to clinical sociology (Straus, 1979a) had appeared in the spring. Additionally, Glassner and Freedman's (1979) book *Clinical Sociology* had been published. Advertised as "the first book in a newly emerging field," the volume covered four areas: Delineating Clinical Sociology, Theories and Methods, Vital Features, and Techniques of Sociological Therapy. The CSA also began plans for publishing its own journal, and a tentative Code of Ethics for the association had been drafted.

Presentations on clinical sociology were offered at almost all regional sociology meetings that year, and the network continued to grow. The first formal business meeting of the CSA took place in Boston during the 1979 ASA annual meeting. Glass, in his fall coordinator's report (1979b:3-4) noted:

This past year has seen our dream become a reality. Interest in Clinical Sociology is growing beyond wildest expectations, and I am now more certain than ever that our grassroots movement will transform sociology and have a significant impact upon professional interventions, generally

It has been an exciting year. We now have nearly 200 paid members from around the world. We have sponsored formal sessions on Clinical Sociology at practically every sociological conference in the U.S., as well as a highly successful series of CSA-run workshops held in conjunction with the Boston ASA meetings. We have established a cooperative relationship with ASA, its Section on Sociological Practice, the S.S.S.P., and also with the Society for Applied Anthropology, an interdisciplinary group interested in clinical social science

During the coming year, we will formalize our By-laws and incorporate as a non-profit group, develop plans for workshops and training opportunities, and generally move ahead with expanded C.S.A. activities.

The groundwork for the contemporary field of clinical sociology had been laid. In October 1978, the CSA Executive Committee issued a statement on a formal definition of "clinical sociology" (Gardner, 1979b:2):

Clinical sociology brings a sociological perspective to intervention and action for change. The clinician is essentially a change agent rather than a researcher or evaluator. Clients may be individuals, groups, or organizations. The clinical task involves a redefinition of self, role, and/or situation, using a variety of techniques or methods for facilitating change. The value-orientation is humanistic, holistic, existential, and multidisciplinary.

The Contemporary History of the Field

Within two years the informal network of the ACS gave way to a much more formal organization. Jan Fritz, who had worked closely with Glass in 1980, took over as president in January 1981. Under her leadership, numerous significant events helped to institutionalize the field of clinical sociology. For example, the CSA was entered into the 16th edition of the *Encyclopedia of Associations*, "clinical sociology" was given a separate heading in *Sociological Abstracts*, and the title of "Clinical Sociologist" was listed in the *Dictionary of Occupational Titles*. Perhaps even more importantly, the association's first journal, the *Clinical Sociology Review*, appeared in 1982 with Fritz as editor. The goal of the journal was "to bring the newest contributions in the field as well as the classics to a wide audience of practitioners, policymakers, teachers and students." The journal was published by the association, and 1000 copies were printed. Within two years, all copies had been sold.

Fritz recognized the need to establish credibility for this new field. She also recognized the necessity of documenting the field's history and impact. As a result, she undertook the major task of collecting works of clinical sociology that had been published or presented in the fifty years between the appearance of Wirth's 1931 article ("Clinical Sociology") and 1981. She obtained copies of 400 articles and books and established a special collection of clinical sociology documents at the Lauinger Library at Georgetown University in Washington, D.C. The collection is the only one of its kind and is a national resource that allows scholars ready access to materials that often would be difficult to locate. Abstracts of the collected works were written and published by Fritz in *The Clinical Sociology Handbook* (1985).

Since its inception, the association had been concerned with ethical standards. As early as spring 1979, a Tentative Code of Ethics for the CSA had been drafted (Maesen, 1979). A more formal Code of Ethics was developed and was adopted by the general membership during Fritz's term at the 1982 annual meeting. It covered the responsibilities of sociologists as scientists, as employees and supervisors, as interventionists, and as teachers. Revised in 1985 and

again in 1987, the *Ethical Standards of Sociological Practitioners* (Sociological Practice Association, 1987a) has become a model in the field.

Fritz also emphasized the need to expand training opportunities for sociologists who wished to enhance their intervention skill levels and the need to begin to offer courses and programs in clinical sociology for our students (Clark & Fritz, 1986; Fritz & Clark, 1986).

The association's First Cooperative Conference in Clinical Sociology was organized by Jonathan Freedman, Judy Gordon, Janet Mancini, and Suzanne Powers and was held at the Stella Niagara Center of Renewal in Lewiston, New York, in August 1981. The purpose of this three-day residential conference was "to bring together in a teaching/learning/sharing environment, a key group of clinical sociologists in order to learn what persons interested in the development of clinical sociology are thinking about and doing . . . thereby, to increase synergy in this field generally and each others' skills particularly . . . and to build an organization" (Freedman, 1981). Attended by thirty-nine persons from the United States and Canada, this cooperative conference laid the groundwork for one of the association's most important functions—providing intervention skills training and continuing education for sociologists who wished to enter, or who were already working in, clinical settings. Continuing education units (CEUs) were offered at the first cooperative conference and at the twenty-six additional training conferences and workshops held by the association since that time.

Fritz's term of office spanned the years 1981 and 1982. She was succeeded in the presidency by Jonathan Freedman. One of Freedman's major contributions to the field and to the association was the establishment of competencies for clinical sociologists as a means of acquiring legitimacy for the field. This included, among other things, a credentialing process.

Glass (1980:13) had contended that "labeling oneself as such does not a clinical sociologist make. Training, experience, and skills as a change agent are necessary . . ." A credentials committee had been established by the association in 1981. In 1983, they presented this report to the Executive Board (Marconi, 1983:1-3):

The Clinical Sociology Association has the potential for creating a humanistic and fair credentialing process for sociologists . . . There are several reasons why some type of credentials, other than self-definition, should be adopted by the CSA:

1. It would help clinical sociologists be viewed by others as legitimate as other licensed and certified professions.
2. It would help protect clinical sociologists from claims of allied professionals on areas of sociological practice.

3. It would protect the public from unqualified practitioners.
4. If a profession decides not to become licensed or certified, its area of practice may be limited by default.
5. It may help upgrade skills if continuing education is required.
6. It will increase visibility to third-party payors.

The Executive Board had accepted the report and approved the idea of a certification process at its mid-year board meeting in April 1983. Certification Guidelines were set forth in the summer 1983 *Newsletter*, and the membership voted to implement a certification process at its annual membership meeting in Detroit, Michigan, on September 1, 1983. The certification process was to be competency-based. In the Statement of Purpose of the certification application (Sociological Practice Association, 1987b:3), it is noted, "the Association will certify clinical sociologists who have demonstrated competence in the practice of clinical sociology through the mastery of sociological theory and methods, and through appropriate skills." As part of this procedure, a certification demonstration is required. The first demonstrations were held in Boston in March 1984. Sociologists who successfully complete the process are entitled to use the designation "C.C.S." (for Certified Clinical Sociologist) after their name.

In his "Report from the Outgoing President," Freedman noted the continuing importance of seeking legitimacy for the field of clinical sociology (1985:1):

What we are engaged in is the legitimation of a career pathway—a pathway that certain pioneers have established. . . . We are putting together the components for a legitimate career in the field, courses, training and degree programs, practitioner certification, a code of ethics, our history, books, chapters, articles, journals, newsletters. . . . I am convinced that developing career pathways, job and internship opportunities is the next difficult major step in the development of the Clinical Sociology Association.

Elizabeth Clark became the fourth president of the CSA in 1985. Under her leadership, the role of the association was further expanded. The association's membership had grown considerably and included members in twenty countries. The association was at a crucial point in its development. It no longer was just a "grass-roots movement" but had taken on the characteristics of a full-fledged professional organization with an international membership.

A decision had to be made to either maintain the status quo or to continue growth. The Executive Board opted for growth. Due to size of the membership, it was no longer necessary to hold the annual meeting in conjunction with ASA. The first free-standing annual meeting was held in Thornfield, New York, in

June 1986. The association newsletter, under the auspices of the Department of Sociology at North Texas State University, became a leading newsletter in the field. The journal was courted by professional publishers (it is currently published by the Michigan State University Press), and a national traineeship in clinical sociology was funded and established under the direction of Dr. Julia Mayo, C.C.S., at St. Vincent's Hospital and Medical Center in New York City in July 1986 (see Cuthbertson, 1989, for a description of the traineeship).

Discussions on how best to continue the momentum and to further develop the field were numerous. Early in her term, Clark suggested that changing the name of the association from Clinical Sociology to Sociological Practice would considerably broaden the membership base. To fully understand this suggestion, it is important to define the terms "sociological practice," "clinical sociology," and "applied sociology."

Defining the Field

Both applied sociologists and clinical sociologists are sociological practitioners. Practice is the broad, umbrella category, and clinical and applied sociology are approaches to practice (Clark & Fritz, 1989).

Sociological practice has been part of American sociology since the beginning of the field in the late 1800s (Fritz, 1985), and many of the early sociologists were reformers interested in social progress and intervention. This "practical sociology" of the early 1900s (Barnes, 1948:741) has influenced the contemporary areas of American sociological practice—applied and clinical sociology.

Despite its roots, sometime after World War II the field began to shift away from application and intervention and toward theory and statistical testing (Franklin, 1979), a trend that has continued to the present. Mauksch (1983:2) describes a reason for this shift in the following paragraph:

As part of its thrust to be accepted as a pure science, sociology, similar to other disciplines, has accorded prestige, priority, and rewards to the pursuit of conceptual and theoretical issues with little regard to their application. This climate, pervasive even today throughout many academic sociology departments - particularly at research universities places great value on purely academic careers and labels as less worthy and somewhat tainted careers in applied sociology.

Gollin (1983:443) concurs:

The search for scientific legitimacy led many sociologists in the early decades of the society to want to put as much distance as possible

between its historical roots in social reform and its aspiration to status as an academic discipline.

While the emphasis turned toward science, the field always has included scientists who were interested in application; and in the past decade, there has been a renewed interest in both applied and clinical sociology.

The term 'applied sociology' was used frequently at the turn of the century. At the very first meeting of the American Sociological Society (currently the American Sociological Association) in 1906, a decision was made that "practical sociologists" should be invited to join because "one of the best results of the new organization would be achieved by bringing into close and regular contact the 'theoretical' and the 'practical' sociologists; each has much to learn from the other" (Rhoades, 1981:4).

Also, in 1906, Lester Franklin Ward, the first president of the American Sociological Society, published a book titled *Applied Sociology* in which he framed the concepts of "pure" and "applied" sociology (1906:5-6):

Just as pure sociology aims to answer the questions what, who, and how, applied sociology aims to answer the question what for. The former deals with facts, causes, and principles, the latter with the object, end, or program. The one treats the subject-matter of sociology, the other its use. However theoretical pure sociology may be in some of its aspects, applied sociology is essentially practical. It appeals directly to interest. It has to do with social ideals, with ethical considerations, with what ought to be.

A journal entitled *Applied Sociology* was in existence from 1922 to 1927, after which the name was changed to *Sociology and Social Research*. Also, in 1927, Herbert Shenton wrote *The Practical Application of Sociology: A Study of the Scope and Purpose of Applied Sociology*. Contemporary sociologists continue to examine the meanings and forms of applied sociology (e.g., Billson, 1984; Black & Enos, 1980; Boros, 1980; Freeman & Rossi, 1984; Iutovich & Cox, 1984; Kallen, 1985, 1986; Olsen & Micklin, 1981; Straus, 1985; Swan, 1984). According to Mauksch (1983:3):

In one sense, applied sociology refers to techniques and methodology. Unlike the inquiry model which governs pure research, applied sociology starts with the definition and exploration of a real problem or mission . . . Applied sociology includes the research model of problem-solving, the research model of formulating and testing options, and the research model of evaluation.

With regard to applied social research, Olsen and DeMartini (1981) suggest that applied sociology uses five general research methods: problem exploration, policy analysis, needs assessment, program evaluation, and social impact assessment. They also formulate a current definition for applied sociology as “sociological knowledge and action oriented toward intentional social change to achieve acquired goals” (1981:2).

According to the definitions above, applied sociology employs sociological perspectives to assist in problem-solving (Boros, 1980), and the applied sociologist is generally a research specialist who produces information that is useful in resolving problems in government, industry, and other practice settings.

Fritz (1985) detailed the early roots of clinical sociology by examining the work of individuals who combined “a scientific approach to social life with an involvement in intervention work.” She noted (1985:14) that the first linking of the words “clinical” and “sociology” in a sociology journal occurred in 1931. Louis Wirth’s article “Clinical Sociology” appeared that year in *The American Journal of Sociology*. In 1944, the term became more firmly established when a formal definition of clinical sociology (written by Alfred McClung Lee) appeared in H. P. Fairchild’s *Dictionary of Sociology*.

Following Wirth’s usage and Lee’s definition, the term has been used to refer to sociological intervention in a variety of settings. It is the application of a sociological perspective to the analysis and design of intervention for positive social change at any level of social organization. Clinical sociology is not meant to indicate primarily medical applications (the word ‘clinical’ originally meant bedside), nor only a microsociology perspective such as individual counseling or small group work. Instead, it is essential to recognize that the role of the clinical sociologist can be at one or more levels of focus from the individual to inter-societal. In fact, the translation of social theory, concepts, and methods into practice requires the ability to recognize various levels, as well as to move between the levels for analysis and intervention (Freedman, 1984).

Clinical sociologists have specialty areas—such as organizations, health and illness, forensic sociology, aging, and comparative social systems—and work as action researchers, organizational development specialists, sociotherapists, conflict interventionists, social policy implementors, and administrators, to name but a few. In their work, they frequently use qualitative and quantitative research skills for assessment and evaluation. The field is humanistic and interdisciplinary.

Applied sociology and clinical sociology have a somewhat different but compatible, and often overlapping, focus. Together, these two approaches constitute a modern definition of sociological practice. Sociologists tend to have early knowledge of emerging social problems. Research about these problems is essential, as is the development of specific intervention strategies that relate

to emerging social problems. What is important is that the numerous roles that sociologists can fulfill be recognized and developed.

Broadening the Association Base

In a letter to the membership of the CSA dated May 26, 1986, Clark detailed the reasons for her proposal to change the name of the association. She wrote (1986a):

I am pleased to report that at our Annual Business Meeting in Thornfield on June 21, 1986, the Board and the Founding Presidents of the Clinical Sociology Association will bring forth a motion recommending that the CSA change its name to the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists. We feel this new name will better reflect the broad interests of our expanding membership.

The Board has been approached by many of our members regarding a possible name change, and we have studied the national and international trends. We strongly agree that there is a continuing need for clinical and applied sociologists to have an independent voice in the future of sociology. The CSA has had an important impact on the discipline of sociology in the past eight years. We have worked hard to have practicing sociologists recognized. We have been the catalyst for many changes and improvements, and we have been the leader in establishing certification for sociologists. But there is much more that needs to be done. By expanding our base to better include practicing sociologists who use an applied approach (applied research, policy formulation, impact assessment), and those who teach clinical and applied sociology, we will strengthen not only our association, but our impact.

This "umbrella" association will, of course, continue to reflect the needs of clinical sociologists. We will continue to certify and to award the "Certified Clinical Sociologist" (CCS) designation. Our impressive journal, the *Clinical Sociology Review*, will continue to add to the growing body of literature on clinical and other forms of practice. And, we will not only continue, but expand, our training opportunities for sociological practitioners.

The membership responded favorably, and on June 21, 1986, the following motion to change the name of the CSA was passed with only one negative vote:

The Officers, Board, and Presidential Advisory Committee of the Clinical Sociology Association move that effective July 1, 1986, the name of the Clinical Sociology Association shall be changed to the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists.

Persons speaking in favor of the motion included, among others, John Glass, founder of the CSA; Jonathan Freedman representing the CSA Presidential Advisory Committee; Louisa Howe, Chair of the Ethics Committee; and other longstanding members, such as Alfred McClung Lee and Julia Mayo. Their arguments in favor of the motion included: (a) broadening the base of membership support in order to be more effective politically; (b) better representation of the diverse and growing membership; and (c) the need to work on behalf of applied sociologists as well as clinical sociologists (Clark, 1986b).

Following the name change, a "Celebration of Practice" was held at the 1989 annual meeting of the American Sociological Association in New York City in August. Planned by the Sociological Practice Association (SPA) to emphasize its name change and to set direction for the future, it was co-sponsored by fourteen other practice oriented groups and was attended by over 150 persons. Alfred McClung Lee offered the exciting keynote address entitled "Practitioners in the Sociological Struggles" (for a revised version of this presentation, see Lee, 1989), and there was a ceremony recognizing the pioneering work of twenty-eight outstanding contemporary clinical and applied sociologists (Clark, 1987:1-2).

As hoped, the name change did serve the purpose of broadening the membership base and facilitating continued growth of the association and the field. Clark finished her term as president of the CSA and was elected to a two year term as the first president of the SPA. One of her goals had been to heighten the cooperation not only among the practice groups but among academic sociology groups as well. This effort was continued by Robert Bendiksen, who succeeded Clark as president in 1989, and by Phillip Robinette, who became the sixth president in January 1990.

The late 1980s also saw other changes. The newsletter of the association was renamed *The Practicing Sociologist* (Church, 1987). It currently is edited by Peter Maida and published by the Institute of Criminal Justice and Criminology at the University of Maryland. In addition to the newsletter and the *Clinical Sociology Review*, in December 1986 the association bought the rights to an existing journal called *Sociological Practice*. Since purchase, two volumes (Volumes 7 and 8) have been published. Volume 7, edited by Fritz and Clark in 1989, had as its theme the development of clinical and applied sociology. Alvin Lackey was guest editor for Volume 8 (1990), which is devoted to community

development and other community applications of sociological practice. Three other theme volumes are in progress. These are dispute processing, edited by Peter Maida and Maria Volpe; health sociology, edited by Elizabeth Clark and Jan Fritz; and gerontology, edited by Joyce Iutovich.

The utility of clinical sociology continues to be noted both internationally and by those outside the field. For example, in 1984, a Working Group on Clinical Sociology was established within the International Sociological Association. Also, in the 1988–89 edition of the *Occupational Outlook Handbook* (U.S. Department of Labor, 1988–89:30–32), clinical sociology is listed as a field of specialization for sociologists, and students are encouraged to select for their graduate programs a school “that has adequate research facilities and offers appropriate areas of specialization such as theory, demography, clinical sociology, or quantitative methods.” Further, when discussing job outlook, the handbook indicates that “demand is expected to be much stronger for sociologists with training in practice areas—such as clinical sociology . . . than for specialists in sociological theory.”

The field of clinical sociology has a strong organizational base and has gained acceptance as having a legitimate role in contemporary sociology. This transformation has taken place in ten short years. It is a tribute to the efforts and dedication of a small group of individuals who believed that sociology could, and should, be useful and meaningful. As Straus wrote in 1979(b), clinical sociology is an idea whose time has come—again.

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Diffusion of Computer Applications Among Physicians: A Quasi-Experimental Study*

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ABSTRACT

An experimental program involving the use of a hospital information system was implemented and evaluated on four services at Methodist Hospital of Indiana, a 1120-bed, private teaching hospital. Ten other hospital services were assigned to a control group. The program utilized educationally influential physicians to disseminate information concerning the advantages of using predesigned computer-stored personal order sets for the entry of medical orders into a hospital information system. Data from the hospital information system's tapes were collected at three times in order to evaluate the effectiveness of the intervention. A multivariate analysis of variance indicated that the program resulted in a significant increase in personal order set use by physicians, physician assistants, and unit secretaries on the experimental services. The results of the study suggest that the identification and use of educationally influential physicians is an effective means of introducing medical innovations into clinical settings.

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Introduction

Diffusion of Innovations among Professionals

A number of studies indicate serious underutilization of clinical computer applications long after they have been implemented (Freidman & Gustafson, 1977). In some instances, physicians have adopted circumventing strategies to avoid using clinical computer systems (Fischer, et al., 1987). In other cases, hospital staff have interfered with their implementation (Dowling, 1980).

Studies suggest that in collegial organizations or bureaucracies largely made up of professionals, adoption of innovations depends largely on individual decisions (Mintzberg, 1997). Burt (1987) provides a model for this process. He suggests that individuals who are structurally equivalent or who share similar positions in the social structure will largely interact with the same group of individuals and will share similar beliefs, attitudes, and behaviors. Competition among individuals in an organization will motivate them to adopt an innovation soon after they perceive that structurally equivalent individuals have done so.

The findings of a number of studies support these contentions. One survey of innovations in health care organizations concluded that, in addition to a leader, it is important to identify and utilize early adopters who can influence their colleagues to adopt an innovation (USDHEW, 1973). Also, Stross and Harlan (1979) found that two thirds of the family practitioners and internists they surveyed, who were aware of an important study eighteen months after publication of the results, had been informed about the study by another physician. Evidence from the Columbia University drug diffusion study (Coleman, et al., 1966) found that, in general, physicians did not adopt a new drug, tetracycline, unless they had direct contact with a physician who had already done so. A reanalysis of the data from the study by Burt (1987) suggests that the dominant factor driving the diffusion of the drug was physicians' perceptions of the actions of other doctors with comparable standing in the medical community and not just conversations with colleagues. These studies clearly point to the importance of peer influences in understanding the diffusion process. The importance of informal advice and information seeking among physicians is underscored by the results of other studies as well (Maxwell, et al., 1984; Weinberg, et al., 1981; Wenrich, et al., 1971).

Hospitals are a particularly important setting for the diffusion of new technology, since the medical staff constitutes a social system based on shared norms, expectations, and functional interactions (Wenrich, et al., 1971). Acting upon this, researchers at the University of Michigan have identified educationally influential physicians in community hospitals and used them to informally influence the practice of their colleagues (Stross & Bole, 1979, 1980; Stross, et

al., 1983). Substantial improvements in the utilization of diagnostic procedures and patient management were observed in the three community hospitals that utilized influential physicians.

The results of these studies demonstrate the importance of peer networks in communicating information about innovation and persuading physicians to try them out in practice. They also indicate that certain physicians are central to these communication networks and are educationally influential in the dissemination of information concerning medical innovations. Our previous research indicated that physician attitudes toward clinical computer applications significantly affect the extent to which they use a hospital information system (HIS) to communicate medical orders and test results to and from ancillary services (Anderson, et al., 1985). Furthermore, once physicians form their initial attitudes and practice patterns involving the use of the HIS, they are likely to persist over long periods of time (Anderson, et al., 1988). This research also found that prominent physicians who were frequently consulted by other physicians on their hospital service were the first to adopt the HIS in their clinical practice. Moreover, physicians who were structurally equivalent (i.e., had similar consultation patterns with other physicians on the hospital service) adopted the HIS at approximately the same time and evidenced similar patterns of HIS utilization (Anderson, et al., 1986, 1987a, 1987b). This suggests that a strategy that utilizes educationally influential physicians may be an effective means of changing physicians' practice behavior.

Objective

The primary objective of this research was to design, implement, and evaluate a program to change the procedure that physicians use to enter orders into a hospital information system (HIS). The intervention used members of the medical staff identified as being educationally influential in the peer network to influence practice behavior.

Research Methods

Practice Setting

This study was conducted in a 1120-bed, private teaching hospital that implemented the Technicon Medical Information system in 1976. The hospital information system (HIS) is a communication system that links patient units to ancillary services and various departments throughout the hospital. All patient data (i.e., admission information, medical orders, test results, progress notes, etc.) are entered into the computer at terminals throughout the hospital. Most

data entry is menu driven. Hospital personnel make selections from predesigned lists using a light pen (Anderson, 1990).

Physicians generally write medical orders in the chart. These orders in turn are entered into the HIS by unit secretaries or by physician assistants who are frequently registered nurses. Alternatively, physicians may directly enter orders at a terminal instead of writing them. Order entry requires numerous selections from generic menus as shown in Figure 1.

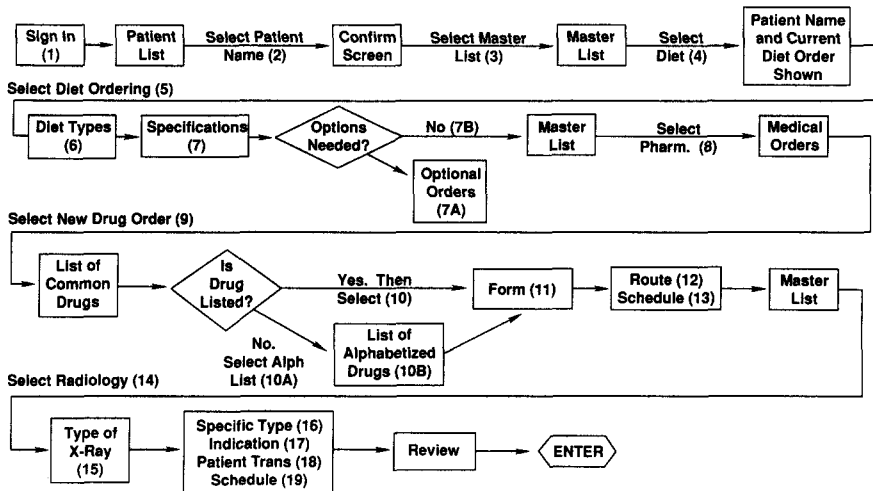


Figure 1. Order Entry — Regular HIS Pathways

As an alternative, physicians can create personal order sets for order entry. These personal order sets are tailored to the specific types of procedures that the physicians frequently order for their patients (see Figure 2). Personal order sets are like preprinted order forms, but appear on the computer monitor. The use of a light pen to make selections from these precomposed lists minimizes the use of the keyboard. The use of personal order sets for medical order entry, especially when used by physicians themselves, has the following advantages: (1) faster order entry, (2) elimination of transcription errors, (3) faster execution and results reporting, and (4) decreased clerical work.

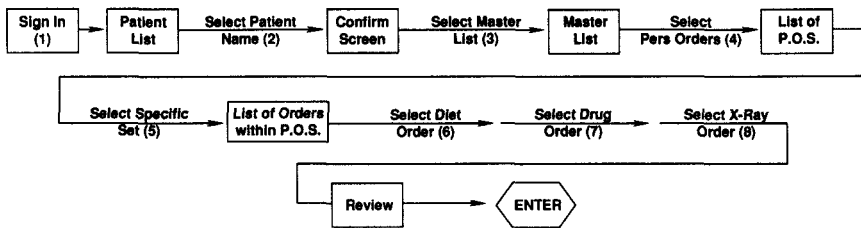


Figure 2. Order Entry — Personal Order Sets

Quasi-Experimental Design

The study used a quasi-experimental design. The following hospital services were selected as the experimental group: cardiovascular disease, general surgery, obstetrics and gynecology, and orthopedic surgery. The four services were selected because of the large number of orders written for patients. Also, these physicians are somewhat specialized so that many of the same medical orders are used for multiple patients with minor modifications. Consequently, the development and use of personal order sets are potentially useful to physicians on these services.

We initiated an experimental program on the four services aimed at physicians identified as educationally influential among their peers. The program was designed to increase the use of personal order sets for the entry of medical orders. Physicians on ten other hospital services were assigned to a control group. Data on order entry were collected from 109 and 231 physicians on the experimental and control services, respectively.

Identification of Influential Physicians

Six weeks of patient data were extracted from the hospital information systems' purge tapes used to store clinical data once the patient is discharged from the hospital. These tapes indicate the attending physician and all consulting physicians for each patient. From these data, binary consultation networks were constructed for each of the experimental services. These matrices indicated the physicians on the service who were consulted by each physician during the six-week period. STRUCTURE, a hierarchical clustering algorithm, was used to analyze the networks (Burt, 1982). Groups of physicians with similar consultation patterns were identified on the four experimental hospital services.

An influential physician was identified in each group using the following criteria: social network measures of each physician's prestige in the consultation network, participation in the hospital's medical education program, and/or participation on medical staff committees. Influential physicians are professionally active, technically proficient, frequently consulted by other physicians, and are generally early adopters of new procedures. Each of these physicians was then contacted and asked to participate in a research project designed to increase use of personal order sets to enter orders into the hospital information system. All of the physicians who were contacted agreed to participate in the study.

Experimental Program

The objective of the experimental program was to demonstrate to the educationally influential physicians the advantages of developing and using personal order sets for medical order entry into the hospital information system. First, however, it was necessary to assess the degree to which each of these physicians used the HIS in practice as well as their knowledge and use of personal order sets. This was accomplished in two steps. First, a questionnaire was used to determine the extent to which physicians used the system to obtain patient lists, laboratory test results, and current medical orders; to print test results; and to enter new medical orders. From this information, a profile of HIS use was created for each influential physician.

Second, prior to meeting with each influential physician, a packet was delivered to the physician's office. This packet contained a short questionnaire as well as listings of any personal order sets they had created and all departmental order sets for their hospital service. The physician was asked to answer questions regarding his/her use of personal and departmental order sets. This material was then picked up and analyzed prior to meeting with each of the influential physicians.

At the meeting, the physician was provided data that indicated his/her overall use of the hospital information system as well as use of personal and departmental order sets for order entry. Individual physician profiles were compared to usage profiles for physicians on their service and to the profile for the hospital medical staff as a whole. During the meeting, the project staff discussed with the physician the advantages of using personal order sets to enter medical orders into the HIS. Following the meetings, physicians continued their normal practice on their hospital services. The project staff did not ask these physicians to engage in any special activities to promote personal order sets.

Six months later, the second phase of the experimental program was implemented. A second meeting was held with the educationally influential physicians.

At this meeting, the influential physicians were provided with information concerning the use of the HIS by the house staff. Second, they were provided with data on order entry times and error rates using the two modes of order entry (i.e., regular HIS pathways and personal order sets). Third, a summary of physicians' perceptions of the advantages and disadvantages of using personal order sets in practice was developed from the first set of meetings with the influential physicians. This summary was used to review the value of the educational program and to reinforce its content.

Evaluation

In order to determine whether increased use of personal order sets occurred on the experimental services as a result of informal consultations with the influential physicians, data were collected three times: prior to the intervention, two months after the first meeting with the influential physicians, and two months after the second meeting with these same physicians. Each time, four weeks of patient data were extracted from the discharge data contained on the HIS tapes. For each physician who had discharged patients during this period, statistics were computed for the number of medical orders entered per patient by the physician using (1) his/her own personal order sets, (2) departmental order sets, and (3) the generic order sets that are a standard part of the hospital information system.

These data were analyzed by means of a multivariate analysis of variance with repeated measures over time. A major advantage of this design is the control that it provides for individual differences between physicians that often are quite large relative to differences due to treatment or intervention effects, which this study is attempting to evaluate.

Results

Identification of Influential Physicians

For each of the experimental services, a matrix was constructed with the rows and columns representing the physicians on the service. A number 1 in a cell indicated that the row physician had consulted with the column physician at least once during the six-week period. STRUCTURE, a hierarchical clustering program, was used to generate groups of structurally equivalent physicians with similar consultation patterns (i.e., they generally consulted the same physicians in the course of caring for patients). This resulted in the identification of five groups of physicians on cardiovascular disease and general surgery and three groups on obstetrics and gynecology and orthopedic surgery.

An influential physician was identified in each cluster of structurally equivalent physicians. Selection was based on the frequency with which the physician was consulted by others on the service as well as by whether or not the physician was an active participant in the hospital's medical education program and/or medical staff affairs.

Evaluation

The evaluation was aimed at determining whether a change in physician behavior took place on the experimental services as a result of providing educationally influential physicians with information documenting the advantages of using personal order sets for order entry into the hospital information system. A multivariate analysis of variance with repeated measures was used to accomplish this. Order entry by physicians, unit secretaries, and physician assistants were simultaneously analyzed. Figure 3 compares the mean number of medical orders entered into the HIS by means of personal order sets on the experimental and control services.

The results of the analysis indicate significant differences between the experimental and control groups ($F_{1,338} = 15.85, p < 0.000$) and between persons entering the orders ($F_{1,338} = 10.78, p < 0.000$). In general, a greater number of orders per patient were entered on the experimental services using personal order sets. Also, the most orders using personal order sets were entered by unit secretaries; the fewest were entered by physicians. Furthermore, the group by time interaction was significant ($F_{1,338} = 5.80, p < 0.003$). The use of personal order sets on the experimental services by physicians, unit secretaries, and physician assistants increased significantly over time. The group who entered the orders by time interaction and the group by who entered the orders by time interaction were not significant.

Discussion

This study was based on the hypothesis that within medical practice settings, such as hospitals, there are physicians who significantly influence the behavior of their colleagues through interaction in the informal consultation network. These individuals have been called educationally influential physicians (see Stross & Bole, 1979, 1980; Stross, et al., 1983). This study was undertaken to determine whether or not educationally influential physicians could be identified and used to introduce innovative procedures into groups of physicians on hospital services.

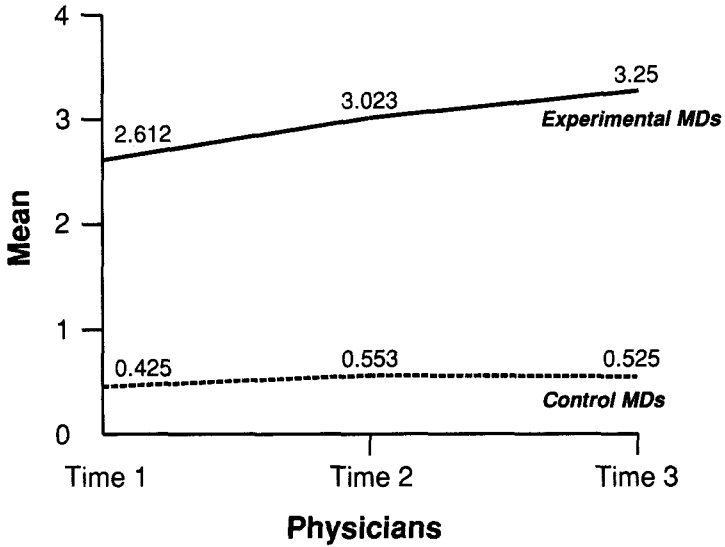


Figure 3a. Physicians

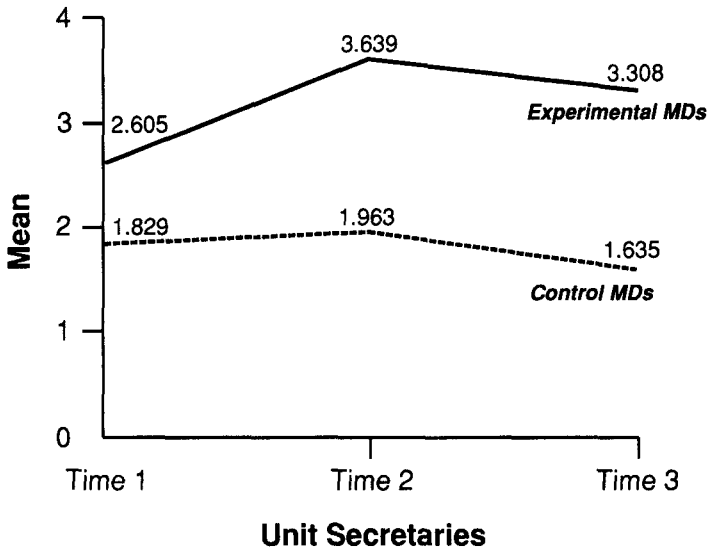


Figure 3b. Unit Secretaries

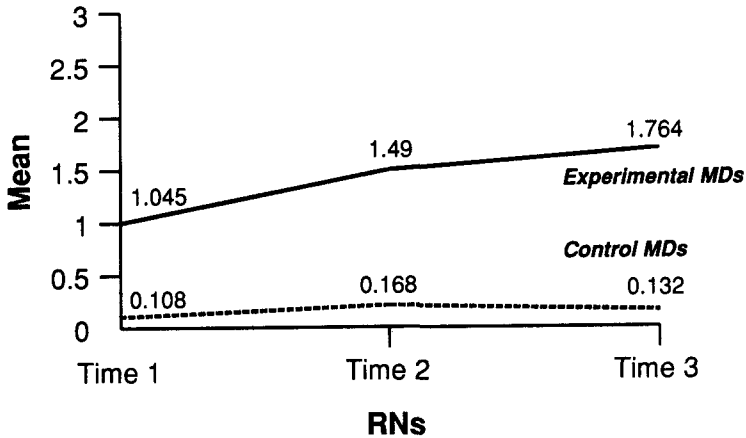


Figure 3c. RNs

The study developed a new methodology that can be used to identify educationally influential physicians using data from hospital information systems. Moreover, these physicians were successfully recruited and participated in the study. This involved two meetings of approximately one hour each with project staff over a twelve-month period. After these meetings, the physicians resumed their normal activities as members of the hospital's medical staff. The hypothesis was tested by analyzing data on medical-order entry obtained from the hospital information system to determine if the educationally influential physicians had influenced the behavior of their colleagues as expected.

Significant changes were observed on the experimental hospital services as a result of the experimental program. The use of personal order sets for order entry into the HIS significantly increased on these units. At the same time, no significant change in patterns of order entry were observed among physicians on the control services.

It appears from the results that the influence of the educationally influential physicians extended beyond the other physicians on the service. Not only did the use of personal order sets increase among physicians on the four services, but their use increased among physician assistants and unit secretaries on these services as well.

The earlier studies that were reviewed have documented that physicians learn about medical innovations from one another. Also, Stross and his colleagues demonstrated that key individuals in informal physician networks play a critical role in the dissemination of information concerning medical innovations. The results of our study indicate that the influence of these educationally influential physicians extends to the entire network of health care providers involved in the care of patients on a hospital unit.

Based on the results of this study, we conclude that the recruitment and deliberate use of educationally influential physicians is an effective means of changing practice behavior. Such an approach to the introduction of new procedures and approaches has great potential given the large number of diverse practice settings. At the same time, many additional questions need to be answered by future research. Are educationally influential physicians equally effective in all specialties and in practice settings other than the hospital? Should the initial sessions with the influential physicians be supplemented with other forms of continuing medical education? Will changes in practice behavior diminish with the passage of time unless reinforced?

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A Technique for Predicting Intraorganizational Action

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ABSTRACT

This paper is addressed to the problem of forging a closer link between theoretical and empirical analysis of a given organization. An analytic research method and instrument capable of systematically transforming certain theoretical organizational concepts into operational form is presented. The technique and its instrumentation were designed to, when fitted with appropriate theoretical substantive variables, efficiently yet accurately describe, explain, and predict the consequences of changing specified organizational variables within an organization.

To predict the results of organizational action requires analytic techniques that, when fitted to appropriate theory, can quickly and efficiently seek out and measure crucial variables that offer understandable and reliable explanations of intraorganizational action. Many theorists have proposed models to explain intraorganizational action, most of which do provide guidelines for predicting the consequences of such action. Prediction, however, requires empirical data and tools, which we generally do not have. There is the need to forge a closer link between the theoretical and empirical analysis of organizations.

In this paper, I have attempted to describe an analytical technique that can, for a given organization, quickly, accurately, and efficiently transform abstract theoretical propositions into concrete empirical indices. The problem as stated calls for the development of an analytical technique and instrument that will systematically put basic theoretical concepts into an operational form.

In order to do this, it was first necessary to determine what important or limiting factors are related to intraorganizational analysis. A search of the literature

reveals some common threads that are generally recognized by all organizational theorists.

First, it was quite clear that perceptions of an organization itself vary. Not only do views of an organization change with time, but the characteristic properties included in the many perceptions held about an organization tend to vary with the position from which the view was taken. Was the organization perceived from the public view? From the internal organizational view? From the view of an impartial analyst? Or from the view of a person occupying a position within that organization?

The analyst of an organization is thus presented with the dilemma of determining whose view, or what view, accurately depicts the crucial aspects of the organization's operation. Regardless of the accuracy or validity of the various views or images held concerning the organization, however, these views do affect the operation of the organization.

This leads us directly to the second dilemma. By what criteria can the many views be measured and weighed? How do we determine the relative importance of these many views for any given organization?

Some theorists maintain that answers to these questions can be obtained by using rational techniques. They argue that, because an organization is a rationally conceived creation of humans, it can be analyzed on the basis of measurements taken from its formal patterns of operation. Other theorists argue that it is not enough just to measure or manipulate the formally described elements of an organization. They contend that an organization also must deal with its external environment, which is not always rational in design. For them, measures that tend to emphasize the organization's equilibrium and how this equilibrium is maintained become an appropriate analytic form.

Yet another concern of theorists is the level at which these measurements should be taken. Should they be taken at the survival or sheer maintenance level of organizational operation, at the point of most effective operation, or at the point of efficient resource maximization?

All theorists ultimately face the question of measuring, or at least dealing with, specific organization of goals and subgoals. The problem again becomes one of choice—whose goals, or what goals, are to be dealt with, and at what level of achievement are they to be measured or evaluated?

These are but a few of the problems, admittedly oversimplified, that have been faced and must continue to be faced by those who would theorize about, or analyze, organizations. The solutions to these many problems must finally be measured against the value system selected as a standard in the analysis. Will it be (1) the value system of the organization's members, (2) the value system of the organization's resource input system, (3) the value system of its product

user system, (4) the value system of total society, or (5) perhaps all of these and more?

It is sufficient to say that overwhelming difficulties beset any organization analyst from the start. For even if a satisfactory method were available for dealing with these problems, no doubt the simple things such as the availability of a researcher's time and the physical resources available to an analyst are important limitations that would soon become the major limiting factors to a meaningful detailed analysis of any specific organization.

The technique presented here represents a synthesis of features from three organizational models—the rational, natural system, and effectiveness models—with certain concepts taken from a fourth, the perceptual model (Howard, 1958:1–46; March & Simon, 1959:9–11, 50–65, 121–29; Snygg & Combs, 1949:13–21). This technique attempts to satisfy Gouldner's (1959:426) plea for a resynthesis of the rational and natural system models. It is also compatible with Etzioni's (1960:278) suggestion that the "system model," with its view of the social unit as a process and its insistence on examination of the external and internal conditions that enable it to function, is the most appropriate means of studying organization. This technique attempts to fulfill the scientific purposes of description, explanation, and prediction (Hempel & Oppenheim, 1953) of an organization's efficiency in achieving its goals.

Characteristics of Organizational Systems (Andrew, 1961:20–23)

An *organization* is an artifact. It is a social group; but unlike a natural society, it has been assembled to serve a purpose. It is a bureaucratically arranged social group with at least one specifiable goal (Simon, 1964:1–22). That is, its members have differentiated functions that relate to a goal of the organization (an organizational goal is a state of affairs for which the organization exists to bring into being, an image of a future state which may or may not be brought about). Once a goal is achieved, it becomes a part of the organization or of its environment and is thus no longer an image guiding organizational activities, and no longer a goal (Etzioni, 1961:71–72).

A *system* is considered to be a conventionally selected set of variables that interact. These variables are defined in such a way that, given the state of the system at specified time intervals, its state at any other given time can be predicted. This set of interacting variables may be (and doubtless will be) a subset of a larger set of variables. In other words, the system to be studied may be a part of a larger system.

The *elements of a system* are the entities of the system that reflect its substantive content. They are the descriptive terms of the system. *Variables of a*

system are the conditions of these elements within an organization at given times. The values of the variables at any given time define the state of the system at that time. They carry the implications of change or variation regardless of the precision with which this change can be measured.

Parameters of the system are the condition of elements outside the organization that act and interact upon it as environmental variables. Both the internal organizational *variables* and the *parameters*, or external organizational variables, have a wide range of effects on an organization. To induce change, one must determine those variables that are significant to the functioning of the organized system, for change in an organization occurs through change in either or both the *variables* or the *parameters* of a system.

In selecting the elements to include in an analysis of an organizational system, the theorist (Andrew, 1961:20–23.) ultimately asks this basic question: Should the element or variables to be used in analyzing a system be selected by *a priori* logic or through successive empirical testing methods? Parsons (1956:63–85), for example, attempts to identify the constituent elements and their relationships in a total social systems model. For Parsons, organizations are total social systems with primary orientations toward the attainment of specific goals. With this concept, Parsons assumes that the parts are interdependent. Merton (1957:25, et seq.), in his concern for the degree of interdependency of organizational parts, attempts to select elements of a system on the basis of empirical determination. Gouldner (1957:400–28) sees the selection of elements as a cumulative process through which a battery of explanatory variables will be sifted out by empirical observation. He states unequivocally that the inclusion or exclusion of elements in the social system is not susceptible to “purely theoretical resolution.” He points out that “problematic patterns” can only be partially explained on an empirical basis because only a partial knowledge of the constituent element of a social system can be obtained with empirical accumulation techniques. It would not be possible, therefore, to relate those patterns to the system as a whole.

It is clear that when the selection of elements is made, some important element or variable may be left out because the process of selection is an arbitrary one. Consequently, the methods of both *a priori* and empirically tested selection are necessary. The determination of what elements to include falls into the context of discovery, while empirical testing for accuracy of the selection falls into the context of validation.

No satisfactory means has yet been developed to systematically take into account the significance of variation in the degree of interdependence of selected elements, because they are parts of an “open system.” Therefore, the patterns of behavior can be only partially explained for a given period of time, for all systems have an infinite set of properties. In the methodology developed for

this paper, it is suggested that *variables* will account for the relationships of the internal system elements selected, and the *parameters* may account for environmental change. The external factors, *parameters* or environmental, should be reflected, at least in part, by the perception of position incumbents of the system under analysis.

This methodology suggests an approach that attempts to resolve both the question of element selection and the question of degree of variation, or interrelatedness, of these elements. Note that the schema outlined calls for identification and selection of the *elements* of the organization to be analyzed by the members of that organization. This is accomplished by use of the "Open-Ended Question" (OEQ) device. *Variation* in the interrelatedness of these elements is also measured by the organization's members, by their scalings on an instrument called the "Rating Scale" (RS) device.

The Theory to Be Used

Within this framework, it is now possible to fit a theory to the analytic technique. The theoretical organization concepts developed by Sower (Sower, et al., 1962:87-151; Sower, 1962) are used as the substantive theory fitted to the analytical methods and tools described in this paper. It should be clear from the outset that the technique described can be fitted with a wide range of theoretical substantive variables. The technique and instruments described provide the means for transcribing these theoretical variables into concrete empirical, analytical forms.

The major assumptions of Sower's theory are:

1. The key to understanding and explaining the operations of an organization and their consequences is the organizational link between its subgroups.
2. The extent to which an organization achieves its goals is a consequence of certain internal variables. These variables are subject to change upon decisions of persons who occupy specific positions in the organization.

A corollary of this assumption is that these variables, when identified, are capable of being described and explained and the relationships between them predicted.

3. The actions of the incumbent of a position within an organization will agree with his/her own expectations of behavior proper to that position and what he/she perceive the expectations of relevant others to be, whether they are shared by a majority or not, and whether or not his/her perceptions are accurate.

The relationships between the organizational variables are explained by Sower's *Model for Explaining and Predicting the Relationships between Inter-*

nal Organizational Variables and the Extent of Goal Achievement for a Development Organization. Briefly, this model accounts for the following internal relationships:

1. The extent to which the organization's members have a clearly defined conception of its purpose or goal.
2. The extent to which the organization imposes upon its members patterns of expected behavior that are congruent with their own behavior expectations.
3. The extent to which the organization's members are interested in achieving its goals.

These relationships are the intervening variables of the model; consensus among members of the organization on each variable selected directly determines the extent to which the organization is likely to achieve its goal. Postulates constructed from these three intervening variables may be expressed as follows:

Postulate I:

The degree to which an organization will achieve its goal is directly related to the extent to which its members have a clear conception of the organization's purpose or goal.

The general predictive formula expressing this relationship is: ${}^{\circ}\text{OGA} \int {}^{\circ}\text{COG}_m$ when ${}^{\circ}\text{OGA}$ = the degree of organization's goal achievement and ${}^{\circ}\text{COG}_m$ = the degree of clarity of members' conception of organization's purpose or goal.¹

Postulate II:

The degree to which an organization will achieve its goal is directly related to the extent to which the organization imposes on its members patterns of expected behavior that are congruent with their own behavioral expectations.

1. The symbol \int represents the phrase, "...is directly related to..." and will be used in this sense throughout this paper. Note that Sowers' constructs call only for the perceptions of organization members. These are called *variables of the system*. The subscript "m" in the formula expresses this limitation. If the theory used called for perception of external "relevant others" who are not formal members of the organization *parameter of the system* as well as member perceptions, the technique will accommodate such a formulation. This would be expressed in Postulate I by use of the subscript "o," in the following manner ${}^{\circ}\text{OGA} \int {}^{\circ}\text{COG}_m \int {}^{\circ}\text{COG}_o$.

The general predictive formula expressing this relationship is: ${}^{\circ}\text{OGA} \int {}^{\circ}\text{CBE}_m$ when ${}^{\circ}\text{OGA}$ = the degree of organization's goal achievement and ${}^{\circ}\text{CBE}_m$ = the degree to which members have behavioral expectations congruent with that of the organization.

Postulate III:

The degree to which an organization will achieve its goal is directly related to the extent to which its members are interested in achieving the goal.

The formula expressing this relationship is: ${}^{\circ}\text{OGA} \int {}^{\circ}\text{IOG}_m$ when ${}^{\circ}\text{OGA}$ = the degree of organization's goal achievement and ${}^{\circ}\text{IOG}_m$ = the extent to which position incumbents, or organizations' members, are interested in achieving the goals of that organization.

Population and Sampling Procedures

The population is defined as all the members of the specific organization to be studied. In studies of organizations with relatively few members (100 or less), the total population may be included in the sample. In studies of large organizations (over 100 members), a stratified random sample of respondents of an appropriate but manageable size should be drawn as outlined by Kish (1953:175-239). The stratification criteria may be the hierarchical division already existing in the organization. Other criteria also may be specified. Random samples of respondents should be drawn from each stratum.

Element Identification and Measurement

The identification and measurement of the elements called for in the Sower model are made as follows:

The subcategories (or elements) that make up the independent variables are determined by a questionnaire constructed along the lines of the *Twenty-Statement Problem*. I call this an Open-Ended Question Device (OEQ device) (Kuhn & MacPortland, 1954:68-78).

This device is administered to respondents at all levels of the organizational hierarchy. The OEQ device asks respondents to express their personal notions about each of the three independent variables derived from the three postulates listed above.

Responses to the OEQ device are then categorized and reworded to form a Rating Scale device, which is then administered to respondents for scaling. Data derived from the Rating Scale device form the basic interval scale data used in statistical manipulations to determine the degree of consensus and rank-ordered differences in the perceived expectations of the different respondents toward the three major intervening consensus factors selected for analysis.

The Open-Ended Question (OEQ) Device

The Open-Ended Question device is a relatively unstructured instrument that attempts to determine the concept of the purpose or goal of an organization as seen by its members. The OEQ device consists of one question per single page, followed by blank spaces in which respondents are asked to answer the question.

The questions are derived from the theoretical postulates used in the analysis. For example, questions derived from Postulate I as used in a research setting read as follows (Anderson, 1963):

The Michigan Livestock Health Council is now one and one-half years old.

A. What do you believe to be the purpose of the Michigan Livestock Health Council?

- 1.
- 2.
- .
- .
- .

B. In your opinion, what do others who are interested in livestock and livestock products now think the purpose of the Michigan Livestock Health Council to be?

- 1.
- 2.
- .
- .
- .

C. In your opinion, what are the most important specific projects that the Michigan Livestock Health Council has engaged in?

- 1.
- 2.
- .
- .
- .

D. In your opinion what specific projects should be acted upon by the Michigan Livestock Health Council?

- 1.
- 2.
- .
- .
- .

Since the OEQ device is a self-administering paper-and-pencil test, it can be administered directly to respondents on an individual or a group basis, or indirectly by mail. The following assumptions underlie use of the Open-Ended Question device:

1. The internal conception of an organization is related to the way members of the organization act and how they identify themselves in relationship to the actions and identities attributed to them by others who hold authoritative positions and who ascribe roles. The self-conception of an organization is formed from the experience of its members. This self-concept and self-expectation of members lead to an organizational self-concept and self-expectation that guides the organization's ongoing social behavior. Consequently, these self-expectations of the organization have predictive utility.
2. The important elements of an organization's self-conception are accessible and indexable at the awareness level through statements of members. The solicitation statements about an organization from its members provide a direct approach to the organization's self-conception. When members are confronted with the problem of identifying the organization of which they are a part, they must decide for themselves how this identification will be made. They do so as socialized members of the organization and therefore tend to reflect the normative expectation and behavior patterns that specifically characterize that organization.

Obviously, an infinite number of descriptive statements could be made by members about the organization of which they are a part. Consequently, the OEQ device accounts for a very small fraction of all possible elements of descriptive statements that respondents might make.

Research utilizing the similar Twenty-Statement Problem (Kuhn & Mac-Portland, 1954:68-78) indicates that even a small sample of statements about the self is useful, since it permits stable differentiation among persons and reliable predictions about their behavior. It is held, then, that an analytic transfer of self-concept from an individual to an organization can be made without a significant loss in the reliability or predictive usefulness of the Twenty-Statement Problem methodology, or in this case, the equivalent OEQ device.

Administration of the OEQ Device

As mentioned, respondents to the OEQ device may be gathered in groups (conference setting) or dealt with individually, either directly or by mail. In any setting, the respondents must be given an acceptable reason for responding. Reasons given will vary with circumstances, but respondents must be assured that (1) they are free to express their deep-felt concerns about the organization, (2) these concerns will be consciously considered in future decision-making actions of the organization, and (3) no personal punishment or reward will be forthcoming as a result of wholehearted participation in the analysis.

In order to preserve the unstructured nature of the device, it is important to give no indication of possible or expected responses either before or during the administration. The device should be self-administered and should require no additional explanation by those administering it. Any questions raised should be answered with vague generalities (examples: "anything you want to put down," "whatever you think," "yes, that is fine," or "yes, that's the sort of thing").

The quality of responses is likely to vary inversely with the amount of time allowed for the administration of this device. A number of factors, such as interest, fatigue, etc., contribute to this phenomenon. It is recommended that a maximum time limit of fifteen minutes per question be set. When indirect administrations are employed, a time limit might be suggested on the query sheet, even though it is impossible to enforce compliance uniformly. When administered in conference settings, respondents who complete their answers in less than the allotted time should be free to leave if they so desire.

It is desirable, for control purposes, to secure both the respondent's organizational position and signature on the OEQ device. Respondents should be assured that no superordinate or subordinate personnel in the organization will have access to their responses.

Analysis and Classification of Responses

Information gathered from the OEQ device alone would provide a sound base for both qualitative and quantitative analysis of the researched organization. At least three different analytical forms could be employed: an analysis of literal content (an analysis of a level of meaningfulness to the respondents themselves); a more abstract analysis of referential frames; and, perhaps the most abstract, the logical form into which statements made by the respondents arranged themselves.

However, the technique does not attempt to use the information obtained by this device in any direct analytical form. Rather, the OEQ device is used

for the sole purpose of generating and selecting significant elements or descriptive statements about the organization. These statements are then numbered and classified as to their literal content by using *subject* as one criterion and *action verb* as a second classification criterion.

Once the range of subjects and the degree of action imputed to these subjects have been classified, a representative sample of the entire range of classified responses is formed into a Rating Scale device. This final device now contains, initially, the *elements* of the organization to be analyzed. These elements are now in the form of literal and highly specific descriptive statements about the organization.

The Rating Scale Device

The interpretation of the results obtained from the Rating Scale device will be based on the notion of consensus or variation of the elements as perceived by members of the organization under analysis. Here I, as did Gross, et al. (1958) treat consensus as a *variable* rather than as an attribute. In this framework, the complete presence and complete absence of consensus are limiting cases. The first rarely, if ever, occurs in social action; the second occurs frequently, but not inevitably.

Considering consensus on role definition to be a variable brings up the following questions: How much and on what aspects is consensus essential to the effective functioning of an organization? Are there optimum degrees of consensus? Are extreme degrees of consensus dysfunctional? How little consensus can there be without the disintegration of the organization?

To investigate consensus problems empirically, it is necessary first to specify the organization, its objects, and the member populations to be analyzed; and second, to obtain data on the expectations held for and by members concerning specific variables (Gross, 1958:101).

A methodology based on "consensus" must specify clearly "consensus on what" and "consensus among whom" (Gross, 1958:96). In the methodology developed for this paper, the degree of consensus measured refers to the elements or descriptive statements about the organization as perceived by its members. These elements were derived from the three intervening variable postulates specified by Sower's theory. The specific formulation of the element was accomplished through the use of the OEQ device. The Rating Scale device asks each member to what extent he or she agrees with the elements (specific descriptive statements) as stated. The respondent chooses one of the following response categories for each element: (1) strongly agree, (2) agree, (3) may or may not agree, (4) disagree, or (5) strongly disagree. Sample questions derived from

Postulate I, which were used in the Livestock Health Council Study, are presented below.

1. The purpose of the Michigan Livestock Health Council should be to:
 Rating Scale (1=Strongly Agree; 5=Strongly Disagree)
- 1 2 3 4 5 1. Provide the means for various interest groups to communicate and work together in solving or trying to solve livestock and poultry disease problems.
- 1 2 3 4 5 2. Continually review and evaluate the livestock and poultry health situation in Michigan.
- 1 2 3 4 5 3. Develop and coordinate cooperative programs of disease eradication in livestock and poultry between producers, processors, consumers, and other interest groups.
- 1 2 3 4 5 4. Promote initially and back those laws regulating programs which are essential and practical to safeguard the health of Michigan's livestock and poultry.

Given a series of distributions, each of which is comprised of the responses to a single expectation item containing the five response categories, the problem is obtaining scores that will rank the items on a continuum of consensus. Gross, et al. (1958:109) point out that if all responses for an item fall in one category, clearly there is perfect consensus. However, not all will approach or even come near this extreme. Consequently, at least the two factors of central tendencies and variability of the distribution need to be considered in consensus measurements. These statistics should account for both the height and the range of scored distributions obtained.

Results of earlier research appear to bear out this supposition. Gross, et al. (1958:108) found that mean and variance satisfactorily reflect degree measurements of consensus; measures of central tendency such as mean, mode, or median, in calling attention to direction of the measurements taken, give similar results. The use of variance scores of the distribution was found to offer the advantage over other distribution statistics of calling attention to disagreements on intensity rather than on direction. That is, the responses given could be all positive or all negative and still present meaningful differences.

The use of variance as a statistic lends itself easily to a variety of statistical computations and manipulations. For example, the difference in the degree of consensus on a given element for the various subgroups of the selected organization can be quickly determined by the *F* test, variance ratio, chi-square, or other easily applied statistical tests.

The interpretation of the findings obtained from the Rating Scale device is therefore based on the variance of the grand mean score or mean score of all respondents as the defined *measure of consensus*.

A small variance is defined as consensus; a large variance is defined as no consensus. It is arbitrarily held that any variation about the grand mean score equal to or greater than one standard deviation from the mean variation, or any variance equal to or greater than 1 at the probable α .95 level of significance, is, by definition, a significant difference in variation and, therefore, does not meet the test for consensus.

In this procedure, the statistical test used to determine the difference in variance at any specified level of significance is the One-Sided Test of Hypothesis concerning a Single Variance (Nixon & Massey, 1957:104–106). The hypothesis tested is $\alpha^2 \leq \sigma_0^2$. If the level of significance selected is α .95, the statistic is $X^2/df = (s^2/\sigma_0^2)$.

Summary

Analytical instruments applicable for use in the analysis of complex organizations must be tight, reliable, and efficient tools that are economical and easy to use. At the same time, these instruments should be flexible enough to allow respondents to express themselves freely and concisely. Among other things, the technique and instruments described, when fitted with an appropriate theory, feature:

1. Open-ness—that is, this technique approaches the specific organization in its initial contact with a relatively unstructured Open-Ended Question device. The purpose of the device is to permit respondents (members of the organization) to identify and select elements of their organization that they perceive as important to that organization. The OEQ device thus represents an alternative solution to the basic problem of choice faced by the organizational analyst when attempting to determine what and whose view about what and whose goals to include in the research.
2. Closed-ness—that is, with its follow-up device, the Rating Scale, this technique ultimately forces respondents to provide scaled measurements of consensus variations about specific elements that comprise the intervening test variables. Note that the scaled responses are generated from the organization's members.
3. Self-ness—that is, the analysis is conducted from within the organization itself as reflected through the perceptions of its members. It is an analysis of the organization "self."
4. Efficiency—that is, the technique and its instrumentation are designed to minimize time, physical resources, and costs of obtaining an optimum amount of descriptive explanatory and predictive information about a specific organization. By using this technique and its instrumentation,

it is possible for an outside researcher or consultant to enter a complex organization and, within a matter of a few days' time, objectively describe and make predictive probability statements concerning that organization's patterns of intraorganizational action.

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Clinical Insights about Mental Difference

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ABSTRACT

Self-actualization is sought by all people. Experience with mental difference, both as a patient and as a staff member in a mental hospital leads to a greater understanding of the meaning and nature of this difference. It arises from variations in biographical experience, social interactions, personal frame and self-choice. Providing the mentally different with the responsibility of at least limited choice empowers them while affirming their human dignity and worth.

During the years 1975–1978, I lived through what I consider to be a unique experience. I became emotionally and mentally different from normal persons—first as an outpatient and later as an inpatient in a state mental hospital. This first episode was immediately followed by employment in a state institution for the chronically mentally ill/mentally retarded, initially as an orderly, then as an administrator and counselor. Thus, I experienced mental difference from “both sides”—as patient¹ and clinician. As a Ph.D. candidate in sociology at that time, I was able to reflect sociologically on events even as I experienced them.

I would like to share this experience in order to perhaps convey some insight. Humanistic, existential, and symbolic interaction theoretical perspectives are used to explicate mental difference as self-negation or affirmation of personal meaning, self-labeling, institutionalization, treatment as violence, alienation, invisibility, journey into self, restrained choice of self, and self-actualization.

The Experience

Outpatient

In 1975, I was studying to become a mathematical sociologist and was about to take my last comprehensive examination. I became alienated from my wife, and we separated. On the day that we moved her belongings from our home, I experienced a deep sense of loss. I moved to a different apartment where I chose to live alone. I became very angry at sociology, blaming it for the end of my marriage. I resigned my fellowship, withdrew from graduate school, and began employment as a health planner for a state health planning agency.

I had always liked music, so I became very involved with it. I spent about \$150 every two weeks on albums and would often spend evenings after work listening intently to music. Even though my stereo was modest, the music would literally leap from the album into me; I felt at one with a song.

I was filled with energy during this time. My work as a health planner was challenging and merited praise. I dated a woman, felt that I desperately needed to fall in love, and was crushed when she ended our relationship. I lost my ability to sleep for more than four consecutive hours.

After about six months, I became disillusioned with health planning, the stated goals of which were to promote equal and accessible health services for all persons while maximizing citizen input in the planning process. My analysis of organizational policy and behavior indicated that the latent, but dominant, purpose of health planning was to legitimize physician and hospital control of health services.

After a long, sleepless night, I called the director of the agency and informed him of my conclusion about the agency. He suggested that I consider resignation.

After one day, I decided to seek counseling and return to my job. A psychiatrist prescribed medication. During the next week, while sitting at home, I heard and felt a spirit enter my apartment. I was first terrified but later sensed that it meant no harm. The psychiatrist prescribed a new medication.

During the next week, again while sitting at home after work, I experienced a "thud" deep inside me. My emotions and energy fell out on the floor. I cried hysterically and felt hopelessly abandoned.

I called my work supervisor the next morning, informed him of my condition, and resigned. Counseling continued. After about eight weeks of unemployment, I regained some inner strength and moved into a new apartment with a roommate. I still felt terribly alone, but at least I was functioning more normally. I reapplied to graduate school and was awarded an assistantship. I continued to see the same psychiatrist and began to get ready for fall semester.

I then encountered deep images of my father leaving my family when I was fifteen years old. He, too, had become mentally different. The pain of my impending divorce was multiplied by the sense of loss of my father during adolescence.

I lost my ability to read. I was supposed to teach a Marriage and Family course that fall, but I could not read the text. If I could not read, I could not return to graduate school. I was seeing the psychiatrist several times a week. She verbalized concern for me but seemed to keep me at a distance. I felt that I was crying out for help but that none was forthcoming. There seemed to be no way out.

I had thought about killing myself before by jumping in front of a moving car, but it was just fantasy. I knew I could never shoot myself, but I developed a different plan: I would swallow a whole bottle of prescribed drugs, pass out, and die peacefully.

On the day of my self-execution, I visited the sociology department. Death was imminent; no need to worry. As I left the sociology building I encountered a friend. He asked me how I was doing. My lips answered "fine," but I felt completely detached from him.

I returned to my apartment, swallowed the pills, and lay on the bed, waiting to die. As the world became fuzzy, I staggered from my bedroom to the living room, where I informed my roommate of my action. He rushed me to the hospital. I awoke to a new day.

The psychiatrist arrived and apologized for not seeing the immediacy of my deterioration. I was released to my mother's care and returned to her home and began outpatient counseling. One day I heard God say to me, "I will always be with you, John." I became increasingly reclusive and, realizing my condition, asked to be taken to a state mental institution. I was admitted with a diagnosis of "schizophrenic break." I would remain hospitalized for five weeks.

Inpatient

After being admitted to the hospital, I felt relieved. Here I could be myself. I no longer had to try to pretend that I was "normal." I went to my room, put on my hospital gown, and lay on the bed. Surely these people could help me!

I soon encountered a sense of separateness from most of the patients. Even when we played pool together, we rarely talked. In one room where we gathered to smoke, many of the patients acted very weird. Some related long histories of hospitalization. I wondered if I would recover or become like them. The days drifted by in an aimless fashion.

I began to work two hours a day doing dishes. This was terrific! I was amazed and rather proud that I could actually complete dishwashing tasks. Orderlies joked with me and assured me that I would get better.

Every weekday we had "group" on my unit. The social worker would sit with us for one hour, asking us to discuss personal problems. Each patient seemed quite different from the rest. Brief conversations between individual patients and the social worker seemed disconnected from one another. My impression was that "group" was useless.

I met with the social worker for one hour twice a week. I constantly sought answers to two questions: "What is wrong with me?" and "What can *you* do to make me better?" I learned that I was depressed. I learned, not by instruction but by insight, that there was *nothing* that the social worker or the state hospital could do to help me. *I had to do it myself*. With the social worker's assistance, I formulated a plan. I would buy a car, move back to the city where my graduate program was located, continue counseling, stay with a friend, find a job, get my own apartment, and eventually go back and finish graduate school. A bold plan! I took a large risk and did it.

Technician

After moving, I applied for an orderly position at a state institution for the mentally ill and mentally retarded. As part of the job interview, I was given a tour of the living unit on which I would work. Patients were walking about singing, shouting, uttering redundant phrases, shaking their head or their arms, calling for help, and stealing from others.

I was hired as an orderly and got to know the patients. Each one had a "different" side—redundant mannerisms, shouting, clinging, stealing, an inability to talk, or violence against self or others. However, each patient also had a very human, loving side, which manifested itself as trust, a gesture of kindness, a joking manner, or expressions of liking or thanks. I found that showing kindness to these people healed my own brokenness.

One night I volunteered to escort a female patient to a movie in the recreation center. She reached for my hand during the movie, and we held hands until the movie was finished. This experience, and others like it, allowed me to realize that we, as people, are all one, and that only acts of fate separate us from one another.

The frequency of deviant behavior by patients varied inversely with their distance from the living unit. The patients' shared norms legitimated "acting out" on the living unit. Vocational training and eating occurred off the living unit but in the same building. Here a different set of norms operated. Some

“acting out” would inevitably occur, but patients would instruct each other to act appropriately. When the patients left the building to go on field trips, “acting out” was extremely rare. Patients sincerely tried to “fit in” and “act like normal people.”

When a patient became physically violent (hit self or others), a buildingwide emergency would be called over the intercom. Orderlies would race to the place of violence and subdue the patient. We would place the patient in leather wrist and ankle restraints and carry him or her to a time-out room, where a nurse would administer a tranquilizer. I came to see this procedure as violence committed against the patient.

I soon noticed that many patients carried psychiatric diagnoses of “organic brain syndrome” and/or “schizophrenia,” which the psychiatrist assured me caused them to behave violently and bizarrely. I realized that diagnoses of “organic brain syndrome” and “schizophrenia” were tautologies: patients who act differently have organic brain syndrome and/or schizophrenia; patients with organic brain syndrome and/or schizophrenia act differently.

I began to see the starkness of the institution—white walls, gray metal doors, and near-empty dressers—and the great dependency of the patients. Both the physical and social contexts functioned to institutionalize patients and convey to them a childlike, dependent, and irresponsible self-concept. (“Don’t be a naughty boy or we’ll take away your cigarettes.”)

Psychological Services Assistant

I was promoted to Psychological Services Assistant and served as assistant administrator and counselor to thirty patients of one living unit. My supervisor was a psychologist.

My major job responsibility was to write comprehensive behavior modification programs for all patients. Many of these programs included consequences for multiple types of deviant behavior. The programs were known by all employees in the building so that patients could not escape the consequences of deviant acts. Patients were first verbally cued to stop a deviant behavior. If the deviant behavior continued, they were sequentially denied a reward (e.g., cigarettes), sent to their room, placed in the time-out room, placed in restraints and, finally, given a tranquilizer. If the patients behaved appropriately for a certain period of time, they were given a reward (verbal praise, candy or cigarettes, or a trip to the canteen). My most striking observation about these elaborate behavior modification programs was the patients’ great abilities to resist programming and to continue their deviant acts. Through programming, hospital staff were

supposed to control patients' behaviors. In reality, however, behavior programming allowed patients to manipulate the behavior of staff. When a patient "acted out," I wrote a new program. When she again "acted out," I again wrote a new program. Staff continued to modify their responses while the patient continued to display similar deviant behavior.

One day, I tried a new intervention with a patient. Instead of placing him in restraints, I entered his room alone and talked to him for half an hour. Every time he would begin screaming and slapping his face, I would tell him to relax and assure him that he would be all right. The patient looked at me with both fear and amazement, perhaps wondering when I was going to call other orderlies and place him in restraints. After half an hour, he did calm down and was able to leave his room.

When the supervising psychologist learned of my intervention, he criticized me. I informed him that I had frequently observed that restraints produced, rather than reduced, further violence. He discredited my observation and told me never to repeat the new intervention. He explained that we simply did not have the time to use verbal assurance with all the patients. Leather restraints and tranquilizers were more efficient.

The general consensus among hospital employees was that our purpose was to modify the behaviors of patients so that they could move to less restrictive placements (group homes or apartments). However, in the year and a half that I worked at the institution, no patients from my living unit were placed. Almost all patients continued to perform the same deviant behaviors, and two people became more violent when their placement neared. I became convinced that the real, but unstated, purpose of the institution was to manage patients' deviant behavior, while keeping the patients out of public view in a secluded area near city limits.

One day a nineteen-year-old patient wandered into my office. He was unable to talk but communicated to me by urinating in my wastebasket. In the past, he had often wandered by my office while attempting to escape vocational rehabilitation class. I had then gently pushed him down the hallway and back to class. As he urinated in my wastebasket, his smile suggested that he was "repaying" me. This symbolized for me both the control that I exercised over patients and the personal abuse that I received in return. I decided to return to graduate school.

I took another risk in 1978 when I resigned my institutional position and returned to graduate school. I originally had left graduate school as a cynical positivist and grand theorist. I now returned as a person most interested in humanism, existentialism, and sociological practice.

Theory Explication

The approach toward theory construction taken in this paper is grounded in personal experience. Theoretical concepts and propositions that sociologically organize my experience will be explicated from my story.

The traditional dichotomy between objective, empirical data and subjective, experiential information is misleading. All perceptions of data and information are filtered through the person doing the experiencing and are, therefore, subjective in nature (King, Valle, & Citrenbaum, 1978). Knowledge must be valid if it is to be scientific. To the degree that concepts and propositions are consistent with people's subjective experience, and to the degree that these concepts and propositions give order and meaning to subjective experience, the validities of these concepts and propositions are supported. These validities remain tentative, subject to new experience and new conceptual ordering. The validities of concepts and propositions introduced in this section are supported to the degree that they give order and meaning to the preceding experiential narrative.

This section will focus on the mutual influence of self and social context in ongoing interaction. The individual is constrained by social context while retaining some freedom to exercise choice (O'Brien & Sterne, 1986). The self is a real essence, not a conceptual reification. Each of us experiences a sense of self as an organizing principle in life. The self experiences feelings, learns new information, raises questions, organizes information in meaningful ways, makes decisions, and initiates action. A sense of self gives life continuity (Kotarba & Fontana, 1984).

The Actualization Tendency

Human beings possess a tendency toward self-actualization, or becoming, but never fully realizing, the best that they can be. Humans react to a call to self-actualization from within themselves (Tageson, 1982). Genetic, biological, or sociocultural variables may encourage, shape, or constrain—but not completely suppress—this self-actualization tendency.

The mentally ill and mentally retarded patients that I came to know clearly demonstrated the actualization tendency. These people were severely hampered by genetic and biological factors, including low "intelligence" (moderately to severely retarded), seizures, short attention spans, and manic mood swings. The self-actualization of patients also was hampered by a social context that restricted interaction with persons and groups outside of the institution while encouraging compliant behavior and dependent, childlike views of self. Despite these obstacles, patients did move toward self-actualization. People who were

unable to talk developed their capacities to smile, wink, touch, or play jokes on staff, like flushing their diaper down the toilet. People who could talk would use laughter and speech to convey a sense of joy or encouragement to others. People who possessed a fair amount of inner strength would resist dependency on rewards from others, encouraged by behavior programming, and affirm their own individuality.

Abraham Maslow (1962) presents a hierarchical theory of self-actualization. Social contextual preconditions to self-actualization include freedom, justice, orderliness, and stimulation. The person first focuses on satisfaction of physiological needs. Once these physiological needs are at least partially met, the primary focus may be shifted to the satisfaction of basic needs, including safety and security, love and belongingness, and self-esteem and esteem by others. Once the person experiences at least partial satisfaction of both physiological and basic needs, some attention may be directed toward the fulfillment of growth needs. Degree of personal self-actualization becomes great when the person is able to reach significant, but never complete, satisfaction of growth needs.

My own experience supports the validity of Maslow's theory. When I separated from my wife and left the graduate program, I lost a sense of love and belongingness. As my life became increasingly more chaotic, I lost my sense of safety and security. So much of my attention was devoted to once again fulfilling these needs (new relationships, new career, new living arrangements) that I was unable to maintain my sense of esteem. By the time I became an inpatient, I believed myself to be incompetent and dependent. It was only when I was once again employed and able to construct a "normal lifestyle" (car, apartment, friends, fun) that I realized a renewed sense of safety and security, love and belongingness, and self-esteem.

Most of the mentally different patients with whom I worked were focused on the satisfaction of physiological, safety and security, and love and belongingness needs. Their lives were characterized by much chaos and little intimacy. Some patients would hide in their rooms in search of security. Others would act outrageously or steal items for the personal attention that these acts would bring. Physical abuse against self or others encouraged orderlies to respond with physical intimacy (touching, subduing, and/or wrestling). This physical intimacy from staff provided a certain sense of belongingness for patients.

The Will to Meaning

One of Maslow's growth needs, the need for existential meaning or purpose, is further articulated by Viktor Frankl (1984). Frankl transforms Maslow's affective need for meaning into a cognitive will toward meaning. He asserts that

we, as humans, are free to exercise this will, to adopt an attitude toward a situation, to realize meaning in our existence. He supports his assertion by describing his own will to meaning while imprisoned in a Nazi concentration camp.

My own experience during a time of mental difference validates Frankl's articulation of a will to meaning. In the midst of continuing personal pain, I would remind myself that if I could live and pass through this pain I would realize much self-growth and personal insight. I could then share this insight with others. I would imagine myself as a college professor, giving important lectures and writing insightful articles derived from my experience. This attitude toward my suffering introjected meaning into it. When I perceived myself as unable to return to graduate school, and therefore unable to become a college professor and share my insights, I chose to define my suffering as meaningless, and hence attempted suicide. Although past experiences and present circumstances had encouraged me to develop a very narrow focus, I could have made a different choice. I remained free to realize meaning in further suffering.

Self-Labeling

Labeling theory often attributes the initial labeling act to someone other than the person who behaves in a deviant way. This other person invokes a stereotype to interpret the deviant act and then labels the individual as deviant. Over time the individual comes to accept the deviant label assigned by others (Scheff, 1963; Pfuhl, 1986).

My own experience with mental difference prior to hospitalization is *not* consistent with the preceding scenario. I did not experience that my supervisor, friends, family, or the psychiatrist labeled me as mentally ill. The psychiatrist carefully avoided assigning a label to my condition. Certainly my presence in the psychiatrist's office and the prescription of medication tended to validate the possibility of mental illness. But it was my own self, through the process of retrospective interpretation, that assigned a label to my mental difference (Pfuhl, 1986): "I can't sleep. Not being able to sleep is a sign of depression. I must be depressed"; or, later "It's abnormal to realize this much meaning from music, sense that a spirit lives in my home, and feel my emotions fall out on the floor. These experiences could be signs of schizophrenia. My father is schizophrenic. I must be schizophrenic."

The first significant labeling by others occurred when I entered the state hospital. I was labeled the victim of a "schizophrenic break." I was actually relieved to receive this label, because I had been labeling myself as schizophrenic for some time and now learned that schizophrenic breaks were often temporary. Given my age, it was quite possible that I would recover.

Institutionalization

Institutionalization is a social psychological process by which a mental patient and the institutional context interact to produce an increasing sense of dependency in the patient and the patient's belief that he or she cannot function outside the institution (Goffman, 1961). The consequences of institutionalization include depersonalization, segregation, self-mortification, self-labeling, and a sense of powerlessness. Institutional staff interpret the patient's behavior in terms of the label, and it becomes very difficult for the patient to escape from that label (Rosenhan, 1973).

As an inpatient, I experienced an introduction to institutionalization. When I was admitted to the state institution, my self-confidence was already very low. There was a certain comfort in the institutional routine. Not much was required of me. I could be quite passive. The presence of very long-term cases on my living unit forced me to think about the possibility that I, too, might not leave. We were very segregated from the outer world. No trips into the community were scheduled. I soon realized that the therapy was not really that therapeutic. I was terrified about returning to the outer world but also terrified about staying in the institution. When I tried to normalize my life by having a slight sexual relationship with a female patient, I was disciplined by hospital staff.

I remember wondering if I would remain within the institution for the rest of my life. There was a gentle whirlpool there that could suck you in: "Just go to group, go to therapy, do the dishes, and hang out. You'll never have to go back to that scary world again." I was fortunate in that I had an inner source of hope and good coping skills. I made a personal choice to leave the seductive privacy of the hospital; I formulated a plan and left the confines of the institution.

As a clinician, I observed both the process and human products of institutionalization. All patients were labeled with diagnoses, usually organic brain syndrome and/or schizophrenia. These diagnoses were master statuses. All patient behaviors were interpreted in terms of diagnoses. Even as staff implemented behavior programs upon their patients, these same staff expected patients to display deviant behavior. Patients were viewed as naughty children.

Treatment as Violence

Behavior programming, regarded as treatment within the institution, did violence to the selves of both patient and staff. As the severity of discipline increased, it was experienced by the patient as a threat to his safety and security and as violence against self. The patient fought violence with aggression toward staff. As staff continued to experience this escalating discipline and aggression pattern, it became difficult for them to rationalize the "treatment" as helpful to

the patient. Staff confronted their own aggression and their self-esteem declined. Hospital policy prescribed that the discipline procedure continue.

Alienation

When I was mentally different, I experienced a great sense of alienation. This sense included feelings of loneliness, normlessness, meaninglessness, and isolation from self and others (Schact, 1984). I experienced self as an object that I could reflect on (“Am I crazy?”) but not truly feel an identity with (“Is this really me?”). I experienced self not as a loving, creative person but as an object devoid of depth of feeling and adrift on an ocean of fate, without initiative or impact. Other persons were as objects in my perceptual field. I was unable to feel relationship with them or grasp their human essence.

Invisibility

As a patient, my sense of alienation from the psychiatrist and the social worker probably had some basis in fact. I sensed that these persons related to me as a case to be processed in certain ways prescribed by their favorite psychotherapeutic approach. To the psychiatrist, I was a case to be processed in a nondirective way. To the hospital social worker, I was a case to be processed in a very rational way. In both instances, I was a case—an object. My own reality and the uniqueness of my experience were not validated by them. I felt unseen and invisible to them.

The common explanation of a patient’s outbursts among hospital staff was “attention-getting behavior.” This explanation holds insight. Biting, hitting, shouting, stealing, and/or throwing objects are ways for patients to proclaim their own uniqueness, to fight against the invisibility that accompanies the patient label (Ellison, 1972).

Journey into Self

Laing (1967) describes the schizophrenic experience as inner journey. I believe Laing’s observation may be expanded to include much experience labeled mental illness (including depression and various psychoses) and at least some experience labeled mental retardation.

The self most typically seeks information and stimulation outside the person, much of which involves interaction with others. However, sometimes the self will experience unbearable pain in the outer world and turn inward. Thus begins the inner journey.

Most people know little about the inner self because they focus their attention outside. Therefore, when the self turns inward, and the inner journey begins, the experience is one of isolation, loneliness, confusion, and fear.

Much of my own experience of mental difference is the journey into self: lack of meaning in school, alienation from self and others, a sense of abandonment, intense identification with music, my emotions lying on the floor, deep images of my father, a feeling of shame, a fear of duplicating my father's biography, and the courage to risk were all parts of my inner journey.

The images that I encountered during that inner journey are aspects of my adolescent experience, when my father became mentally different. These images remained as part of my self but unknown or barely recognized for years. My journey into self allowed me to reexperience these images.

Laing (1967) suggests that inner journey is a healing process when the journey is supported and allowed to continue until completion. Was my inner journey a healing process for me? Certainly it was. The healing continues as I further integrate the images of the inner journey into my present sense of self. For me, mental difference was a journey toward greater self-actualization.

In his argument, Laing places responsibility of chronic mental difference on treatments, practices, or events that prevent the patient from departing from the inner journey. However, I also believe that the self has the capacity to choose to remain in the inner journey or to return to an outer focus. I have experienced such a choice in my own life. Some people choose to remain mentally different; because for them the inner world—though often confusing—is less threatening than the outer world as they perceive it.

Mental Difference, Restrained Self-choice, and Actualization

The self exercises limited choice in the process of entering and departing from mental difference. The self chooses to seek or not to seek actualization, to experience or not to experience meaning in existence, to label or not to label self, to accept or to resist institutionalization, to accept or to resist treatment as violence, to experience or not to experience alienation, to accept or to protest invisibility, and to enter or to exit from the inner journey.

In a very dynamic fashion, past choices influence intervening experiences, present social context, and the person's frame. Frame is the self's perception of possible choices within the present social context. The self chooses in the present moment based on its frame.

An individual who has experienced the realization of many choices in the past will have a wide frame and will perceive many possible choices in the present. A person who has experienced the negation of many choices in the past

will have a narrow frame and may perceive as few as one or two choices in the present.

Each individual has a personal theory that rationalizes and justifies her frame. For instance, one person's theory may be, "I have usually been able to get what I want in the past. I have many abilities. Even if I make a wrong choice, I can change my mind." This personal theory rationalizes a wide frame, including many possible present choices. Another person's theory may be, "Few of my attempts to accomplish something ever work out. People don't respect my abilities; neither do I." This personal theory justifies a narrow frame, with very few possible present choices.

People who choose to become or to remain mentally different have a very narrow frame and a very restrictive personal theory. For instance, one person's frame may only include the options of committing suicide or becoming mentally different. Another person's frame may only include the options of remaining in a mental hospital or living all alone in a terrifying world.

Within the limitations of personal frame and personal theory, mentally different individuals display the tendency to make self-choices that they believe will lead to self-actualization. Behavior that appears to be immoral or amoral to the observer is generally the most moral option within the frame and theory of the person choosing that behavior. One person's frame and theory may suggest that she may become the best that she can be by choosing inner journey over external violence. Another person's frame and theory may suggest that he may become the best that he can be by embracing institutionalization rather than by trying to act independently, which he believes will inevitably lead to personal chaos.

Under the postulate of a universal self-actualization tendency, behavior that appears to be cruel, bizarre, or self-destructive is not an indicator of inadequate moral character or mental illness but rather indicates the limitations of personal frame and theory. As clinicians, we should seek to understand the personal frame and theory of those who are mentally different so that we may also understand the morality of their choices. We should then help such individuals to expand their personal frame and theory so that they may strive for self-actualization by choosing among a wider range of perceived behavioral options.

Conclusions

This paper has interpreted a unique part of my biographical experience using concepts and propositions of humanism, existentialism, and symbolic interactionism. Mental difference is a social psychological process that includes self-negation or affirmation of personal meaning, self-labeling, institutionaliza-

tion, treatment as violence, alienation, invisibility, journey into restrained choice of self, and self-actualization.

All people seek self-actualization. Badness or personal defect are only labels applied by persons who express judgment without true understanding. Mental difference is the outcome of variations in biographical experience, social context, personal frame, personal theory, and self-choice. By first recognizing that all persons, including the mentally different, exercise restrained choice in determining their own fate, we may then gain a better understanding of how biographical experience, personal theory, personal frame, and social context influence a person's choice to embrace or resist mental difference. By affirming the responsibility of restrained choice among mentally different people, we are empowering them and affirming their human dignity and worth (O'Brien & Sterne, 1986).

ACKNOWLEDGMENTS

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NOTES

1. The term "patient" is used throughout this paper. While I prefer the term "person," "patient" offers greater clarity to the reader.

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Legal Cases as a Teaching Tool

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One of the objectives in teaching is to help students sift through factual information and make sense of it. Moreover, instructors in sociology classes also want their students to think more broadly about the nature of human behavior and social interaction. Instructors use varied assignments to accomplish these goals. When the case study method is used in law schools, the justification often is that students will learn to “think like lawyers.” However, it seems that what that means in the academic context is that students must think clearly and logically and be able to reason from facts to a conclusion about what those facts mean. This ability is at the heart of the “critical thinking” skill that is so important for all students to develop. Presenting students with legal cases and asking them both to read and understand the court’s logic and, further, to write somewhat modified legal “briefs” of the cases, has proved very beneficial in sociology classes and in the English-as-a-second-language classroom.

In two sociology courses, Law & Society and Family Law, Jean Thoresen has been using legal cases as a primary teaching tool. The class as a whole is assigned a set of cases to read, and individual students are given responsibility for particular cases. Each student then presents both an oral and a written “brief” of the particular cases that are her/his responsibility. The “brief” is similar to those usually required of first-year law students: it begins with the case name and formal legal citation and subsequently includes a statement of the facts in the case, the legal question at issue, the reasoning of the court in reaching its decision, and the significance of the decision. It is this last section that can get particularly “sociological”: students discuss the significance of the case both in terms of its bearing on legal issues and its effect on individuals and

society. This latter section is what most differentiates the “socio-legal brief” in the undergraduate sociology class from the legal brief of the law student.¹

“Briefs” are literally that, and these assignments average two to three pages in length; conciseness is highly prized. This also allows students to do several briefs without feeling overburdened with the number of pages required or getting bogged down in one case. A legitimate question might be: are undergraduate sociology students interested in and/or capable of this sort of writing that is normally assigned to students who, after a very competitive admissions process, are at the graduate level?² My students have provided unqualified “Yes” answers to both those concerns. After all, first-year law students usually have never written “briefs” before the first-year Legal Writing courses that are generally required of all beginning law students. The students who take our Law & Society and Family Law courses, which are 300-level courses, are usually upperclass students who are not that different in capability from beginning law students. The use of socio-legal briefs can help students to develop those skills needed in graduate and professional life and can enhance critical thinking as an outcome, just as a required Legal Writing course is designed to teach those skills to first-year law students.

More importantly, the students have become fascinated with the process of legal analysis involved in briefing. It is a new way for them to approach a case or situation and therefore has the virtue of being different from the usual essay, term paper, or exam. It also feels very “grounded” and real. If C. Wright Mills defined sociology as the intersection of history and biography,³ we might look at a legal case as the moment when the individual actually meets the society: each case is really an example of a particular issue in a person’s life, as it plays out in the context of the judicial system representing the institutionalized norms of the wider group.⁴ More particularly, in the Family Law course, we address issues such as who can get married, what a “family” is, restrictions on parenting, divorce, support, alimony, and custody issues, adoption, abortion, fetal rights, etc.⁵

For example, a court in Florida decided that a group of six nuns, under the supervision of a Mother Superior, could live in one house together as a “household,” thus not running afoul of a local ordinance designed to prohibit boarding houses, rooming houses, and hotels.⁶ A court in Maine, however, decided that six unrelated mentally retarded adults, under the supervision of two staff members, could *not* live together as a household without violating a local zoning ordinance designed for essentially the same purpose as that in Miami Beach.⁷ There are several levels of analysis that these companion cases can elicit. First of all, the local ordinances differed slightly. The City of Miami Beach statute defined a household primarily on the basis of shared facilities;

the Brewer ordinance required the presence of a "domestic bond" or its equivalent. Apparently, the court was not persuaded that the two staff members were enough like "parents" to fill that social role. It is also possible that the court might have been persuaded to accept the notion of "houseparents" had the staff members not rotated on shifts. On a rather different level of analysis, it is also possible that nuns are perceived as more acceptable neighbors than are mentally retarded people. Asking students to track statutory language precisely for its meaning and import strengthens their language skills; asking them to consider the differing perceptions of nuns and mentally retarded adults engages their sociological imaginations. For the clinical sociologist, an in-depth discussion of this latter point clearly would be more important than parsing legal language. The instructor's skill in exploring the social construction of "reality" about both nuns and mentally retarded people is what provides these cases with their sociological significance,⁸ and students should come away from class with some interesting conclusions about how groups get defined by others—especially by those in power, such as judges. The students were highly involved in the discussion of these two cases that emerged from the class presentations of the briefs. The issues involved in cases like this are of immediate import to students, and students are intensely interested in the opinions courts hand down about these matters and the reasons given for the decisions.

Often, students also offer their own dissents to court opinions, thus learning how to marshal and interpret facts in support of their own positions. This incidentally has the value of suggesting to them that institutional decision-making is quite subjective and encourages them to look at why certain decisions may be politically, economically, or socially more advantageous or desirable to certain groups than to others.

In addition to teaching students to think analytically about sociologically relevant issues, socio-legal briefing tends to improve a student's writing skills. In a program for teaching English as a second language, Jeanette Miller, at the University of Delaware, uses legal cases as a framework for getting students to think and write more clearly.⁹ She presents the outlines of a legal controversy to the students, asking them to consider the fact pattern involved. For example, students might be given the following case:

When John was 18, his rich Uncle Harry made a deal with him: if John agreed not to smoke or drink, and to get good grades at the University, his uncle would give John \$50,000 when he reached 21.

John agreed, and Uncle Harry put the \$50,000 in a separate bank account.

When John was 20, Uncle Harry died suddenly. Nevertheless, John continued with his part of the agreement; and when he was 21, he went

to his uncle's lawyer and requested the \$50,000.

The lawyer refused, saying, "Your uncle is dead now, and we are not responsible. The contract is not valid. Your uncle never mentioned this agreement in his will."

John responded, "My uncle and I made a verbal agreement. I kept my part of the contract; I should be paid from my uncle's estate."¹⁰

The students are presented with a series of questions about the case, designed to focus their inquiry. Each student thinks through the case individually; students then come together in small groups to reach consensus. When consensus does not emerge, students may find themselves writing "majority" opinions or "dissents" instead.

Many of the students in this language program come from educational backgrounds that emphasized the mastery of facts but did not emphasize mastery of argumentation skills or hypothesis-making. Therefore, students are coached in these skills through the series of questions that function both as logical and linguistic models for dealing with the case. Consider this question:

What could Harry have done before his death that would have made a difference in this case?

If Harry had _____, then _____.

The student who can complete the sentence is making a hypothesis and, no less importantly, is using the appropriate conditional grammar needed to articulate such statements in English.

Questions can work on several levels: What are the facts? Which are "major" facts, which of less import? What is the relevance of a particular fact (does it matter that Uncle Harry did not mention the agreement in his will)? Where does the evidence "balance?" What reasons are most persuasive to students in coming to their conclusions? What would you decide?

In a multi-cultural group, students bring to the class diverse base assumptions about the law and society and "reasonable" behavior. Consider the comment by a student from Yemen, a country where religious mandate prohibits the use of tobacco and alcohol. The student remarked that John's abstinence was merely respectable behavior and did not merit extravagant payment! Similarly, students from firmly hierarchical societies, like Japan, must be coaxed away from blanket acceptance of the highest authority's viewpoint—in this case, that of the lawyer. In class work, final decisions in a case seem to reflect a blending of doctrines, religions, and social codes. Case studies present an opportunity to interpret a single event through the perspectives of several cultures.

The issue is not to try to guess the “right” answer, that is, what the court found.¹¹ Rather, the issue is to get students to think through a definitive set of facts and to articulate reasons for a judgment. Students can then write clearly about the analytical steps they took in reaching their decisions. Larger issues that may touch on abstract concepts that can be difficult for non-English speakers are involved: What is the role of “intent” here? What are the ethics (never mind the legalities) of the idea of “agreement” between two people? Would this case be decided differently in Japan or Korea? In the ESL classroom, many students are learning not only to “think like lawyers,” they are learning to think like *Westerners*. This can provide an opportunity for newcomers to explore some of the content of American culture in a very concrete way, just as it can allow sociology majors to examine culture and norms.¹²

In the teaching of both sociology and English as a second language, legal cases provide an innovative and productive way to involve and engage students in the process of analytical and sociologically imaginative thinking. The instructor does not have to be a lawyer to make use of the technique; one of the instructors whose work is presented here has a law degree; the other does not. Can you tell which is which?¹³

NOTES

1. It is perhaps worth noting here that the amount of time spent on this last section of the brief, its sociological significance, is what distinguishes the use of this technique in sociology classes from its use in law school classes. In a sociology class, this last section of the class discussion is not just a matter of looking at consequences for society, but an opportunity to teach about such concepts as “family.” At times, and depending on the case, as much as half of the discussion might revolve around significance, rather than the legal question involved or the court’s legal reasoning.

2. An additional question might be: Are sociology instructors without legal background capable of handling this sort of assignment? While there is some danger that nonlawyers might get lost in some of the more dense legal thickets, the use of the case study method in sociology classes focuses more on the facts, the decision itself, and the sociological significance of the outcome than on the court’s legal reasoning. While the method remains constant, it is the balance of analysis of legal reasoning and the significance of the decision for the individual and society that differs between law classes and sociology classes; it is this balance that allows a competent sociologist to function as well as a lawyer would in the teaching role.

3. C. Wright Mills, *The Sociological Imagination*. (New York: Oxford University Press, 1959.)

4. In the sense of a “playing out” of the connection between an individual and society, a courtroom drama provides an excellent example of the benefits of dramaturgical sociological analysis, as utilized by Erving Goffman and others. Erving Goffman, *The Presentation of Self in Everyday Life* (Garden City: Doubleday, 1959).

5. While the example here of a discussion of “family” occurred in a course in Family Law, the author has used the same two cases, *Carroll* and *Penobscot*, in both Introductory Sociology classes and in her “Theory and Therapy,” a 300-level clinical sociology course in which much attention is

paid to families and family therapy models. The case study method is not limited to courses that have the law as a primary emphasis; these two cases involve court determinations of the definition of the term “family,” not some arcane or abstruse legalism.

6. *Carrol v. City of Miami Beach*, 198 So.2d 643 (1967).

7. *Penobscot Area Housing Development Corp. v. City of Brewer*, 434 A.2d 14 (1981).

8. See Peter L. Berger and Thomas Luckmann, *The Social Construction of Reality* (Garden City: Doubleday, 1966), for a discussion of the nature of the issue of reality as a social construction.

9. The information on Miller’s work is based on a presentation she did in November 1989 at the “Second Annual First State Conference on Teaching and Learning in Higher Education,” held under the auspices of the Center for Excellence in College Teaching, Delaware State College, Dover, Judith D. Aubrecht, Ph.D., Director.

10. This example is based on a very famous nineteenth century case that is frequently included in introductory contracts courses, which most law students take during their first year. *Hamer v. Sidway*, 124 N.Y. 538, 27 N.E. 256 (1891).

11. The court in this case found that the uncle’s estate was not liable to the nephew for the \$50,000. Do you agree with that holding? Why or why not?

12. It is for this reason that we present examples from both sociology courses and nonsociology courses. Students learn about sociology in many settings, and many applications of sociological thinking emanate from practitioners other than professional sociologists. Whenever instructors use examples with sociological import, they are, in a sense, “doing” sociology.

13. The one of us who is a lawyer would be more than happy to work with others who are teaching sociology courses, or other courses where this technique could be helpful, in selecting cases that are interesting and relevant to the subject matter. Please contact Jean H. Thoresen, Department of Sociology & Applied Social Relations, Eastern Connecticut State University, Willimantic, CT 06226. Those wishing to discuss using legal cases for teaching English as a second language, contact Jeanette L. Miller, English Language Institute, 25 Amstel Avenue, University of Delaware, Newark, DE 19716.

Strategies to Combat Racism on Campus: A Case Study of Class- Based Action Research*

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ABSTRACT

One desirable outcome of learning about society is that students will use this knowledge to improve the social environment. Instructors of sociology research courses can strengthen the likelihood of this consequence by designing courses that provide students with "hands on" training in using social knowledge to "better" the social environment of their own academic communities. This paper discusses an undergraduate research course designed to meet this objective—a study of racism on campus. This paper elaborates on the problems and experiences in doing research in this sensitive area of study. The survey, designed by the students in this course, is included with the hope that other instructors at other colleges and universities will repeat this, or a similar study, in their own institutions.

Introduction

There are two important objectives for instructors of *any* sociology course. The first objective is that students must understand and think critically about the society in which they live. We commonly assess our success in this area by giving students quizzes, tests, and term papers; and we have met this objective successfully enough to maintain sociology as an important social science discipline.

*A similar paper was presented at the Annual American Sociological Association Meetings, San Francisco, California (August 1989).

The second objective is that students will activate their understanding and awareness in a manner that will make society "better." Unlike the first, this objective is difficult to assess. It is usually assessed only in retrospective and only if we are made aware of the exploits of former students. While one might argue that students using any knowledge to "better" society is an outcome that can only be "hoped for," sociology research courses *can* be designed to provide students with "hands on" training in using one's knowledge of society to make that society better.

Instructors of research methods courses have elaborated on the value of the "hands on" research experience, in general, as a way of providing students with firsthand knowledge of research techniques (Campbell, 1970; Cutler, 1987; Ransford & Butler, 1982; Schutt, Blalock & Wagenaar, 1984; Takata & Leiting, 1987). Indeed, the foundation for creating a course that provides "hands on" training in bettering society is found in what has been termed the "learning by doing" model (Takata & Leiting, 1987).

Many research courses based on this model have two main characteristics: (1) the course is designed so that students engage in a full-length piece of research from study design to analysis of the results, and (2) the class engages in the study of a prevalent social issue or problem. However, those who argue the effectiveness of these characteristics do so on the basis that this course design enlivens research courses, enhances student learning of research method techniques, and increases positive student attitudes toward social research.

While these are admittedly worthwhile outcomes, restructuring a research course to enable students to undertake a full-length piece of research or to focus on social problems can, more importantly, set the stage for "hands on" training in using social research knowledge to "better" society.

Further, for a research course to be fully effective in reaching this objective, students should not just engage in full-length research and focus on social problems, but students should engage in study of a social problem within their own academic community and attempt to use the results of their full-length study to change and better that community. Since most social scientists concur that educational institutions are largely microcosms of our greater society, with a few idiosyncrasies, many issues that have been defined as social problems in the larger milieu can be expected to be reflected on college campuses. Thus, institutional self-study in socially defined problem areas offers the students' a realistic training ground for trying to implement social change. This paper discusses such a self-study in a course designed to teach the "bettering of society" by using a full-length research project to attempt to improve the quality of the academic community—a course designed to study racism on campus.

Choosing Racism

Why was racism chosen? Over the last few years, American campuses have seen a resurgence of blatant racism (Bowen, 1987; Collison, 1987; Farrell, 1988; McConnell, 1987; McCurdy, 1988; *Newsweek*, 1987; *Boston Globe*, 1988; *New York Times*, 1978a, 1978b). While some may argue that this resurgence of racism can be attributed to the resurgence of media attention to this issue, there is wide consensus that the increase of reported discriminatory incidents reflects the resurgence of racism nationwide and the potential reversal of civil rights and affirmative action gains. On campus, this situation manifests itself in derogatory epithets scrawled on walls, physical assaults and verbal abuse, as well as more subtle forms of intimidation (Brown, 1987; Farrell, 1988).

Many academic institutions do not take incidents of campus racism seriously, tending instead to believe that these incidents are isolated and not representative of the day-to-day life of minority students. Increasingly, however, college and university personnel are being sensitized to the fact that racist incidents are ongoing and influence both the academic performance and the attrition of minority students. This knowledge has moved some academic institutions to develop and test different strategies to counter this problem. Basic, however, to the development of strategies is institutional awareness that a problem, real or potential, may exist on every campus. To aid in that awareness, institutional self-study is necessary.

The Study

Methodology

This study of discrimination against minority students on campus was carried out by nineteen students enrolled in the Sociology Department's Social Research Course, under the direction of the class instructor.

Data were gathered from 132 nonforeign minority undergraduate students using a self-administered anonymous survey. Members of three minority groups—Asians, African-Americans, and Hispanics—were selected by way of proportional quota sampling: i.e., by determining the percentage of the nonforeign minority undergraduate population that each group represented on campus.

Quotas for the three groups were based on the number of these students enrolled at the university in academic year 1987–88. According to information from the Office of Admissions, the undergraduate minority population at the university is approximately 51 percent Asian, 30 percent African-American, and 19 percent Hispanic (N=315). To increase the representativeness of the study

sample, a large sample size of 132 students (42 percent) was chosen. Thus, the sample includes 67 Asian students, 40 African-American students, 25 Hispanic students (see Table 1).

The quotas were distributed over the nineteen class members so that each class member was assigned to survey several particular minority students. Minority students were approached by class members and asked to participate in the study. If the student chose to participate, he or she was instructed to fill out the survey anonymously, put it in a plain white envelope, seal it, and drop it into a larger manilla envelope that contained other completed surveys. An unavoidable bias in this method is that students may be likely to approach minority students who are physically distinct. Thus, minority students who are not noticeably Asian, African-American, or Hispanic may be under-represented.

Table 1: Study Sample Quotas

Non-Foreign Minority Proportion Undergraduate Students (N=315)	Percent of Minority Students	Sample (N=132)
Asian (n=160)	51%	67
African-American (n=96)	30%	40
Hispanic (n=59)	19%	25

Measurement

A survey questionnaire, including ten structured and two open-ended questions, was used to elicit information about minority student demographic characteristics and experiences of discrimination on campus. Demographic information includes the student's minority group membership, sex, length of time at the university, college residence, and the educational level of parental head of household. Discrimination data include student experiences with such incidents, the nature of the incidents, the sources of the incidents, and the reporting practices of those who experienced discrimination (see Appendix A).

Nonresponse Rate

A total of 138 minority students were approached to take part in the study. Of these, six refused (nonresponse rate = 4 percent). No systematic bias could be attributed to nonresponse.

Analysis

Data were analyzed via the university VAX VMS Operations System using the Statistical Packages for Social Scientists (SPSSX) (SPSS, Inc., 1988). Frequency distributions were used to assess the extent, nature, and source of discrimination on campus, as well as student reporting practices. Cross-tabular analysis was used to determine the relationships between minority student demographic characteristics and the likelihood of experiencing discrimination at the University of Lowell.

Limitations of The Study

Probability sampling was impossible due to the unavailability of a list of minority student names early in the semester and the time constraints of this one semester research seminar. While large sample size and the technique of proportional quota sampling greatly increase the representativeness of samples, some caution should still be exercised in generalizations to the larger population.

Quota proportions were based on 1987–88 figures because the 1988–89 figures were unavailable. While some change in the number of minorities in each group may have occurred, knowledgeable personnel at the university gave their assurance that such changes were minimal.

Characteristics of The Study Sample

Of the 132 minority students in the sample, 58 percent are men and 42 percent are women. Just over a third (37 percent) live on campus, another third (33 percent) live off campus, and the remaining third (30 percent) are commuters.

The time they have spent at Lowell ranges from three weeks (first semester) to just beginning a ninth semester ($\bar{X} = 3.2$ semesters; $md = 3.0$; $sd = 2.11$). The educational level of the head of the household in which they were brought up ranges from third grade to twenty years of schooling ($\bar{X} = 13.5$ yrs.; $md = 12.0$; $sd = 3.6$).

Discrimination at The University

Of the 132 minority students who took part in this study, twenty-nine (22 percent) had experienced at least one personal incident of discrimination, and forty-three (33 percent) were aware of another minority student's personal incident. Minority students were asked to indicate the sources of their own

incidents from a list of university community personnel. The sources were considered in the analysis only if the student had contact with that source. Of course, all students have contact with other students and teachers. Sixty-two percent of minority students named students as the source of discrimination, and 34 percent named teachers. Of those minority students who had contact with other university personnel, 30 percent named the campus police, 26 percent named financial aid personnel, 21 percent named teaching assistants, 18 percent named athletic personnel, 17 percent named placement personnel, 14 percent named admissions personnel, 7 percent named media personnel, 7 percent named presidential and vice-presidential personnel, 7 percent named deans, and 6 percent named counseling personnel.

The Nature of Discrimination

Twenty-eight minority students provided written descriptions of the incident that they found most upsetting. Most (46 percent) students wrote about incidents that involved ostracism: events that make them feel like they are not wanted on campus.

“ . . . professor will not pay attention (enough) to answer the students’ questions.”

“ . . . when I was in the first class of lab, it was so difficult to find a lab partner. It seems to me that the majority hate to choose the minority for a lab partner.”

“ . . . in the gym, person of the athletic department stated to us that we didn’t belong there and attempted to remove us. Because we were minorities, he took it into account that we did not attend the school.”

“ . . . in the class . . . teachers ignore me and they always feel uneasy answering questions as opposed to other students.”

“ . . . a friend told me that his roommates (a quad dorm) rejected his room assignment and tried very hard to get him put in another room.”

One upsetting incident that involved a black female student was mentioned by a few students. As one wrote:

“ . . . a black student tried to get on the elevator at Fox and was screamed at (by students)—hey Blacks go home.”

One Asian student who has suffered ostracism decided that it was *not* discrimination but, perhaps, something that *he* is guilty of:

“ . . . if I’ve seat first in class, no students have seat near me. I don’t think it’s race discrimination. Maybe I’m so quiet, not friendly.”

But most students showed less self-effacement. Another 29 percent of the descriptions involved verbal harassment by other students on campus.

“ . . . names such as gook, dink, slant eyes, rice propelled . . . ”

“ . . . annoying to hear racial slurs behind your back and can’t do much of anything without starting something that will make it worse.”

“ . . . people party on weekends and rush to my room without reason (I think they are drunk at the time). Sometimes open my door and run away, yelling improper language.”

“ . . . someone just came up to me and say many bad words.”

“ . . . I was crossing the road by the traffic lights when a group of students in a car hooted and shouted out, ‘Nigger.’ ”

“ . . . student yelled, ‘Spic.’ ”

“ . . . he then said, ‘You are acting like a typical nigger.’ ”

Some cited the use of racial stereotypes by faculty and students as very upsetting:

“ . . . in a college writing class . . . my professor was speaking of how tax dollars were spent by welfare programs. He went on to say that he would rather pay for a black man to be fed in jail rather than for his family to be supported by welfare.”

“ . . . other students coming up to us asking for drugs.”

Other students described experiences of unfair grading, university personnel making them feel like second-class citizens, and racial slurs written on dormitory and campus walls.

Reporting Discrimination

Of the twenty-nine students who claimed personal incidents of discrimination, only four reported the incident: one to the president, one to a special assistant to the president, one to the dean of students, and one unspecified. Some insight into why minority students tend not to report these incidents can be gained from the written comments of two minority students:

“ . . . I don’t report such incidents because I feel reporting is no cure and it can make the situation worse.”

“ . . . As a freshman, I was too intimidated to report such a thing, so it went by unrecognized.”

Characteristics of Students Who Experience Discrimination

Female minority students are just as likely as male minority students to experience discrimination at the university (22 percent vs. 22 percent). Four characteristics were identified, however, that increase the likelihood of discrimination.

The data indicate that African-American students are more likely to experience these incidents than are Hispanic or Asian students (28 percent vs. 24 percent vs. 18 percent, respectively).

The longer the student has been at the university, the more likely the student to have these experiences. For incoming freshmen (on campus three weeks at the time of data collection), 15 percent experienced an incident of discrimination. For those who had completed at least one semester, but not more than four, 22 percent experienced an incident. For those who had completed at least five semesters, but not more than eight, 41 percent had experienced an incident.

Minority students who live on campus are more likely to experience discrimination than are students who live off campus or who commute to school (27 percent vs. 23 percent vs. 15 percent, respectively). The results also indicate that minority students whose parental head of household has an educational level of high school or less are somewhat more likely to experience discrimination than are students whose parental head of household completed some college. This finding, however, was only true for Asian students, leading one to speculate that fluency in English may be the factor that is associated with class background.

Problems Associated with Studying Racism on Campus

It is certainly not an understatement to say that racism is a sensitive area to study—sensitive, I found, not just to administrators but to the research students

undertaking the study. Instructors who choose to do a similar study should be aware of two particular problem areas: (1) problems associated with the use of study results and (2) classroom experiences related to the sensitive nature of this area of study.

The Use of Study Results

It is important to try to assure the use of study results before the project begins. It was clear before our study began that if study findings indicated that racism was a campus problem, this information *could* be used to better the academic community. To increase the chances of beneficial use, an outlet for the information must be found before the class begins. Also, since racist attitudes exist on all levels of society, multiple outlets should be chosen. To this end, I briefly discussed the upcoming study with institutional personnel who most likely would be able to translate study findings into positive practical action—the president of the university, the vice-president of University Relations and Development, the director of Minority Student Affairs, and the chairperson of the university's Equal Educational Opportunity Committee. Each was assured that the impetus for study was to improve the quality of the academic environment, and each was promised a report on the results of the class project. Thus, I felt we had some assurance that if our study indicated the existence of a potential or real problem, remedial action would be taken.

This action allowed me to assure the class that what they were about to learn in my course was not just academic, that what they produced may make a positive difference in their own community, and that the research in which they were about to engage had an importance beyond that of normal college classroom endeavors. I found that for all students this knowledge strengthened their incentive to learn and to complete the project on time.

Classroom Problems Related to Studying Racism

Probably, the most important problems to be dealt with were those that arose in the classroom and were directly related to the sensitive nature of doing a study on racism. First, a bit about the class. This undergraduate research course is devoted entirely to teaching students the process of survey research, including statistical analysis via the use of the computer. There were nineteen students in this one-semester class, including two minority students.

As the students began to operationalize their propositions about discrimination against minority students on campus and to construct the survey instrument, problems related to the study of racism on campus began to surface. The

majority of students began to display anxiety about undertaking the study. A few students were adamant that we were wasting our time—that racism did not exist on our campus and so believed the study to be “stupid.” It soon became apparent, through discussion, that the main problem was that most students were nervous about approaching minority students to participate in the study; many admitted that they had never personally interacted with a member of a minority group. One student, a Viet Nam veteran, was anxious about approaching Asian students. To alleviate anxiety, the final class before data collection was devoted entirely to role playing. Various scenarios of what might occur during data collection were acted out by the students. Discussion focused on how to make the approach and how to respond to refusals, both polite and impolite. Having the two minority students in class added to the success of this exercise by making the role playing more realistic. This exercise increased the students’ confidence about their ability to face the unknown.

It was not, however, only nonminority students who were experiencing difficulty. One of the minority students also expressed an unwillingness to go ahead with the study. In a private conversation, I discovered that her reticence was based on her fear that little or no racism would be substantiated by our study. To understand this fear, one must understand that people who have experienced discriminatory incidents because of irrational criteria such as physical differences are often not secure in their belief in the ignorance of prejudice. Thus, they are often not quite sure if the real reason is that there is something wrong with *them*. If our study indicated that other minority students were not sharing her experiences of discrimination, then the study findings might strengthen her belief in her own personal inferiority.

Despite various fears, all students successfully completed their data collection assignments and were somewhat surprised that the whole endeavor was much easier than anticipated.

Impact of the Study

The results of our study indicated that one in every five minority students surveyed could document by written description a personal discriminatory incident. For African-American and Hispanic students, one in every four students could document such an incident. The greater the interaction of minority students with other members of the academic community (as measured by length of time on campus and residence status), the higher the rate of reported discrimination. For minority students in their last two years of education, 40 percent provided a written description of a personal incident.

It is interesting to note that the results of the study impacted not only on university personnel who were identified as outlets for the study results before

the course began but on the students taking the course. During the analysis part of the course, several students told me that the information they collected, particularly the written descriptions of discrimination, was affecting their own attitudes and behaviors toward minority students on campus. They were particularly disturbed by accounts of nonminority students ostracizing minorities and felt that they should go out of their way to make these students feel more comfortable on campus.

Initial institutional reaction appeared to be promising for positive change. For example, almost immediately after receiving a copy of the study, the president of the university issued the American Council on Education's publication, *One-Third of a Nation*, to administrative personnel and selected committees. This report documents the problems of minority participation in higher education. While this may have been coincidental, the response from others was not. The chairperson of the university's Equal Educational Opportunity Committee sent a copy of the class report on racism to all committee members, asking that each submit strategies for change. These would be forwarded to the president of the university for future corrective action. The director of Minority Student Affairs reported to the class that their report provided him with the necessary evidence to back up his claims of discrimination on campus by substantiating that discriminatory incidents were not isolated but an everyday part of the academic life of minority students.

Despite the promise of initial reaction, no real changes were apparent by the second month after the study's completion. The director of Minority Student Affairs reported the continuation of racial incidents. Several students from the research class, who came by to inquire about the study's impact, were frustrated by the university's slow response. In informal discussions, they arrived at the conclusion that while they had provided "scientific information" about the discriminatory environment of their academic community, and they had produced an awareness of the need for change in people in power in the community, their actions had produced only the necessary but not sufficient conditions for social change. . . that evidence often has to be enriched with political activity.

Over the next few months, I became aware that the report of our study was being widely disseminated, read, and discussed by a significant number of people on campus, and that several minority student, staff, and faculty organizations were becoming more vocal in their demands that things change on campus.

By the time the students in my research class graduated this past June, the president had announced several initiatives to combat racism on our campus. Among these was the promise to create a senior level minority affairs position charged with the responsibility of developing a clear university policy condemning and prohibiting racism on campus, along with the resistibility of assessing and monitoring the educational careers of minority students both in and out of

the classroom. It was clear that this was a positive, presidential response to the campus unrest stimulated by the circulation of our study. However, whether or not the future will find that the student research in this course improved the quality of their academic community will not truly be known until the class of 1993, when the study will be reproduced and the data compared by a new cohort of research students.

Social research methods courses have traditionally served as the means by which students of sociology learn the techniques of social research. The "learning by doing" model of course design had been found to be effective in not only transmitting these techniques but in improving student attention and attitudes toward research methods. The course design presented in this paper fulfills these outcomes but goes one step further in an attempt to reach an objective that should be implicit in all sociology courses—that students use their knowledge and understanding of society to "better" that society. It is argued that the most effective training ground for this endeavor is the student's own academic community.

Racism on campus, as a reflection of racism in the wider society, was chosen as a class topic. This paper elaborated on some of the problems and experiences that can be expected to confront other instructors of research methods who choose to undertake the same or similar project on campus racism. The author encourages instructors to do so.

UNDERGRADUATE MINORITY STUDENT SURVEY

The following survey is being given to students in order to assess the 'climate' of The University of Lowell for minority undergraduate students. Please **DO NOT PUT YOUR NAME ON THE SURVEY**. All information is to be given anonymously. When you have completed your survey, put it in the plain white envelope provided, seal, and drop it into the larger manilla envelope. We appreciate your responding honestly to all questions.

Thank you for your time.

PLEASE CIRCLE THE NUMBER OF THE APPROPRIATE RESPONSE TO THE FOLLOWING QUESTIONS:

1. To which minority group do you belong?

- African/American 1
- Asian/American 2
- Hispanic/American 3

IF YOU DO NOT BELONG TO ONE OF THESE GROUPS, PLEASE RETURN SURVEY

2. What is your sex?

- male 1
- female 2

3. How many semesters have you been at U-Lowell (including this one)?

_____ semesters

4. What is your college residence status?

- live on campus 1
- noncommuter (off campus) . . . 2
- commuter 3

5. What was the last year of schooling completed by the head of the household in which you were brought up?

_____ grade

6. Have you personally experienced an incident(s) of discrimination at U-Lowell (been a victim)?

- yes 1
- no 2

7. Are you aware of *any* incident of discrimination against a minority student at U-Lowell?

- yes 1
- no 2

8. IF YOU HAVE NOT PERSONALLY BEEN A VICTIM OF DISCRIMINATION AT U-LOWELL, PLEASE GO TO QUESTION 9.

If you have personally experienced discrimination, please circle the numbers below to indicate which members of the U-Lowell community discriminated against you. CIRCLE 1 IF A MEMBER OF THIS GROUP DISCRIMINATED AGAINST YOU, 2 IF A MEMBER OF THIS GROUP DID NOT DISCRIMINATE AGAINST YOU, AND 3 IF YOU HAVE NOT HAD ANY INTERACTION WITH THIS GROUP.

	YES	NO	NO CONTACT
a. Other Students	1	2	3
b. Teachers	1	2	3
c. Admissions Office Personnel	1	2	3
d. Financial Aid Personnel	1	2	3
e. Campus Police	1	2	3
f. Teaching Assistants	1	2	3
g. Library Personnel	1	2	3
h. President and Vice-Presidents	1	2	3
i. Athletic Personnel	1	2	3
j. The Deans	1	2	3
k. Counselling Personnel	1	2	3
l. Media Personnel	1	2	3
m. Health Services Personnel	1	2	3
n. Placement Personnel	1	2	3
o. Other (please specify) _____	1	2	3

9. If you have personally been a victim of discrimination at U-Lowell, please *briefly describe the most upsetting incident below*. If you were not a victim but are aware of such incidents at U-Lowell, please *briefly describe the most upsetting incident below*.

10. If you have personally been a victim of discrimination at U-Lowell AND you reported this incident, to whom did you report and what action was taken?

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Book Reviews

Personal, Marital, and Family Myths: Theoretical Formulations and Clinical Strategies, by Dennis A. Bagarozzi and Stephen A. Anderson. New York: W. W. Norton, 1989, 321 pp., \$32.95 cloth.

Family Evaluation, by Michael E. Kerr and Murray Bowen. New York: W. W. Norton, 1988, 400 pp., \$29.95 cloth.

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In *As You Like It*, Shakespeare wrote that “All the world’s a stage” and “all the men and women merely players.” In *Using Sociology*, edited by Roger Straus, I stated my dramaturgical equation:

Act ↔ re-act = inter-act-ion

The roles we play, based on scripts set into the mind, lead our audiences to re-act to our acts based on their own perceptions, inner scripts, and roles. They and we are “on stage,” acting, reacting, and interacting. When mates come together “on stage” in marriage, each brings a repertoire of scripts, acts, and expectations. These meld and sometimes lead to conflict. This is my dramaturgical “stage-setting” for the book *Personal, Marital, and Family Myths* by Drs. Bagarozzi and Anderson.

Dr. Dennis Bagarozzi is a psychotherapist in private practice in Atlanta and Athens, Georgia. Dr. Stephen Anderson is associate professor and director of the marital and family therapy training program at the University of Connecticut. They have written a clinical analysis of personal and family myths. Changing myths as mental scripts changes behavior based on them, which affects role performance. When behavior changes, audiences tend to react differently, affecting interaction.

In one oversimplified example from the Bagarozzi-Anderson book, a man’s relationship to his mother and wife is characterized as “a moth drawn to a flame.” He does not trust people. A moth drawn to a flame is powerless and is burned. He is drawn to his wife’s flame but fears (his mistrust of people) the burn and withdraws. The wife reacts. The marriage is locked into a show with sad scenes. The therapist inspired the vision that the couple could live more like “two peas in a pod.” Here people are together and separate. They are

together for warmth and separated to avoid becoming inflamed. This new image improves the marital interaction (63).

The theme of "together and separate" is a key element of the "differentiated self" as presented in the book, *Family Evaluation*, by Michael Kerr and Murray Bowen. "Drawn to a flame" represents the uncontrolled emotional reactivity that Kerr and Bowen show to be the state of the "undifferentiated self," the self which has the most problems because of emotional fusion to other people's anxiety and provocations. The undifferentiated are the "identified patients" who suffer by acting out the anxiety of the group.

Bagarozzi and Anderson focus on constructing new myths for clinical improvement. The Bowen model of change focuses on developing a systemic understanding of the family in order to shift roles toward greater differentiation. People are taught to stop blaming others. Behavior is seen as the consequence of systemic multigenerational processes (254–55). The Bowen method is to "focus on changing self rather than on trying to change others." It is necessary to develop an "ability *not* to react to relieve the anxiety of the moment" (79). "Focus on self, an awareness of the emotional process in the family, and the ability not to be governed by anxiety and emotional relativity are all components of a long-term effort to increase one's level of differentiation" (79, n. 19).

Some people think a myth is false and constraining. Bagarozzi and Anderson take exception to this view. A myth may be invented, but it functions as an ordering device—as does any social construction of reality. "It is our contention that family myths are universal and not necessarily pathological. Their functionality can be determined only by assessing the degree to which they contribute to or curtail the growth and development of each family member and the family system as a whole" (2).

Drs. Bagarozzi and Anderson, writing to set the framework for their book, offer a summary of the major points of Bowen's theory presented with Kerr in *Family Evaluation*:

[We] are born into and raised by a family group from which we must separate and individuate. As we attempt to master each successive developmental task, to disentangle thoughts from feelings [major aspect of Bowen's differentiated self], to develop a true self (as opposed to a false or pseudo self), to free oneself from the enmeshed confines of an undifferentiated ego mass. . . [the authors correctly credit Bowen for these terms], to achieve self-realization (Jung . . .), and to actualize our inherent potentials (Maslow . . ., Rogers . . .), we create our own personal mythology, complete with attendant rituals, rites, and taboos. Our individual struggles with differentiation and self realization can be conceptualized as a personal recapitulation of our primitive ancestors'

struggles to free themselves from the confines of the participation mystique and to separate the self from an all encompassing, preconscious existence in the primal group (Neumann . . .). (3-4)

Bagarozzi and Anderson write that in their clinical practice they have often seen a client taken over by the power of personal mythology. Such a person "seems possessed, driven, compelled to behave in a particular fashion. As if in a dream or surrealistic passion play, the person goes through various ritualistic behavior patterns in an attempt to relive and resolve some conflict or to master a particular life task" (4). I see the same process in the collective behavior of groups and whole societies. Fascists groups and intemperate ideologies and behavior even in our democracy and academic world share compulsions, ritualistic thinking and regression (toward the immature primal past).

Individuals and groups share a recursive myth-making. Bagarozzi and Anderson explain that it is impossible to separate an individual's personal myths from those of family, community, and culture. They focus on understanding

personal myths in terms of how they affect relationships with significant others in the context of marital/family systems. Individuals, couples and families are seen as actively selecting and adopting, as their own, those cultural myths whose various components, symbols, rituals . . . have meaning and importance for each family member and the marital/family system as a whole. These cultural myths are modified and reworked by the individual in ways that fit into his/her personal mythology. (5-6)

Bagarozzi and Anderson determine profiles of their clients through varied questionnaires. One is called "Spousal Inventory of Desired Changes and Relationship Barriers." This is used to help evaluate the perceived fairness of the social exchange dimension of the marriage, providing clues to relational dysfunctions (96).

Many fascinating case studies are presented. Equally fascinating are examples of how life stories are changed. One method is to have clients state their favorite stories and characters from novels, movies, or television shows. One chose the movie based on Jean Auel's novel, *The Clan of the Cave Bear*, which is also a story of the quest for differentiation. Clients design roles and write new scripts for characters who may represent themselves and family members. While doing this they can experiment with new possibilities in their families and lives.

Bagarozzi and Anderson show that while we are players on the stage of life, we do not have to be puppets. We can be players and script writers, directors and producers at the same time.

In their powerful book on "the role of the family as an emotional unit that governs individual behavior and development," Michael Kerr and Murray Bowen show that for some people it is difficult to play on stages of life without being manipulated, as puppets, by the group. The book has implications for all social groups. The group pulls and some people "act up," acting out the group processes. These people manifest the "undifferentiated self." The "differentiated self" is a social player but not a puppet. No one, not even the authors, is totally differentiated. Everyone has a basic level of differentiation which comes from a process dating across generations. No one can be responsible for having inherited a certain eye or hair color, nor for having "inherited" a lower level of differentiation. If people and life conditions do not press, a person may have a good functional differentiation level, performing with few problems. But when life constrains, functional differentiation levels fall. A person with a basically low level of differentiation tends to suffer more problems than does one with a higher level (97-107). Those lowest in differentiation may engage in violence, suffer psychoses, or become physically ill in response to group pressures. They have difficulty separating self from others.

Kerr and Bowen make the sociologically important observation that society itself has become more undifferentiated. We see this in varied social pathologies. Much of our democracy is based on attempts to achieve more differentiation. A free press, rights to free speech, separation and balance of governmental powers, separation of church and state, all aim toward "separate while together," but we are subject to societal regressions: intemperate attacks for divergent views, unyielding emotional ideologies based on hate and blaming others, mutual and unending intergroup provocations and emotional "fusion," gangs, and addictions. "The lower the functional level of a society, the greater the incidence of 'social symptoms' such as a high crime rate, a high divorce rate, an incessant clamor for 'rights,' and a notable neglect of responsibilities" (334).

Social regressions are like infectious epidemics. Not everyone acts out anti-social behavior, but as the level of anxiety and emotional reactivity in the group increases, the larger the number of group members who "fall" and act out. This "infects" still others.

Individuals and families with higher levels of differentiation . . . are better able to avoid the pitfall of blaming others [blaming keeps people enmeshed and provides justification for getting even] and are less influenced by the pressures of a frenzied group. Entire societies [as are families] can be conceptualized as emotional systems. When anxiety

mounts in the society, the average functional level of differentiation decreases and the society goes through a period of regression. [There is] more behavior by certain subgroups that impairs the functioning of other subgroups and more symptoms of all types. (251, n. 29).

The family process that transmits levels of differentiation works as follows: people of common levels of differentiation tend to marry. Some of their children may have similar levels of differentiation-undifferentiation, and some siblings are more or less differentiated. Those siblings less differentiated tend to marry similar partners and have children, one or more of whom are even less differentiated. These also marry on an equal level of differentiation. After several generations this process yields a highly undifferentiated family and one member who is caught up in the group anxiety and acts out the provocations of the group (ch. 8).

Murray Bowen, M.D., is clinical professor at Georgetown University Medical Center and director of the Georgetown University Family Center. He was a pioneer in the development of family systems theory and in research and treatment of schizophrenia. Michael Kerr, M.D., is clinical associate professor at Georgetown University Medical Center, Washington, D.C., and director of training at the Georgetown University Family Center.

Bowen has written an epilogue to the book in which he states his "40-year odyssey in developing family systems theory and therapy, also known as the Bowen theory" (339). True to the theory of differentiation, Kerr wrote the major portion of the book without Bowen's knowledge of its content. They are intellectually linked and remain separate in their scholarly development. A brief book review cannot adequately cover the impact, wisdom, depth, beauty, and importance of the Kerr-Bowen book.

Aging and Health Care: Social Science and Policy Perspectives, edited by Marcia G. Ory and Kathleen Bond. London, New York: Routledge, 1989. 255+ pp.

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In the Foreword to the book, Matilda White Riley and T. Franklin Williams state that "there is a growing feeling that too many books on the health aspects of 'aging' are being published. . . . It is as if some outside voice were telling us, 'More books will not solve our problems.'" So why another book on aging and health care? The justification is that the contents of this text are drawn from

empirical studies and, as such, the text makes a significant contribution to those who work in the field to serve a rapidly growing-older population.

For the most part, the twenty-six articles resulted from grants received from the National Institute on Aging and the National Center for Health Services Research. It would be ideal to review each article in some detail; however, this review will be limited to a chronological presentation of the book as presented by the editors.

Introduction

Encompassed within a comprehensive introduction written by Ory and Bond, are five common themes. These are summarized as follows:

1. Health and health care for older persons constitute a complex set of dynamic interactions and linkages.
2. While families and others in the informal support system are the primary providers of service, the distinctions between the informal and formal care systems are not always clear.
3. Presently, most social science and policy research is engaged in specifying the sources and consequences of different types of health care for older persons.
4. The process of aging itself has an influence upon risk factor identification and modification; however, social and behavioral risk factors change over the course of a life.
5. Generally, political realities and ethical considerations set the context for research questions and solutions.

Part I. Epidemiology and Models of Health Care

Individuals and social factors that affect the quality of health care for the older population are examined in this section. Kaplan and Haan investigate the demands for health care services by older adults in the community. Data gathered from a population of 7,000 adults over a period of twenty-two years (the Alameda County study) are used to track social and behavioral risk factors which adults encounter as they age. The conclusion drawn is that the health experience of older adults is "influenced by a broad range of risk factors" and that the evidence presented by the study "does not suggest that poor health, dependence, and social isolation are inevitable consequences of getting old." In response to the question, "Is there a role for prevention?" the answer is that

with appropriate intervention in behavioral, social, or socioeconomic risk factors there could be significantly improved health and quality of life for older adults.

In the second article, Wan provides an overview of factors that influence how older people utilize the formal health care system—physicians, hospitals, nursing homes, and home health services. If future researchers respond to Wan's eight recommendations, his contribution could have influence on the field far beyond this article.

Part II. Older People and Formal Health Care Systems

This portion of the book addresses how and to what degree older persons utilize the formal health care system. Mossey, Havens, and Wolinsky assess the consistency with which older adults use formal health care systems. The authors report that there is more consistency in the use of physicians than in hospital care; however, contrary to stereotypes, the use of either is a "relatively rare event for most older individuals."

Eisdorfer, Mullner, and Cohen examine the increased role the hospital plays for older adults and how this role has changed over the past few years. The authors suggest that geriatric hospital care could be improved if, in addition to critical care, long-term and rehabilitation needs were given greater attention.

Utilizing existing data, George and Maddox examine the nursing home as a social institution. The processes by which persons are placed in nursing homes and the living environments are discussed. However, the primary focus is on how the social and behavioral aspects of the experience affect both patients and their caregivers. To quote the authors, "A long-term care institution is more than an address—it is an environment with its own social structure and norms. Few of the behaviors and outcomes of nursing home residents can be understood without taking the features of that environment into account" (136).

Part III. Older People and Informal Health Care Systems

Data from a community study of frail elderly is examined by Tennstedt and McKinlay to support numerous other findings which show that most older adults receive the greater portion of care from family and friends rather than from the formal support system. While such knowledge has been deduced by most observers, the empirical data presented provides credibility to support such casual observation.

Gallagher, Lovett, and Zeiss address the issue of the physical and mental condition of the informal caregiver in relation to the decision to place the patient in institutional care. The authors point out that the caregiver's own condition is

frequently the deciding factor and that little is known about appropriate intervention for caregivers that might influence the quality of life for both caregiver and patient. Further research is suggested.

Part IV. The Interplay between Formal and Informal Care

The balance that is needed between formal and informal care is addressed by Soldo, Agree, and Wolf, while Kane and Kane (based on the assertion that the health of the elderly and the care they receive is a dynamic system) suggest that a better means of transitions between these systems would benefit the patient. In the epilogue, written by Mechanic, future challenges are identified for those in the health care system that serves older adults. And, like most of the authors, he recommends future research.

The Reviewer's Conclusion

I know of no better way to express my own sentiments related to the text, and to show my appreciation to the editors and other authors, than to "borrow" a quote from the Foreword by Riley and Williams:

All too few studies have focused on the impact of health care on the numerous biological, psychological, and social changes that people experience as they grow older. Nor has adequate attention been paid to the different types of care available to people as they move along their own life course through the health care system. For its contribution toward filling some of this void, we salute this volume. (ix)

Children in Recovery, by Rosalie Cruise Jesse.

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What a daunting task Rosalie Cruise Jesse faced when she wrote *Children in Recovery*: to tell the story of the effects of alcoholism on the family. Alcoholism is of interest to clinicians and researchers from many disciplines. Investigators have looked at alcoholics and have seen different faces: a person with a genetically transmitted disease, one with an aculturally determined behavior pattern, a victim of ethanol molecules attacking liver cells or distorting central and

peripheral nervous system functioning, someone in need of medical treatment, or someone in need of the fellowship of peers and a new sense of values to overcome a self-destructive addiction (Steinglass, Bennett, Wolin, and Reiss, 1987).

The children of alcoholics variously have been described as forgotten children, hidden tragedies, unseen casualties, or as problems neglected by researchers and reviewers. One reason for this neglect seems to be the lack of a truly family-oriented interactional approach to alcohol problems.

This failure is not due to a lack of research. Numerous articles about children of alcoholics have appeared in the last decade. However, previous research has failed to develop a coherent picture of children in families with alcoholic problems that could inform and stimulate professionals to make an active and practical response. Also, professionals who specialize in alcoholism, such as psychologists, psychiatrists, counselors, social workers, and clinical sociologists, have been slow to recognize the needs of families traumatized by alcohol. Jesse's book fills this gap by developing a picture of the situation and provides the professional with guidelines to assess and respond to family needs.

Children in Recovery serves a number of important functions. It can help to stimulate theory building and focus attention on a neglected but crucial topic; it provides an organized search for data that allow the clinician to generate meaningful hypotheses; and it offers a theoretical model that distinguishes maladjustment from adjustment and a clinical model that provides a blueprint for intervention.

It is commonly observed by those who work in treatment programs for children with substance abuse problems that there is a disproportionately high percentage of family members—frequently parents—who abuse substances. Treadway (1985) estimates that 80 percent of children with substance abuse problems have parents who also have substance abuse problems. Jesse points out that parental alcoholism contributes to character disorders in the child. She implies that the parents' alcoholism also increases the child's propensity for alcoholism: "While a child may be genetically predisposed to develop alcoholism in later life, it seems that in many instances exposure to alcohol is the catalyst activating that predisposition."

The author aptly portrays many problems experienced by children of substance-abusing parents. An effort has been made to identify dysfunctional family dynamics that thwart healthy development of the children of chemically dependent parents. The book focuses on developmental and therapeutic needs of traumatized children between the ages of seven and eleven.

According to the author, recommendations for intervention and healthy restoration of self-esteem for children should begin with an assessment of the parents' addiction and should consider the child's subjective experience in the family context. The author advocates that treatment should consider the child's

subjective experiences and the child's developmental realities. *Children in Recovery* describes the disruption of the child's normal growth pattern due to parental substance abuse and discusses and identifies some maladaptive coping strategies used by these children. The author's strong advocacy for these children and for healing the parent-child relationship is a major strength of this book.

Jesse also points out that the child in recovery has generally been traumatized by such manifestations of the parents' chemical dependency as abusive environmental conditions, psychological or physical maltreatment, incest, exploitation, or neglect. She discusses the pathogenic family dynamics endemic to alcoholic and addictive families and provides useful case studies and descriptions of maladaptive behaviors displayed by child and parent. She gives examples of role reversals where the child takes on the parent role and vice versa. Jesse advocates treatment that considers the child's psychosocial milieu as well as cognitive, affective, developmental, and motivational factors. The role of the clinician is to help the child recover from isolation, alienation, incest, rejection, trauma, corrupting abandonment, and excessive use of defense mechanisms, and to facilitate life-affirming gestures in a world that borders on destruction. Emphasis is placed on empowering the child to sustain life and to regulate self, and thus to become a fully functioning autonomous person.

The author depicts the realities of childhood development and emphasizes long-term continuous treatment. She also emphasizes the importance of the post-traumatic stress disorder applicable when classifying the child of addicted parents. The trauma is a result of the traumatic family experience.

Many children of such families experience "the obvious stressors of child physical and sexual abuse, also witness violence, sexually protective interactions, and many other types of destructive family scenes outside the range of normal childhood experience." The resolution proposed by the author requires the clinician to restore balance and health to the family. According to the author, the entire family should be involved in the treatment—including the incestuous parent, if that is possible.

Before treatment can occur, the following prerequisites are necessary:

- Parents must acquire knowledge about the needs of the child in recovery.
- An assessment is conducted to determine the child's perceptual, cognitive, affective, motor, social, and motivational levels.
- The child's stress resilience and self-regulation should be determined.
- The family's problem solving capabilities and the family's support system should also be determined.

Throughout the book the author states that the therapeutic process provides the child with required individual and group intervention. The parents also function as therapeutic agents. The PACT (parent as co-therapist) enables parents to participate in the child's healing. The book provides excellent examples of cases, of groups in operation, and the behaviors and problems that the clinician may encounter. Other advantages are:

- The book is very readable and well written with excellent case studies. Theories are converted into observable behaviors of both client and clinician.
- The book provides guidelines that a skilled professional can use in treating children of dysfunctional families.
- The book enables the helping professional to understand the life experiences of the child in recovery.

Weaknesses noted are:

- The book is often redundant, though the repetition could reinforce the readers' learning.
- The book may generalize from alcoholic family symptoms and behaviors to other substances of abuse which may or may not be appropriate.

In summary, the book is recommended for professionals who deal with families and children.

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