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CLINICAL SOCIOLOGY REVIEW
Volume 11, 1993

Editorial Board

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Editor's Preface

Susan Brown Eve
University of North Texas

The eleventh volume of *Clinical Sociology Review* marks the beginning of the second decade of the journal. This is the decade in which the membership of the Sociological Practice Association will face the challenge of what Phillip D. Robinette, Past President of the SPA, has called the organization's mid-life crisis (*CSR*, 1992). It is a time for the Association to reappraise its mission and set the course for the future.

It is an exciting time for such a reappraisal, a time when national leaders are promising change that will re-emphasize the basic social institutions, especially family and community. These leaders are proposing to reassess the roles of federal, state and local governments in making policy and in the delivery of services. Functions best performed by the federal government, such as defense, health insurance and retirement security, will be retained by the federal government. It is proposed that other functions, such as education and crime control, be returned to lower levels of government that are closer to the people who will be affected most directly by these programs. State governments, local governments and neighborhoods are to be challenged to develop innovative solutions to their own problems.

By definition, clinical sociologists are sociologists who work for change at the micro-, meso- and macro-levels of society. Clinical sociologists will have many opportunities to render service to state and local governments and agencies, and to community groups, as these groups strive to meet the new challenges. Armed with their theoretical and methodological skills, clinical sociologists can assist with the necessary needs assessments, organizational analysis, program planning, community organization, policy analysis, and evaluation, to build programs that work more effectively and efficiently. The contents of this issue of *CSR* provide varied examples of ways in which clinical sociologists might proceed to meet this challenge.

The first article, "The Influence of Religion on the Chicago School of Sociology," by **Luigi Tomasi**, examines sociology's roots in religion and the influence the interest in religion had on the work of sociologists in the nation's first department of sociology. At a time when the nation is increasingly concerned with ethics, it seems appropriate to reconsider the values that have shaped our own discipline.

The first three refereed articles in Volume 11 are concerned with family issues in clinical sociology. The family is the first and most important social institution we experience. A positively functioning family is the foundation of a positively functioning society. Clinical sociologists have made and continue to make many contributions to the development of the theories of family functioning, as well as to the development of practice modalities with families. The first paper in this section, "An Empirical Application of Interprofessional Consensus" by **Stephanie Amedeo Marquez** and **John Gartrell,** examines the issue of determining the validity of claims of child abuse. Based on their research using hospital records, the researchers recommend the use of an index of interprofessional consensus for improving the accuracy of the identification of cases of child abuse. In her article, "Successful Facilitation of a Children's Support Group When Conditions Are Less than Optimal," **Sarah Brabant** describes a support group for siblings who have experienced the death of a significant other. **Beverley Cuthbertson-Johnson** and **Richard Gagan** ("The Subjective Dimensions of a Bipolar Family Education/ Support Group: A Sociology of Emotions Approach") describe an education and support group for relatives and partners of individuals with bipolar manic-depression.

The articles in the second section examine issues of concern to organizations. As children mature into adults, increasing amounts of time are spent in formal organizations. As the first article in this section illustrates, the functioning of these organizations affects us in profound and intimate ways. **Leslie Stanley-Stevens, Dale E. Yeatts,** and **Mary Thibodeaux** examine the positive effects of work experiences on families in their paper, "The Transfer of Work Experiences into Family Life: An Introductory Study of Workers in Self-Managed Work Teams." This article illustrates the effect that external social organizations can have on the effective functioning of the family. **Russell J. Buento** and **C. Allen Haney** examine the three stage approach used by the military to notify next-of-kin of the death of a relative in their article, "Dramaturgical Analysis of Military Death Notification." The last two articles focus on the roles for clinical sociology in the judicial system. In her article, "The Sociologist as Expert Witness," **Jean H. Thoresen** examines

the way in which sociologists can influence the definition of law through testimony using their expertise and professional training. **Harvey Moore** and **Jennifer Friedman** argue for increased use of participant observation as an aid to attorneys during trial in their research based article, "Courtroom Observation and Applied Litigation Research: A Case History of Jury Decision Making."

The final research article is an example of how clinical sociology can be used at the societal level, to examine a significant social issue and then recommend strategies for impacting that issue. In their article, "Government Sponsored Health Care: A Cluster Profile of Supporter and Nonsupporters," **Bonnie L. Lewis** and **F. Dale Parent** used cluster analysis to examine the characteristics of residents of Louisiana who did and did not support government involvement in health care. Based on their research, they suggested strategies that clinical sociologist could use to change support, including using local data, using the media for presentation of factual information, and working with existing community organizations, especially those that are already mobilized to address the issue of concern. Strategies such as these could be used as important tools by clinical sociologists as they work to guide this new decade of change in a positive direction.

In this issue, the Teaching Notes Editor, **Sarah Brabant**, has again found two exceptional articles on techniques and methods for enhancing the teaching of clinical sociology. Social roles based on gender have been one of the areas of most significant social change in the past half century and a that change process that seems likely to continue. **Martin Monto** presents describes the use of a new sex role inventory to help students clarify their own conceptions of gender and to consider alternative conceptions. The article includes the items in the inventory, suggestions for its use, and an annotated bibliography of research on its use. **Harry Cohen**, in his article, "The Citicorp Interactive Work Ethic Game: Sociological Practice Use in the Classroom," presents a game strategy developed by a major U.S. corporation for teaching ethics that can be adapted to use in the sociology classroom. In the wake of so many political and corporate scandals, Americans are very concerned with ethics and clinical sociologists have an opportunity to take a lead in helping to shape the ethics of a new generation of business and political leaders.

The Practice Notes Editor, **Hugh Floyd**, has found two diverse articles for this section. The first, "Women's Discussion Groups: Applications of Identity Empowerment Theory," by **C. Margaret Hall**, describes two women's empowerment discussion groups that she has facilitated over a five year period. In this article she suggests strategies that female sociologists can use to enhance the empowerment of other women. At the SPA meetings in Pittsburgh in 1992, I had an opportunity

to participate in a workshop in which Dr. Hall demonstrated her techniques, and I can testify that the process was personally very enlightening. **Norman L. Friedman** and **Susan Schuller Friedman** examine new roles for clinical sociologists in formal organizations in their article, "Diversity Management: An Emerging Employment/Consulting Opportunity for Sociological Practitioners."

Harry Cohen has continued his splendid work as Book Review Editor. The books reviewed cover many of the same themes as the articles and notes. **Gerald Horne** reviewed Stanley Clawar's book, *You and Your Clients: A Guide to a More Successful Law Practice through Behavior Management*, in which Dr. Clawar advises members of the legal profession how to use clinical sociology to enhance their practice. Two of the books deal with issues of childhood socialization, especially problems among teenagers. These two books are Stanley Clawar's *Children Held Hostage: Dealing with Programmed and Brainwashed Kids*, reviewed by **Gerald Horne**, and Donna Gaines' *Teenage Wasteland: Suburbia's Dead End Kids*, reviewed by **Suzanne M. Retzinger**. Given the current national attention that our health care system in the United States is receiving, it is perhaps not surprising to find that three of nine books reviewed deal with health care issues. The first book examines *The Social Costs of Genetic Welfare*, authored by Marque-Luisa Miringoff, and reviewed by **William D. Davis**. The second book is *Good Days, Bad Days: The Self in Chronic Illness and Time*, written by Kathy Charmaz and reviewed by **Brenda Silverman**. **Katrina Johnson** reviews *Values in Health Care: Choices and Conflicts* by John C. Bruhn and George Henderson, in which the authors examine values related to health, prevention, normalcy, religious beliefs and pain. The recurrent theme of values is raised again in Dr. Johnson's review of *A Question of Values: Six Ways We Make the Personal Choices that Shape Our Lives* by Hunter Lewis, and in **C. Margaret Hall**'s review of *How Different Religions View Death and Afterlife*, edited by Christopher Jay Johnson and Marsha McGee. The book review section ends with **Dennis Kaldenberg**'s review of *Timing the De-escalation of International Conflicts* by Louis Kinsberg and Stuart J. Thorson.

I would especially like to thank the section Editors for their hard work this year. Teaching Notes, Practice Notes and the Book Reviews are exceptionally good. Also, I would like to thank **John C. Bruhn**, Vice President for Publications, for negotiating the SPA's contract to publish *CSR* with the University of North Texas Press. It was a long and tedious process but the result is one that will result in a better quality product for the SPA members. I would also like to thank **Dr. James Ward Lee**, Director of the Center for Texas Studies at the University of North Texas.

Thanks are also due to the members of the Editorial Board for all their assistance. Thanks are especially due to all the reviewers who took time from their busy schedules to thoughtfully review manuscripts, who got their reviews in to the editor in a timely fashion, and who patiently re-reviewed manuscripts until the editorial process was complete. Any journal is only as good as the reviewers and we are very fortunate to have such exceptionally good ones. We also owe a big "merci beaucoup" to **Veronique Ingman**, of the University of North Texas, who has conscientiously and painstakingly translated the English abstracts into French for both Volume 10 and Volume 11.

Finally, I would like to thank the University of North Texas for the continued generous financial support for *CSR*, as well as for the administrative support I have received which has allowed me to serve as Editor this year. Two people who have been especially supportive are **Blaine A. Brownell**, Provost and Vice President for Academic Affairs, and **Daniel M. Johnson**, Dean of the School of Community Service. I could not have produced the journal this year without the dedicated assistance of my Editorial Assistant, **Kim Alexander**; **Leslie Burkett**, who copy edited much of the material; **Fonda Gaynier**, in the Department of Sociology and Social Work who managed the accounts and kept me organized; and **Betty Griese** and her staff in the Computing Center, who did much of the word processing.

About the Authors

Sarah Brabrant is a professor of sociology at the University of Southwestern Louisiana and a Certified Clinical Sociologist. Her research interests center on social and cultural impacts with emphasis on strategies for intervention. She presently facilitates support groups for Lafayette CARES, the local AIDS support organization, and for Compassionate Friends, Arcadiana Chapter. Recent publications include the development of a sociological oriented analogy for grief counseling, AIDS grief counseling away from epicenters, grieving widows, and parental grief.

Russell Buenteo received his master of arts degree from the University of Houston. He is currently pursuing his doctoral studies at Purdue University. He is a recipient of an American Sociological Association Minority Fellowship for 1992-1993.

Harry Cohen lived the first twenty-three years of his life in urban Brooklyn, New York among diverse immigrant groups. He is now working at Iowa State University, Ames, where he brings interdisciplinary insights from philosophy, family and marital therapy, and psychiatry to the teaching of courses with clinical perspectives in social psychology and sociology of work. He is the author of *Connections: Understanding Social Relationships* which presents the clinical uses of sociological theoretical perspectives.

Beverley Cuthbertson-Johnson received her doctorate in sociology from Arizona State University where she specialized in the Sociology of Emotions. She completed a two-year clinical sociology internship program in the Department of Psychiatry, St. Vincent's Hospital, New York City. She had considerable experience working with individuals with emotional problems and disorders. She has co-led an outpatient group for individuals with bipolar affect disorder; she has also initiated and led an education/support group for the family members and significant

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John Gartrell is a professor of sociology at the University of Alberta, Edmonton, Canada. Besides his interest in child abuse measurement and preven- tion, his research currently includes the study of health in native communities, nursing worklife, public perceptions of AIDS, the social context of recycling, and metamethods and positivism in sociology.

C. Margaret Hall is a professor and former chair of the Department of Sociology at Georgetown University, Washington, D.C. She teaches service learning internship seminars, and has a private practice in individual and family therapy. Dr. Hall has organized women's empowerment discussion groups in the Washington metropolitan area for the last five years. Her research and publication focus on theory construction in clinical sociology.

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F. Dale Parent is an associate professor of sociology at Southeastern Louisiana University. His research interests included the corporatization of the American health care system and rural health care.

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Luigi Tomasi is a member of the Department of Theory, History and Social Research at Trento University, Italy. He is the author of *The Young People of Eastern and Western Europe: Values, Ideas and Prospects: 1991*; *The Contribution of Florian Znaniecki to Sociological Theory* (1991); and *Sociological Theory and Development: The Case of the Asiatic South-East* (1991). He is Vice President of the European Centre for Traditional and Regional Cultures and President of the Cultural Association of Asiatic Studies.

Dale E. Yeatts received his Ph.D. in sociology from the University of Virginia, and is currently an assistant professor of sociology with a joint appointment in the Department of Sociology and the Center for Studies in Aging at the University of North Texas. Dr. Yeatts was formerly employed as an evaluation consultant in Washington , D.C. Since coming to UNT, he has been Principal Investigator on a research project on self managed work teams in industry, funded by the Texas Advanced Research Program.

The Influence of Religion on the Chicago School of Sociology

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University of Trento

ABSTRACT

This paper concerns the influence of religion on the Chicago School of Sociology. After showing the marginal importance that religion had in early sociological American studies, this article takes issue with those interpretations that do not acknowledge that the Chicago School remained interested in the topic of religion even after it had freed itself of theological influence in order to concentrate more on solving the problems in America at that time. It is the author's opinion that the Chicago School promoted religious research not only during the time of Albion W. Small and Charles R. Henderson when theological interest was strong, but later too, when a number of studies concerning the problems of the city were written, as well as other studies that sought a greater understanding of the ethnic factor. The purpose of this paper is to try to interpret the role religion played in the various kinds of research produced by the Chicago sociologists during the golden age of the School.

Introduction

This paper sets out to explain how and why religion came to play such a prominent role at the Chicago School of Sociology. Although the School's explicit interest in religious research was never articulated clearly, the topic of religion was present from the very beginning within a varied and eclectic orientation.[1]

The Chicago School (Bulmer, 1984; Deegan, 1988; Harvey, 1987; Smith, 1988), whose interests focused on different aspects of the institutions of the city, worked hard on the construction and the development of sociological theory

(Tomasi, 1989a, 1989b). The different research methods used at Chicago—personal documents, social maps, ecological studies and the emphasis on field work—indirectly approached the theme of religion.

The technique chosen by the sociologists—the social survey, considered appropriate for describing a given territory, institution, or problem—inevitably led to their involvement in religious themes, especially when they were dealing with questions concerning administrative efficiency or welfare legislation. And, in fact, the Chicago School's classic contribution to sociology lies in this precise context and in combination with a growing number of voluntary civil and welfare organizations which emerged in the period just before the First World War.

After illustrating the partial importance that religion had in early sociological studies in America, this paper sets out to show its role in the sociological research promoted at Chicago, contesting interpretations that do not acknowledge that the Chicago School was responsible for promoting research on religion.

1. The Impact of Religion on the Early American Sociological Studies

The social conditions prevailing in the United States of America at the end of the nineteenth century, particularly the problems caused by urbanization, industrialization, and immigration to American cities (Harvey, 1987, 109–124), prompted intellectuals to develop new interpretative approaches towards the understanding of society. This research, which tended to describe the formation of a "new social morality," closely involved people professing different religious faiths. Not by chance, many of the early sociology researchers were Protestant ministers.

The poverty in the countryside and the squalor in the cities led to the creation of a collectivist and egalitarian movement which very soon undermined the Protestant ethic that had favored the "Natural Right" of powerful businesses in the states between 1860 and 1920 (Baltzell, 1964, 158). This new idea was spread across the United States by two movements: the "Settlement House" and the "Social Gospel," both originating in England where the "Christian Socialists," led by Charles Kingsley and Frederick Denison Maurice, were striving to reform the negative aspects of industrial capitalism (Baltzell, 1964).

Settlement House started in England when a group of socialists founded "Toynbee Hall" in London in 1884. This inspired Jane Addams and Ellen Starr (Fritz, 1989, 78) to open "Hull House" in Chicago in 1889 (Addams, 1910),

followed by the famous "House of Henry Street," opened in New York in 1893 by Lillian Wald. The Social Gospel Movement (Hopkins, 1940; Morgan, 1969), whose ideas were based on the conviction that the salvation of a person's soul was useless without a parallel effort to christianize urban development, made a fundamental contribution towards maintaining the new theories of social change. The two main theorists of this movement were Washington Gladden, whose book *Applied Christianity* appeared in 1886, and Walter Rauschenbusch, author of the fundamental work, *Christianity and the Social Crisis*, published in 1907 (Goldman, 1956, 82–85).

In the United States Protestant churches were receptive to the "New Social Gospel," especially the Episcopal church, which founded two religious reform bodies: "The Church Association for the Advancement of the Interests of Labor" (CAIL) and "The Christian Social Unit" (CSU). The former was founded by Father James S. Hutington in 1882 and the latter by Richard T. Ely in 1891.

Parallel to the beginning of the Social Gospel, Settlement House, and the Political reform Movement was the emergence of the "New Social Science." Many of the early sociologists, for example, William Graham Sumner, were clergymen and were profoundly influenced by the philanthropic spirit of the age (Sumner, 1910). The alliance between Social Reform and New Social Science was clearly symbolized when the National Institute of Social Science awarded its gold medal to Lillian Wald in 1912. The relationship between the Social Gospel and the New Social Science was further strengthened with the foundation of the American Economic Association in 1885; Washington Gladden and another 22 ministers were the signatories of the association's charter (Baltzell, 1964, 157–158; May, 1949).

The need to institutionalize the reform movement both by the state and by the church was the basic task of the New Social Science, as was clearly emphasized by William James and John Dewey for philosophy and psychology, Charles W. Beard and Frederick Jackson Turner for history, Thorstein Veblen for economics, Lester F. Ward and Charles H. Cooley for sociology, Oliver Wendell Holmes for law, and Franz Boas for anthropology. All of them were opposed to racism, social Darwinism, and determinism of a hereditary form, and believed in the ability of human nature to respond to new social conditions. Although Edward A. Ross was a popular sociologist of the time and Lester Ward was the first president of the American Sociological Society, it was Charles H. Cooley who exercised a decisive influence on sociology by being an outspoken critic of Social Darwinism and the theory of eugenics.

Within this reform movement, various Protestants were interested in combining reform with nascent sociology. While Edward Cummings, minister of the South Congregational Church in Boston and one of the most important advocates of the Social Gospel Movement in the United States, was holding the first course in sociology at Harvard in 1891–1892 (May, 1949, 206–207), Graham Taylor, founder of the Chicago Commons and author of the syllabus of biblical sociology, was teaching Christian Sociology at the Chicago Theological Seminary (Muelder, 1948, 28–34; Warren, 1939). This religious interest spread to other large American cities, above all to New York through Walter Laidlaw of the Federation of Churches (Bliss, 1892, 45–46).

A decisive contribution towards religious research was made with the foundation of the Rural Sociological Society in 1912. Warren H. Wilson was the first person to carry out religious research in the countryside (De Brunner, 1957), followed by Giddings, Ch. Gill and Gifford Pinchot, the latter setting up the first study of rural churches in Vermont. These initial surveys led on the one hand to a greater comprehension of parish life and to an acquaintance with the needs of the faithful, and on the other hand to a growth in maturity of the science of sociology.

Slowly, the "religious survey," with its studies of rural churches promoted in the main by the Interchurch World Movement,[2] spread to 357 American cities, aiming to learn more about the religious background of immigrant workers and the social conditions of blacks in particular (Fukuyama, 1963, 197). This wide range of research led to the foundation by John D. Rockefeller, Jr., in 1921, of the first institute of research for religion in the United States. The concept that religious studies could not be conducted in a disorganized way was widespread, and it was accepted that the foundation of an appropriate institute for applying scientific methods to the study of the socioreligious phenomenon could not be put off any longer. The most important work produced during the life of this institute (1921–1934) was definitely the classic study by the Lynds, *Middletown* (1929), and the collaboration set up with the "President Hoover Research Committee" on *Recent Social Trends in the United States* (Ogburn, 1927), on which some sociologists from the Chicago School worked, notably William Ogburn. Although much of the research promoted by this institute was descriptive, it constituted the basis for the development of further, mainly theoretical, work.

In the wake of research begun by the Chicago Theological Seminary through Graham Taylor (Fukuyama, 1963), Arthur E. Holt and Samuel C. Kincheloe carried out numerous sociological surveys of a religious nature in the metropolitan area of Chicago. Of the contributions by the Chicago Theological Seminary, three mono-

graphs by S. C. Kincheloe are of considerable importance; two concern "the types of behavior of the Protestant Church in the city of Chicago" (Kincheloe, 1928) and one is on "Religion in the Depression," written for the Social Research Council (Kincheloe, 1937). The singularity of these three studies lies in the author's sociological methodology of the Chicago School to the study of the churches, with specific reference to the administrative aspects. It is worth remembering that the Community Renewal Society of Chicago was also active in Chicago and it produced various studies on public education, on the government of the city, on poverty, and on ethnic groups.

Institutionalized religious research became extremely important in the decade following the war, when the churches were organizing research and surveying departments in order to plan and set up new church bases in growing urban areas. During this period, hundreds of new communities were surveyed in order to choose sites for building new churches. The researchers, whether by training or method-ology, followed the tradition of H. Paul Douglass, and all of them were religious representatives who had received their scientific training in the schools of theology.

The 1940s saw the foundation by the state and the church of what were called "research and survey" offices. Slowly, however, with the growth of the bureaucra-tization of research, academic sociologists managed to break away from the religious influence. While at the beginning of the century sociologists and clergy were moving freely between their work and their faith, and the clergy was teaching sociology at the universities, now the more the churches institutionalized religious research, the less their work had to do with sociologists; in time the clergy proved to be more a consumer than a developer of sociological research (Fichter, 1954; Harrison, 1959).

2. The Influence of Religion on the Founders of the Chicago School of Sociology: Charles R. Henderson and Albion W. Small

The early founders of American sociology were Protestants whose culture reflected their faith, together with principles of a scientific tendency (Bernard, 1934; Swatos, 1984). The reformist and religious inclination, generated by strong scientific motivation, planned to build "a better world for humanity" because it recognized the role of values in social integration (Dynes, 1974, 169–176; Poloma, 1982, 92–108). In effect, sociology was a new creed derived from the American sociocultural background of the nineteenth century. Later it became more of a

specific discipline, and this was particularly brought out by the first sociology course held at Yale by William G. Sumner (Sumner, 1910, 577–591).

Although the methodological techniques of the early sociologists were not very sophisticated and their theories were not always supported by the evidence, they were dedicated to making sociology a science. For them sociology was an alternative both to the ills of American society and to the Social Gospel and Christian Socialism (Cavanaugh, 1892. 109–129; Hadden-Longino-Reed, 1974, 282, 286; Diner, 1980).

With this purpose, sociology was an attempt to form a system of knowledge with the aim of building a "healthy society," and this came about after it was realized that Protestantism was incapable of seeking an adequate solution to the emerging crises of urbanization and industrialization and to the radical changes of the nineteenth century. For this reason, sociology was described in various ways: "Practical Christianity," "Applied Christianity," "Christian Sociology," "Biblical Sociology" and "Social Gospel Movement." All these found fertile ground in the sociology department of the University of Chicago, a university which promoted social reforms (Goodspeed, 1916; Mccarthy, 1982; Tomasi, 1989b, 10–18).

The golden age of the Chicago School arose when interest in "social reform" (Webster, 1932) and in "objective research" was over (Cavan, 1983, 407; Harvey 1987). The early foundation period, during which Charles R. Henderson and Albion W. Small were very influential, was directed more towards "moral reform" than to "scientific foundation" (Matthews, 1977, 93). In the city of Chicago, famous for its involvement in new reform movements in various social fields during the first 10 years of the century, there was a rapid growth in the voluntary service and civil organization sector in the period immediately preceding the First World War. This growth later developed into a systematic reform program (Diner, 1975; Shils, 1948).

The nomination of Charles R. Henderson (1848–1915) as professor in the sociology department of the University of Chicago was made with the aim of introducing "charities into the curriculum" and, for the occasion, Small stated that the "whole subject of the sociological facts and possibilities of organized Christianity should be treated by a man of broad intellectual outlook and practical experience" (Diner, 1975, 220).

Henderson saw sociology as being closely connected to reform, and under the auspices of his role as university chaplain, he published an article on the subject in which he wrote that "God had providentially placed the social sciences at the disposal of reformers." Although he had a lot of experience in "practical philan-

thropy," acquired before his arrival at Chicago, he very soon turned towards an empirical approach to social problems, an approach based on deep religiosity, which was strongly moralistic in nature and aimed at linking the university to the city.

In his two best articles, "The Scope of Social Technology" (Henderson, 1901) and "Practical Sociology in the Service of Social Ethics" (Henderson, 1902), he sought to lay a scientific base for sociology by showing that it was not only an art but a "scientific discipline" essential for the salvation of society (Henderson, 1901, 465–486). The aim of these articles was to refute the recurrent theory which held that sociology could not develop a method which would lead to a growth in knowledge. For Henderson, the aim of the social sciences was to discover the causes and tendencies of society and to formulate a mode of behavior which corresponded as closely as possible to welfare conditions.

If Henderson's interpretation of sociology was characterized by a specific religious aspect, the interpretation of Albion W. Small (1858–1926) was not different in that it promoted empirical research of a markedly Christian nature (Small 1924; Small-Vincent, 1894). However, notwithstanding the strong ethical considerations which pervaded his interpretation (Carey, 1975), he saw sociology as an objective science and not as an imitation of moral philosophy.

For him, sociology was a scientific and ethical discipline tending towards reform and based on effective knowledge; the ethical considerations formed the basis for those research areas which were suitable for sociology, while surveys could proceed in a more scientific manner. Since the value of neutrality meant objectivity in empirical research, science, according to his theory, could be seen more as inductive theorization rather than as a collection of simple facts (Matthews, 1977, 25–96).

Small agreed with this interpretation and understood sociology to be the means of moving from "theory" to "practice," which he was convinced could be demonstrated empirically. He expressed this conviction clearly in his book, *The Meaning of Social Science*, where he stated that social science could not "be a substitute for religion, but it is getting plainer and plainer . . . that social science is the only rational body for religion" (Small, 1910).

Small was extremely interested both in the concepts of Christ and in the religious character of human nature. He strove to develop a sociology aimed at educating the world according to the teachings of Christ, and for this reason his project "from God to Man" did not start in the church or on the street, but at the academy. In a series of lessons called "Christianity and Industry" held at the

University of Chicago, he defined what it meant to be a Christian in the following way: "Christianity is thinking as Jesus thought about life, and feeling as Jesus felt about life, and willing as Jesus willed about life . . . the indicated function of Christianity is to promote the Christian spirit" (Small, 1916, 721–864; Small, 1920: 673–694).

Small clearly had a profound influence on the development of sociological theory in the United States even if the different theories that he had imported from Europe, especially the ideas of the Australian sociologist Gustav von Ratzenhofer, often met with numerous difficulties. His intellectual development coincided with the shift that came about in America at that time from moral philosophy to sociology, and in Germany from history to sociology. Believing in sociology as an ethical discipline, he combined empirical surveys with the universality of causal processes. Under the influence of different theories, including those of Lester F. Ward and G. Sumner (Sumner 1906; Ward, 1906), he concluded that sociology could not be a study of social statistics but part of a continual and open social process whose causes lay in group conflict. His interpretations, although they were not always very clear, had a decisive influence on two of his colleagues: William I. Thomas and Robert F. Park (Matthews, 1977, 96). Thomas, in fact, persuaded Park to dedicated himself to sociology and, after Thomas, Park abandoned research on social reform in favor of an ethnic approach which he considered more of a priority for understanding society.

So, in Chicago, from 1897 to 1915, Small and Henderson were promoting sociological research which was deeply influenced by contemporary discussions between naturalist sociologists and Christian reformers. When they refused to confine sociology to the New Testament, they had to consider both the post-Darwinian method and the spirituality of the New Testament valid, because they were unable to limit their research to a single approach. It was in this way that they developed Christian concepts in the context of an understanding of social processes.

With the dismissal of Charles Zeublin in 1908, the departure of George Vincent in 1911, and the death of Henderson in 1915, the religious ideas of the department became less obvious. A move towards a more secular kind of sociology began to take place despite the fact that, for Small, sociology continued to be an ethical science that could act as the moral basis of society. In fact, the department, founded at a time in which sociology and social reform were seen as closely related, developed a different approach in the new century. Slowly the links between sociologists and reform were loosened owing first to the establishment of the

Department of Ecclesiastical Sociology and later the Department of Practical Sociology.

Even the ties that bound sociology to religion and to social reform were steadily being loosened. Some courses held by Henderson were canceled after his death, and Small's course in "Ethics and Sociology" also was removed from the curriculum upon his death, together with Burgess's course "The Causes and Prevention of Poverty." The courses "Problems and Methods of Church Expansion," "Contemporary Charities," "Family Rehabilitation," and "Church and Society" were soon canceled as they no longer aroused any interest. From 1924 onwards, the separation of sociology from social reform became a more marked orientation, and scientific sociology prevailed.

3. The Partial Role Played by Religion at the Chicago School of Sociology

From what has been said it is clear that the Chicago School of Sociology played an important role in American sociology. Initially involved in social reform, but never isolated from theory, it rapidly evolved from reformist concepts to become a discipline with "a more solid scientific base," that is, moving from the "moral philosophy" of history to the "science of society." Slowly the changes and problems of society led to the conviction that nothing could be known without a more specific and detailed study of these changes.

Although William I. Thomas (Fritz, 1989, 76–77), by upbringing a Protestant, was influenced by Small, Henderson, and other members of the department, he did not develop the idea of social reform. The interests passed on to him by, among others, the psychiatrist Adolph Reyner, took him away from surveys of a Christian nature and directed him towards a material conception of life. Very soon he developed a disinterested line of inquiry, freeing sociology from its preoccupation with social reform and making it into a science of social reform and social welfare. He considered himself a scientist of society, so Thomas neglected moralism and sought to understand anthropological behavior rather than to judge it by changing it (Thomas, 1909).

This long and complex intellectual development led Thomas to assimilate a vast quantity of theoretical material and to develop a "theory of social change." This theory, systematically expounded in his *Source Book for Social Origins* (Park, 1915), was repeated and developed in *The Polish Peasant in Europe and America* in 1918. In the latter volume he made a contribution toward the explanation of the

dynamic relationship between the individual and society, showing how every concrete action comes about through the transformation brought about by the impact of a particular structural and cultural situation on a specific type of attitude. A further theoretical development by Thomas was his "theory of crisis," which formed the basis of the doctrine of social disorganization formulated in *The Polish Peasant in Europe and America* and was used to interpret many of the phenomena studied. This explains stability and change in terms of the consistency and the strength of the attitudes and values which cultures give to their members, and the ability of these values to satisfy the personal wishes of the individual.

However, Thomas emphasized that the disorganization of social norms did not automatically mean that the individual members of society were subject to a parallel personal disorganization. Social norms, together with individual temperament, as well as the particular differences in the life story of each person, are important in modelling personality but they are not always present.

Let us now move on to a brief analysis of Park's development of theory, where we see that, concentrating on social illness, he studies urban social conditions with their endemic disorder and conflict, and theorizes about new social control. While for sociologists like Cooley, urban disorder could be eliminated by professionals, for Park it could be reestablished without special assistance. He did, however, accept his predecessor's model of social disorganization, but he did not attribute to sociology a role in the reestablishment of this order. The definition of sociology that Park was successful in imposing, if perhaps in a limited fashion, on the sociology department of the University of Chicago was relevant to his implicit interests, which consisted of combining the naturalistic and rationalistic approaches of theoretical sociologists with the firsthand research methods of empirical sociologists.

Park's main contribution to the development of sociology can be seen in *The City* (Park, 1915). This essay offered a wide research program aimed at unifying the applied field of urban studies with general theory. It was also a collection of the previous developments of urban aspects with special reference to the ideas of Simmel, Thomas, and Sumner. On the whole, two categories were important for Park: the "ecology" category which involved the effects of the division of labor together with population distribution, and the "cultural" category which concerned the effects of knowledge of the human self and behavioral choice, and the particular kinds of characters which developed in the human environment. In other words, he sought to explore the variety of ways in which human nature was influenced by the complexities and specialization of the human environment.

Clearly Park, like Thomas, was trying to apply grand theory to the concrete examples of a changing society in order to build a bridge between theory and empirical research, by concentrating on small groups and communities, or on particular kinds of characters. These illustrated the impact of different social forces, but he did not consider religion to be important.

If we compare the contribution of these two sociologists, Thomas and Park, with respect to their analyses of society and the growth of sociology, we see that both contributed enormously to the discipline as such. Both broke away from the "sociology-reform" relationship, but with different methodologies and approaches. While Thomas was never directly interested in religious surveys, Park was, although not in a major way. Park had various contacts with the Committee on Social and Religious Surveys and the Institute of Social and Religious Research in New York, and with the Chicago Society for Social Research and the Survey of Race Relations in California. In particular he studied religion in the context of race relations, as clearly emerges from a letter about the "religious survey."[3] An analysis of Park's letters clearly shows his interest in the relationship between race, religion, and religious journalism (Dewitt, 1931; Jensen, 1920). Although his approach to religion was never carried very far, he always kept it in mind as a "complement to sociological theory" (Park, 1924 b).

Within the Chicago School, Robert E. Park had an attitude of extreme skepticism towards statistics, whereas William Ogburn had developed the measuring of social phenomena, and Ernest Burgess had tried to mediate between the two by using both quantitative and qualitative techniques. It is worth emphasizing the contribution made by Ogburn who, coming from Columbia University, was strongly inclined towards the use of statistical methodology and quantitative analysis. His "Recent Social Trends" was extremely advantageous for the study of religion: he called the report's second chapter "Changes in Religious Organization." Whereas Ogburn made a further contribution to statistics, his arrival at Chicago caused a great deal of discussion and controversy. W. Ogburn, M. Cornick, and S. Stouffer, as the advocates of a new methodology, were on one side, and Robert E. Park, Herbert Blumer and Louis Wirth, defenders of the study of life histories, ranged on the other. William Ogburn expressed this interpretation clearly in his Presidential address to the American Sociological Society in 1929, when he dissociated sociology from reform and aligned it with what he considered to be the sole aim of sociology: "the study of knowledge" (Lyon, 1978).

There are several examples of religious surveys carried out by the Chicago School of Sociology. As far back as 1901 Morris Gillette wrote about religious

agencies, churches, and the bases they established in his thesis, *Culture Agencies of a Typical Manufacturing Group: South Chicago*. His observations were substantiated by a series of data which clearly showed the activities that the churches promoted at that time (Gillette, 1901).

The early period of American sociology, characterized by the impact of urban growth, the collapse of religious values, and the rise in immigration, provoked a response agreed upon by the representatives of the clergy and sociologists, a response that was aimed at inculcating religious values as an antidote to the illness of society (Blachley, 1920). This important interest led to important studies of contemporary social conditions, which were collected together in the *Encyclopedia of Social Reform* in 1897.

This interest in religion can also be found in the thesis by Manuel Conrad Elmer, *Social Surveys of Urban Communities*, 1914, written under the guidance of Charles Henderson. It is asserted here that the work of the church in the area of welfare was always directed towards moral evils. What distinguishes this study is its formulation of a constructive policy to serve as a basis for the future. Its aim was also to show the necessity of the social survey for understanding society and for the development of a policy aimed at the treatment of society. Speaking of the "religious activities," he also showed the need to formulate a comprehensive program of all aspects of society (Elmer, 1914).

In Thomas James Riley's thesis, *A Study of the Higher Life in Chicago*, there are three paragraphs on religion (Riley, 1905), the last of which describes the position of the churches in Chicago. It can be clearly seen that there was no conflict between "genuine scientific charity" and "genuine church charity" (Carthy, 1980). A lot of space is given to the relationship between the scientific community and the church, a relationship considered a priority for intervention on behalf of society.

Other studies, such as the one by Howard Eikenberry Jensen entitled *The Rise of Religious Journalism in the United States*, represented an attempt to analyze the religious periodical press with the aim of understanding religious attitudes during formative stages of the American mentality, together with the influence of religion on the various movements which emerged. The study analyzes 485 periodicals published before 1845 and includes the period of the organization of the churches in America. The missionary movement, the early voluntary services, the Baptist church, and the disappearance of the old order are analyzed competently and with precision (Jensen, 1920). There is a clear break here from the theses exclusively concerned with theology, written in the very early years of the Chicago School (Faris, 1937).

In summary, only a few studies specifically concerning religion were conducted by the Chicago sociologists, even if religion was frequently treated in a general way in many works produced by the School. Research of a religious nature can be thought of as falling into two categories. The first is of a "theological tendency" which stems from people who were in a sense "involved" with religion. For example, Ernest W. Burgess was the son of a Protestant priest and Ellsworth Faris had been a missionary for some time. The theological aspects can be clearly seen in the titles of early theses, among which are: *Stages in the Theological Development of Martin Luther*, 1893, by Clifford W. Bernes; *The First Three Years of Paul's Career as a Christian*, 1908, by Ruby Lee Lamb; *The Relation of Religion to the "On-Going" of the Social Process*, 1912, by Victor W. Bruder; and *The Influence of Modern Social Relations upon Ethical Concepts*, 1918, by Cecil N. Reep (Faris, 1967). This was due to the theological influence of Albion W. Small, George Vincent, and Charles Henderson. From theology at the beginning, research on religious phenomena underwent a more sociological but never decisive evolution. The interaction of ecology with religious dynamics shows that the collection of personal documents and life histories, as in general the approach to social behavior and the use of methods, rarely was aimed at religious analysis. Only the maps, needing to show various types of variables such as population density, distribution of nationality, economic business and occupation division, recorded the "religious ethnic groups."

The second category of religious research was concerned with the analysis of "religious sects." In particular, the study of religious sects from the ethnographic side of systems and the effects of social order on the processes of social psychology flourished. The sect is made up of sectarians and the sectarian is a personality who can be understood only if one is aware of the social matrix from which he comes. Faris stated that the sect supplies material for the study of leadership because of the exceptional success of some sect leaders. A considerable number of interpretations, some theses, and the work by Pauline V. Young have demonstrated this line of interest. Two further aspects were present in the Chicago School of Sociology, the relationship between "sacred and secular" and "religious policy," in particular electoral behavior, but these have never had sufficient treatment.

From the above, it can be seen that the study of religion has been sparse and fragmentary, because the areas of study that were given more attention by the School were deviancy and general social aspects of the city; religion, as has already been stated, was not considered an important subject for analysis.

At this point it is useful to remember that the nineteenth century was the time of centralization and uniformity of world Catholicism and that this produced deep ethnic conflicts. In the United States, and particularly in Chicago, these tendencies made themselves felt, not only by modifying the old-style American independence, but also by feeding ethnic conflicts between the various groups of immigrants, and by creating problems in the search for a genuine expression of Catholic life.

Conclusion

From the foregoing it is clear that the Chicago School of Sociology contributed integral parts to the development of American sociology. Initially involved with social reform but never isolated from theory, it rapidly drew away from reformist concepts to become a discipline that was trying to build "a more solid scientific base." Studies of religion at Chicago were mainly undertaken through the use of official statistics, and this has often given some scholars the occasion to assert, erroneously, that these sociologists did not make hypotheses that stood up to rigorous statistical checks.

This incorrect interpretation gives us the opportunity to make three observations to clarify the role played by religion in the Chicago School. The first consideration is that, although at the beginning the Chicago sociologists did not carry out planned interviews of a representative sample, this does not mean that they were against statistical analysis, but shows rather their "skepticism about the ability of the statistical method to convey the subjective aspect," which explains their choice of life histories first and then maps.

It is in fact in the collection of personal documents and life histories, in the approach to social behavior and in the use of survey methods (within a plethora of sociological surveys supported by an eclectic tendency, aimed at integrating the subjective and objective aspects using a many-faceted methodology), that religion was kept in mind as a variable for the greater understanding of the ecology and racial mix of Chicago.

A second consideration concerns the different ethnic groups living in Chicago at the beginning of the century, "ethnic groups that were more interested in asserting their identity on American soil than in studying their religious behaviour." More than once, this had led some scholars to assert that the theoretical contribution of Chicago was made only in the urban sector. This interpretation, in the light of recent studies, is clearly untenable, and instead it seems clear that the correct interpretation is one in which the Chicago School did not develop an empiricism unsupported by

theory, nor restrict itself solely to urban sociology, but instead promoted varied empirical research in different fields.

As a third and last consideration, it is necessary to remember that the existence of the Theological Seminary, the foundation of the Divinity Department, and "the lack of a sociologist devoted to religion within the Department of Sociology," were the three fundamental causes that definitely held back the development of religious studies started in this first American school of sociology.[4]

NOTES

1. The main series of papers consulted for the present article (papers on Albion W. Small, Charles Henderson, Robert E. Park, Ernest W. Burgess, William F. Ogburn) are located in the Special Collections Department of the Joseph Regenstein Library at the University of Chicago. Two major series, the official Papers of the President of the University of Chicago for 1889–1925 and for 1925–1945 contain some material about the impact of religion on the Chicago School of Sociology.

2. Landis (1961, 8) suggests "a survey of the home and foreign field in order to ascertain accurately what should be done by the churches and charitable agencies of the country."

3. Robert Park (1924 a) wrote the following to Galen Fische: "I note in your letter of July 21st, that you say 'the religious aspect does not seem to be particularly well covered.' I might reply that this study, from my point of view, is a religious survey. We are getting materials and expect to get out a book which might, from my point of view, be called a book in religious education. I mean by that a book that is dealing with the cultural aspects of life, but I know that you refer to a more definitive body of materials, with reference to the churches, missionaries and Goodwill institutions. The materials that Mr. Day is working on are my notion of the sort of materials that would represent a report upon the work of the churches and other religious institutions in this field. I am, myself devoting more attention and time to that aspect and problem than to any other."

4. This synthetic statement of the problematics is part of a wider work that the writer has been undertaking for some time in association with the Committee on Social Thought of the University of Chicago with the aim of verifying the effective contribution of the School to general sociological theory.

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An Empirical Application
of Interprofessional Consensus

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ABSTRACT

Determining the veracity of increasing incidents of child abuse presents a problem to clinical sociologists as well as other agency professionals, and subsequently to studies which rely on these determinations for sample selection. This paper tests the theory of interprofessional consensus underlying child abuse reports in records from a hospital population. The average agreement (interpersonal consensus) of ten different professional reports is high, estimated by correlation analysis. Factor analysis reveals two separate dimensions underlying professional reports; one factor separates the social agency determinations from the legal agencies. Despite the clustering of agencies into separate dimensions, determinants of substantiation do not differ between the agencies. Criteria of determination common to both include mother and father's characteristics such as mental illness and drug use. Thus, utilization of the theory of interprofessional consensus provides an index which can be used by researchers and clinical sociologists to improve the accurate identification of cases or of a sample for study.

The Problem of Substantiation

Determining decisions in the increasing (Gelles & Straus, 1987) prevalence of intentional parental violence are a major problem for clinical sociologists and other agency professionals (Giovannoni & Becerra, 1979; Lamphear, 1986; Snyder &

Newberger, 1986). In considering allegations of child abuse, how do police, social workers, clinical sociologists, and researchers make determinations? How much agreement (interprofessional consensus) is there among these professionals regarding specific cases? Consider the following fictionalized case of Gideon Yazzie:

> Gideon is a two year old Navajo boy admitted to a hospital emergency room. He had a concussion on the forehead and upper skull, and a large bruise on buttocks and lower thigh. The doctor on duty concluded that both these injuries could not have been the result of a fall from a high chair, as reported by the parents. She therefore reported the incident to Child Protective Services (CPS). Gideon's mother, confronted by a policeman investigating the report, explained that only the day before the fall from the high chair, he had also fallen backwards off the sofa. Gideon is a very active child, and frequently acquires bumps and bruises. The CPS social worker interviewed the Yazzie's neighbors late that week. The neighbors complained that Mr. Garcia, Mrs. Yazzie's boyfriend, is often drunk and beats both Mrs. Yazzie and her son. Mrs. Yazzie denied this allegation under oath in family court, and explained that the neighbors were malicious, and would like to cause trouble for them because they resent the Yazzie's presence in an otherwise all-white apartment complex.

Substantiation of abuse in the lives of children such as Gideon is a perplexing problem for police, social workers, and family court judges. Clinical sociologists and other agency professionals confronted with contradictory information make crucial decisions, which affect termination of parental rights and children's safety. Researchers who rely on these sources to identify study samples must consider the methodological problems of inconsistency resulting from reporting sources that issue from very disparate agencies, and incompatible criteria for making determinations.

Research Implications

Inaccurate identification is the major difficulty which has plagued child abuse research and resulted in studies in which no differences were found to exist between the abused and the "control" group (Elmer, 1967; Lamphear, 1986).

In her review of 17 recent studies, Lamphear (1986) concluded that less than half had adequate operational definitions of what constituted child abuse and what did not. Researchers used one of a variety of legal, social work, medical, and psychological definitions of child abuse, relying on agency, clinical sociologists, and other professionals' substantiations without further analysis or testing as to the

accuracy of the determination. Another source of inconsistent results lies in the comparison of the findings of studies of child abuse with samples from differing types of agencies or official reports (Egeland, 1981). It is difficult to accumulate consistent and nonconflicting findings with research samples that rely on differing agency's definitions of abuse, unless those agencies use the same criteria to identify abuse cases.

These criteria have been used to distinguish between abused and not abused children: the observation of "nonaccidental injury" and the identification of abusive parental behavior. Researchers have identified one of the following; social worker's ratings, doctor's diagnoses, court judgments, official reports to police, and clinical observations of parent-child interaction to indicate inflicted injury or dysfunctional parenting.

Research definitions of child abuse which focused on harm to the child (nonaccidental injury) usually observed physical injuries. The modern study of child abuse began with Kempe, Silverman, Steele, Droegemueller, and Silver's (1962) recognition that some of the children admitted to University of Colorado hospital emergency room had been deliberately harmed by their parents. Defining abuse as "inflicted harm" selects samples that represent relatively extreme cases of physical abuse. Identification relies on medical physician's diagnosis (Gelles, 1975; Gil, 1970). Criteria which rely solely on physician's observations of injury err by omission.

Abused children may have no external evidence of the abuse which would lead the physician to further investigation. If there were an appreciable time lapse, the physical evidence of such harm may have faded over time, also allowing the abuse to remain undetected. Snyder and Newberger (1986) found physicians in their study were more likely to underestimate the abuse: "Surgeons consistently rated categories as less serious." They explain this finding as due to physician's "biomedical" rather than personal orientation, and relative lack of contact with patients and their families. Thus, the physician's reliance on physical evidence in making his decisions would argue that parent's characteristics or other types of information do not enter into the determinations.

Defining maltreatment as dysfunctional parenting behavior mandates the direct observation of parent and child interaction. Snyder & Newberger (1986: 126) consider clinical sociologists' and social workers' observations as essential to the decision-making process in determining substantiation of child abuse cases: "The observations nurses and social workers make are usually critical in decision-making about the filing of child abuse reports. Hence, the burden of recognition

may fall heavily on their shoulders." However, Snyder and Newberger also point out one problem for researchers that rely upon this source alone to differentiate child abuse cases from other children: that social workers as a group tended to rate cases very highly, to overestimate the severity of abuse, and perhaps to overestimate the existence of abuse as well. This suggests that social workers' and clinical sociologists' reports rely heavily on characteristics of the parents.

Child abuse reports are also substantiated by police and family court judges. Official statistics have problems which many observers have noted. Statistics on the discrepancy between victimization rates and rates of crimes reported to the police reveal that reported cases are a small minority of all incidents. Reported cases are likely to be extreme cases, and contain certain reporting biases; for example, we know that lower class individuals, whether or not they are more likely to commit the offense, are much more likely to be reported, and to be convicted (Gelles, 1975; Gil, 1970). This suggests that legal professionals' determinations may rely heavily on class and ethnic criteria.

Interprofessional Consensus

Researchers investigated the decision-making process in suspected cases of child maltreatment. Interprofessional consensus was proposed to exist for such diverse professional groups as social workers, police, clinical sociologists, pediatricians, and lawyers (Giovannoni & Becerra, 1979). In a recent test of the Giovannoni and Becerra hypothesis which included physicians, psychiatrists, and psychologists; Snyder and Newberger (1986: 139) found "professionals do discriminate among types of child maltreatment and are in some consensus regarding the relative seriousness of these categories."

Snyder and Newberger (1986: 137) call for future research to "focus on differences and similarities in behavior among professionals when recognizing and responding to cases of possible child maltreatment." They suggest that future research could "systematically investigate what specific information effects the evaluation of seriousness by different disciplines (e.g., nature of the consequence, parental characteristics, child characteristics, family socioeconomic status, ethnic group)." This paper develops a measure, based on the notion of interprofessional consensus among clinical sociologists and other professionals involved with the case, that investigates these dimensions and decision criteria determining professionals' preliminary identification of abuse cases.

Testing Interprofessional Consensus

Between July, 1978, and August, 1979, 218 children were admitted to a large state-run psychiatric children's hospital located in the southwestern United States.[1] When we omitted outpatient files and those which lacked important information, a sample of 183 cases with complete information revealed medical, legal, and social service reports. Table 1 records the relative numbers of each of 10 different types of reports in the 183 case records with complete information.

<div align="center">

Table 1
Professionals' Reports of Child Abuse

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Type of Report:	Frequency	%
1. Social worker	88	41
2. Child's self-report	63	29
3. Police report of abandonment	61	28
4. Physician's report of sibling injury or death	50	27
5. Spouse report of partner	54	25
6. Legal custody suit	53	25
7. Physician's report of nonaccidental physical injury	40	20
8. Legal prosecution	31	15
9. Parent's self-report	17	8
10. Court conviction	6	3

There was a record of a child's report to a responsible adult (teacher, social worker, etc.) in 28.7% of 183 cases with complete information. The child may have called the Child Abuse Hotline number directly, or, like Gideon in our example, may have been admitted to a hospital emergency room and seen by a physician. The police often enter the case because they are called by neighbors or teachers when children have been left alone for extended periods of time.

Observable injuries were reported for 20% of the children. National estimates of child abuse found 3.2% with a major injury and 18.5% with minor physical

injury. Physical evidence, used alone as the criteria for identification of abuse, would therefore allow between 78% and 97% of abuse to remain undetected. Of those in our sample who were injured, the pattern is consistent with that found elsewhere (Egeland & Stroufe, 1981; Gelles, 1982; American Humane Association, 1983). Broken bones were the most common injury, found in 10.4%; 4.4% had visible bruising, 3.4% had suffered concussion, 1% had evidence of burns (generally attributed to scalding liquids or cigarettes), and 1% had suffered genital injuries. The death or hospitalization of a sibling, due to child maltreatment, was reported for 27% of the group.

Teachers, physicians, clinical sociologists, as well as social workers are mandated by law to report instances of child abuse. When Child Protective Services receives a report, an investigation is initiated. Parallel to the social service investigation, the police conduct a similar review of the case to support a criminal prosecution. There was a confession by the abuser in only 8% of the cases. These few parents confess in the course of interviews and investigations, usually in order to receive leniency from the court or to obtain immunity from further prosecution. Clinical sociologists and other social workers substantiated abuse for 41% of the 183 children.

Besides the police report of abandonment, three types of legal records existed in the case files: custody proceedings, prosecution for abuse or neglect, and conviction. Legal custody suits were filed by Child Protective Services on behalf of 25% of the children. In 15% of the cases, parents were prosecuted by the local district attorney for child abuse. Convictions for abuse or neglect were fewer than one in five prosecutions, affecting only 3% of the children. Thus, many prosecutions are dropped or settled in other ways before trial.

Associations Among Different Reporting Sources

A pattern of correlation which reflects a high degree of relationship among the reporters is one confirmation of interprofessional consensus. Table Two presents bivariate phi coefficients relating the ten types of reports.

Generally, the phi coefficients indicate a moderate to high degree of association between different reports. This indicates agreement in the different reporters observing the case, and is some support for the existence of consensus among those clinical sociologists and other professionals.

Table 2
Intercorrelations of Professionals' Reports

	1	2	3	4	5	6	7	8	9	10
1. Custody	1.00									
2. Prosecution	.58	1.00								
3. Conviction	.30	.42	1.00							
4. Injury	.36	.30	.04	1.00						
5. Parent's	.15	.17	-.05	.26	1.00					
6. Spouse	.24	.24	.10	.28	.35	1.00				
7. Social worker	.52	.40	.21	.48	.26	.67	1.00			
8. Child's	.42	.39	.20	.36	.27	.52	.67	1.00		
9. Sibling	.55	.55	.28	.30	.19	.46	.69	.56	1.00	
10. Police	.39	.19	.14	.19	.08	.28	.39	.29	.28	

All correlations above .23 significant at p=.001.
All correlations between .17 and .22 significant at p=.01.
Minimum pairwise N=192.

One of the two relatively infrequent reports, conviction (phi=.022), was moderately associated with prosecution (phi=.39), indicating the fairly typical ratio of less than one conviction in five prosecutions. Reports of abandonment were somewhat more likely to be associated with reports of custody proceedings (phi=.44), and prosecution and conviction reports were even more likely to be found for the same case (phi=.55). Reports of siblings who were abused or neglected were also likely to be present with custody proceedings and prosecutions for abuse (phi=.53).

The other relatively rare report, confession by the abuser, was modestly associated with a spouse's report (phi=.32), and with a report by the child (phi=.35). Abuse reports by the child were quite likely to be associated with spouse reports (phi=.58), and with reports filed on a sibling (phi=.58).

Looking further at reports by family members, reports by spouses or confessions by the abusive parents were generally not associated with any of the legal (custody, prosecution, abandonment, or conviction) reports. This indicates the fact that parents or spouses may confess in order to avert further legal proceedings.

The strongest associations were observed between social worker's reports and children's self-reports (phi=.72), and between reports of abuse or neglect to a sibling (phi=.67). A social worker's report of abuse was also moderately likely to be found with a custody proceeding (phi=.47), abandonment (phi=.42), and a record of prosecution (phi=.39). On the other hand, the presence of a doctor's report of injury was generally not associated with reports from the criminal justice system, thus again suggesting that Snyder & Newberger (1986) were correct in their assessment that doctor's determinations are highly independent of other information sources.

The magnitude of the associations found among these data indicates that professionals' reports do contain a high degree of consensus.

Dimensions of Abuse Indicators

Several different algorithms of factor analysis examine the underlying structure of patterns in professional reporting.[2] As suggested by the correlations, is there a distinct structure of consensus for clinical sociologists and other professionals indicating the various types of agencies or the various occupational categories, as Giovannoni and Becerra (1979) suggest? Or perhaps there may be some other structure underlying consensus: "State agency guidelines regarding which cases will be substantiated are as likely to change with budget considerations as with attention to conditions adversely affecting children" (Snyder & Newberger, 1986: 125).

The clustering of items indicating consensus can be interpreted by the relative weighting of items across two resulting scales. Generally, analyses consistently yielded solutions with two interpretable factors (Table 3). Using a maximum likelihood solution, the first unrotated factor had an eigenvalue of 3.62, while the second had a value of .81.

The first factor under the maximum likelihood solution explained 42.7% of the variance in the variables (where total possible variance is 10 for 10 dummy variables). The second factor accounted for 13.6% of the variance.

The varimax rotation solution suggests a separation between the "legal" and the social dimension, as these variables load very differently on the two factors; although the legal dimensions do not load more strongly on one than the other. Remembering that the legal variables have low frequency of response (e.g., conviction contains only 2% of our cases representing approximately 18 families),

Table 3
Dimensions of Professionals' Consensus

Report	Communality	Eigenvalue	Factor One	Factor Two
1. Custody	.47978	4.08777	.58663	.48420
2. Prosecution	.44251	1.36237	.54997	.49498
3. Conviction	.20436	.95742	.31302	.34341
4. Police	.27227	.84034	.44772	.14629
5. Physician	.12258	.74167	.22897	-.06836
6. Parent	.16590	.71140	.30845	-.19287
7. Spouse	.57678	.40371	.73752	-.30823
8. Social worker	.72816	.36673	.90643	-.17274
9. Child	.57528	.33689	.77252	-.00546
10. Sibling	.56029	.19170	.75295	.15360
Eigenvalues:			3.62188	.80912

Chi Square=56.4975
Degrees of Freedom=26
Iterations=6
Significance=.0005

the loadings for these may represent the fact that although these variables have relatively rare occurrence, they indicate extremely high consensus within the legal profession by the consistency with which they cluster together.

Also, the highest communality estimate was for the social worker's report (.79), while a low communality was observed for the physician's reports of injury (.35). These results are consistent with earlier research (Snyder & Newberger, 1986), which shows social workers' ratings of abuse severity to be higher than the ratings of clinical sociologists and other professionals, and that physicians' ratings are apt to be less severe. This finding also suggests that social workers' ratings are highly related to the other reporters', while physicians' reports are relatively independent.

Thus the factor analysis confirms what Snyder & Newberger (1986) as well as Giovannoni and Becerra (1979) affirm about professionals' reports. The two

different types of professionals, those in social work agencies (such as clinical sociologists) and those in legal professions (such as police), have high internal agreement but constitute separate dimensions of consensus.

One possibility is they make similar determinations based on differing criteria. To test differing influences on professional determinations, we need to ask which variables influence a particular reporter. Are legal determinations affected by differing criteria than social agency decisions?

Correlates of Professional Reports

Correlations between the professional reports and certain other characteristics of the case provide initial evidence regarding relationships between various characteristics of the case and each professional's report.[3]

Table 4
Mother's Characteristics as Criteria for Child Abuse Decisions

Report	Mental illness	Alcohol abuse	Drug abuse	Criminal record	Abused as child
1. Custody	.31	.23	.28	.25	.13
2. Prosecution	.28	-.03	.16	.02	.09
3. Conviction	.19	-.06	.24	-.05	.32
4. Injury	.13	-.02	-.05	-.10	.05
5. Parent's	.07	.16	.06	.03	.13
6. Spouse	.30	.14	.15	.05	.32
7. Social worker	.29	.17	.31	.17	.31
8. Child's	.25	.24	.24	.16	.25
9. Sibling	.29	.20	.33	.22	.34
10. Police	.29	.31	.34	.23	.24

All correlations above .24 significant at p=.001.
All correlations between .20 and .23 significant at p=.01.
Minimum pairwise N=173.

If we consider characteristics of the mother (coded as yes or no) as influences on the various reports, we find that custody decisions are most highly influenced by mother's mental illness (.31), but that her drug (.28) and alcohol (.23) use also are highly determinative. Mother's criminal record is predictive of a custody determination (.25), while mother's abuse as a child does not seem to influence the determination to remove custody from her.

Prosecution decisions seem to be greatly affected by the mother's having a history of mental illness. Convictions relied more on drug abuse, although the relation for mental illness was also present.

The existence of a police report is generally highly related to knowledge that mothers are mentally ill, alcohol or drug abusers, have criminal records, or were themselves child abuse victims.

Physicians' determinations of injury were not related to any characteristics of the mother, which is as one would expect, if physicians' determinations are based upon observable injury.

The clinical sociologist's or social worker's report appears to be dependent upon evidence of mother's mental illness and her drug abuse; but additionally the information that mother had been abused herself as a child is more often taken into account.

This evidence confirms that information about characteristics of the mother, when available, influences different reporters to consensus determinations about child abuse cases. Excepting only the physicians, clinical sociologists and other professionals are using the same characteristics of the mother to make determinations about the veracity of abuse in substantiating cases. Do characteristics of the father also influence professionals' reports about child abuse (Table 5)?

In Table 5, briefly, we see that the same patterns hold true for characteristics of fathers as for characteristics of the mother in determining professionals' opinions about the existence of child abuse, with two exceptions.

Police reports appear to take none of father's characteristics into account.

Another difference lies in the determination of custody. Father's characteristics are not related to custody, which likely reflects the tendency of courts and other officials to award custody to mothers. In other words, knowledge of father's mental illness is probably irrelevant to custody hearings, in distinct contrast to the importance of mother's mental health.

Table 5

Father's Characteristics as Criteria for Child Abuse Decisions

Report	Mental illness	Alcohol abuse	Drug abuse	Criminal record	Abused as child
1. Custody	.03	.09	.12	-.01	.05
2. Prosecution	.19	.06	.16	.07	.12
3. Conviction	-.06	.19	.31	.06	.14
4. Injury	.20	.11	-.01	-.03	.11
5. Parent's	.24	.16	.01	-.00	.20
6. Spouse	.28	.32	.19	.06	.18
7. Social worker	.19	.26	.11	.08	.19
8. Child's	.24	.29	.19	.07	.26
9. Sibling	.21	.25	.11	.03	.34
10. Police	.02	.06	.16	-.06	.02

All correlations above .24 significant at p=.001.
All correlations between .19 and .23 significant at p=.01.
Minimum pairwise N=161.

Summary

    Substantiating child abuse cases continues to rely on clinical sociologists' and other professionals' opinions. Little is known about interprofessional consensus and how determinations are made. In this paper, we empirically verify the existence of interprofessional consensus in a variety of reporting sources from a sample of hospital medical records. The extent of interprofessional consensus in the reports was estimated at .84 by alpha. The different reporters appear to cluster into two dimensions, representing the legal and the clinical sociology or social work approaches. Clinical sociologists and other agency professionals base their determinations not on characteristics of the child such as race, gender, or class, but rather on characteristics of parents such as mental illness and drug abuse.

Research Implications

We propose that interprofessional consensus should be further tested for use as a measure or scale to detect the accuracy of identification of study samples. Combining all ten different reports into a simple summated index (Table 6), one can interpret the alpha statistic as the degree of overall consensus; or the average amount of overlap in the reports.

Table 6
Measure of the Extent of Interprofessional Consensus
on Child Abuse Cases

Number of Reports	Frequency	%	Increase in alpha
0	99	45.4	.673
1	24	11.0	.734
2	14	6.4	.766
3	18	8.3	.785
4	23	10.6	.797
5	11	5.0	.805
6	18	8.3	.811
7	5	2.3	.815
8	6	2.8	.840

N=218
Mean=2.04
Chronbach's alpha=.84

This index measures the extent to which interpersonal consensus exists for a particular case. We can see that there is no indication of abuse for 99 of 218 cases. Looking at the internal consistency, which we are interpreting as consensus for this data, we see that there is 67% agreement in cases of no abuse (where reports are 0). Interprofessional consensus increases from .73 to .84 with the addition of all the reporters. This index could be useful as a device or measure to verify a sample of abuse cases for accuracy of identification. The theory of interprofessional consensus, as shown in the case records reviewed here, potentially solves the problem of

substantiation by providing a reliable, internally consistent scale as an index of interprofessional consensus.

NOTES

1. A demographic description of the hospital population is available upon request. The average case was a white male, 11 years old. Cases were not statistically different from national or local samples.

2. The results of maximum likelihood, which is the most conservative test of the data, and of alpha extraction (not shown) were similar, that is, both arrived at two interpretable factors, and had similar loadings for variables on the factors.

3. Indicators such as unemployment, receipt of welfare, race, ethnicity, sex, age, and characteristics of the child were found to have no statistically significant magnitude of association with any of the reports. Therefore, the earlier suggestion that legal professionals might be more highly influenced by class, race, and gender variables is not the case in this data. We report below only those characteristics of the case which were found to have a significant correlation with at least one of the reports. The tables are available upon request.

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Successful Facilitation
of a Children's Support Group
When Conditions Are Less than Optimal*

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ABSTRACT

This paper describes a sibling support group that has flourished for over 3 years. The setting provides little more than a table and chairs. Storage space for supplies is limited to one drawer in a file cabinet. The children range from three to twenty years in age. Some of the participants attend only one meeting; others attend regularly. Despite the range in ages, lack of group stability, limited equipment and restricted setting, the program works. Basic assumptions, goals, techniques, and resources are presented and underlying issues are discussed.

Introduction

Despite the proliferation of bereavement support groups, children often remain the "forgotten grievers." Individual counseling may be available, but all too often this form of support is provided only after complications appear, e.g., problems in school, with peer group, etc. Support groups could alleviate and even prevent the

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development of such problems by affording children a safe place to express thoughts and feelings evoked by the death of a significant other.

In the last 10 years a number of notable efforts have been made, such as The Compassionate Friends, Inc. Sibling Support program and the work of The Doughy Center. Guidelines for facilitating children's support groups as well as resource materials are available from both these groups and others (see Resources). Unfortunately, these guidelines and resources often assume optimal conditions such as children of similar age, group stability, equipment, and/or ability to control the setting and/or time period. In many communities some or all of these conditions may not be possible. As a result, groups are not formed and children are not provided with services that could be extremely beneficial for them.

This report describes a sibling support group that has flourished for more than 3 years. Participation varies from 2 to 8 children per session. The ages of the children range from 3 to 20 years. Some children attend only once; two have been in the group since its formation. The setting provides little more than a table and chairs; storage space for supplies is limited to one drawer in a file cabinet. The time period for the group is dependent on the activities of the parents' group. Regardless the limitations, the program seems to provide a needed service. Basic assumptions, goals, techniques, and resources are presented and underlying issues are discussed.

Review of Literature

Children's Awareness of Death and Death-Related Issues

Almost two decades ago, Joffe (1973, p. 102) wrote:

> Adult chauvinism appears to take two basic forms. On one level is a tendency toward mystification, in which childhood is portrayed as a time of great bliss and/or children are viewed as better and wiser than adults. A second manifestation of adult chauvinism—one with great implication for social scientists—is simply to deny that children are people.

This quote aptly describes the two most commonly held sentiments about children and death today. On the one hand, the dying child is often described as having unique sensitivities and/or knowledge (e.g., Kubler-Ross, 1983, pp. 126–

144). In contrast, the grieving child is either overlooked or the grief is minimized. For example, Raphael (1982, p. 113) writes:

> The child will grieve the death of a sibling or a closely loved grandparent just as surely [as an adult] but by no means as intensely, unless the relationship itself was particularly close.

It is possible that a single factor, technological change, accounts for both views of children's awareness of and response to death and death-related issues. On the one hand, medical advances render the death of a child even more tragic than in earlier times (Raphael, 1982). Thus, in the case of the dying child, what the child says or does may take on tremendous significance for adults. On the other hand, these same technological advances have removed death and the dying process from the family arena. As a result, surviving children "have been excluded from death altogether" (Cox and Fundis, 1990, p. 51). In the case of the bereaved child, exclusion fosters ignorance which in turn justifies exclusion. The self-fulfilling prophecy has occurred.

What then is a child's perception of death and death-related issues? Does it differ, and if so how does it differ, from that of adults? The most popular model is the developmental approach (e.g., Raphael, 1982; Tatelbaum, 1980). In this model, an understanding of death unfolds through "a relatively inflexible sequence of maturational stages" (Kamerman, 1988, p. 129). In contrast, the experiential approach "sees children's attitudes developing as a result of experience" (Kamerman, 1988, p. 129). For example, Candy-Gibbs, Sharp, and Petrun (1984–85) argue that cultural/religious factors impact a child's perception of death. In summary, there are four conceptualizations of children and death: the child as mystical (the wise old soul); the child as unaware and uncomprehending; change in perception through maturation; and change in perception through experience.

The Bereaved Sibling

Grief literature has traditionally focused on the bereaved spouse (primarily the widow) or bereaved parents (primarily the mother). When attention does center on the bereaved child, the most common theme is loss of parent. Bereaved siblings, then, may comprise one of the largest groups of "forgotten grievers." Even when emphasis is on the bereaved sibling, the focus is often on the effect of the bereaved child's behavior on others. Thus, when siblings are taken into consideration it is

often to urge them to inhibit grief, to be strong, to take care of others (cf. Rosen, 1984–85).

Any bereavement is complex. Sibling bereavement, however, may be one of the most complex. The child has lost a sibling. In doing so, the child loses part of his/her own self-identity as brother/sister of the deceased (e.g., Sims, 1986). These children also, to a lesser or greater extent, lose their parents. Death of a child is generally conceded to be the most devastating death of all (e.g., Staudacher, 1987). Understandably parents are singularly focused on the dying and/or deceased child. As a result, they may ignore the surviving child, become overly protective, and/or memorialize the deceased child (Adams, 1986). The surviving child, if noticed at all, is often seen only within the shadow of the dying or deceased child. In a real sense, the surviving child is left, at least for a time, without a viable parent of his/her own. This loss of parent as an important issue for the surviving sibling is generally recognized (e.g., Linn, 1982; LaTour, 1983; Pollock, 1986; Tatelbaum, 1980).

A number or authors note fear of death particularly among bereaved siblings (e.g., Staudacher, 1987). Rando (1988, p. 209) warns parents:

> It is not uncommon for the death of a sibling to be particularly traumatic to your child. More so than any other loss, this type of death profoundly illustrates to your child that he can die too.

She continues:

> There may be even stronger anger with you for being unable to protect his deceased sibling and for failing to prevent the death from happening, for, if it happened to that sibling, it could happen to the surviving child as well.

Sibling bereavement, then, involves loss of self, loss of sibling, loss of parent(s), as well as fear for personal safety.

Rationale for a Support Group

Several researchers from a variety of disciplines provide a rationale for the bereaved children's support group described in this paper. A basic assumption is that an individual will do his or her own grief work unless prevented from doing so, a premise basic to the model of grief work developed by the psychiatrist Kubler-

Ross (1982). The second assumption is that this ability to do one's own grief work applies to children as well as adults. The psychologists Norton and Norton (1990), for example, suggest that children also know what issues they need to deal with and will move toward this through play if allowed to. "Play is their language; toys are the word." Denzin (1977, p. 185), a sociologist, however, warns that "'Play' is a fiction of the adult world" and that "young children do not play—they work at constructing social orders." He continues:

> Children's work involves such serious matters as developing languages for communication, defining and processing deviance, and constructing rules of entry and exit into emergent social groups.

A third assumption, then, is that the child at play is dealing with both personal issues and group issues and that any "play" may, in fact, be purposive work.

Program Description

I have served as a professional support person for the local chapter of Compassionate Friends since 1983. Periodically someone would suggest that some sort of support should be provided for the siblings, but until 3 years ago the idea remained at the suggestion stage. Occasionally a sibling would attend the parents' group with varied receptivity, usually based on age. Adult siblings were more welcome than younger ones. However, in April 1989, Barbara St. Romain, BCSW, spoke to the group at the April memorial supper. Again, the suggestion was made to provide some program for siblings. At that time, St. Romain, a bereaved sibling herself, and I, a subsequent child (a child born after the death of a sibling), agreed to co-facilitate a sibling's support group.[1] For a number of reasons, primarily the distance traveled by some of the parents who lived in nearby communities, it was decided that the sibling group would take place each month at the same time as the parents' group. Consistent with both Kubler-Ross (1982) and Denzin (1977), St. Romain and I decided that we would use a nondirective Rogerian play therapy approach (cf. Axline, 1969, pp. 2–28) with art materials available for the children to use as they wished. In other words, we would allow the children to teach us what they needed and how best to assist them to meet their needs. The only restriction would be that they could not do anything that would either hurt themselves or someone else. Parents are told that this time belongs to the children and they (the

parents) are not to ask the children about what goes on in the sibling group. This conversation takes place in front of the child. Children are told they may leave the sibling group if they wish, but they must return to the parents' group.

Our basic assumptions with respect to grief itself were that grief is the human response to loss, there is no "right" way to grieve, there is no "right" time frame in which to grieve, all thoughts and feelings are ok, thoughts and feelings change, and we control behaviors, not thoughts and feelings. Thus, expression of feelings and/ or thoughts was to be encouraged, but not required. All thoughts and feelings were to be affirmed if possible. These basic guidelines remain in effect to this day.

At the first meeting we placed a large box in the center of the table. This box contained play dough, crayons, scissors, crayola markers, Elmers' glue, and paper. The children were invited to select whatever they wished and to do with it as they wished. The younger children began work immediately; older siblings watched but eventually joined in the activity. St. Romain and I shared our experiences and some of our feelings. Occasionally one of the children would also share. As the months progressed, several behaviors became commonplace.

Often when a child was speaking, the other children appeared to pay no attention. Indeed, they not only continued their art work but would talk to each other, request something, or get up and walk around the table in order to get something or just to look at something in the room. We began to note, however, that later on a child who had apparently not been listening would pick up the theme of the earlier child's discourse and speak. Getting use to this constant hum of conversation and activity was problematic, at least for us. The children, both the ones speaking and the ones apparently otherwise engaged, seemed unaware of any distractive aspect.

Two other phenomena also emerged. The first had to do with the box of supplies; the second with the art work. Usually I get the box of supplies from the file cabinet and place it on the table. Sometimes, however, the box is placed there before I arrive. I began to realize that the children did not use any of the materials from the box until I was present, usually seated. To my knowledge, they were never told not to touch the box. Indeed, the room where we meet has a chalk board and the children are often busily writing on the chalk board when I enter the room. As soon as I sit down at the table, however, they begin to look in the box. The second phenomena has to do with the art work itself. Those children who have attended a previous meeting get right to work. Some sculpture with the play dough; some draw; some use a combination of materials. Their work is obviously purposive. They will complete one project and then begin another. One child often begins by

using dark colors for a first picture, then progressively lighter colors for those that follow. Often these drawings or other works are stacked and patted with a definitive pat. Only then does the child go over to the refreshment table. There seems to be little need to show or share this work with others, including the facilitator. Rarely does a child want to take the drawing, etc. home, or show it to a parent. Children are always asked at the end of the meeting if they want the drawing or sculpture saved or discarded. Most of the time they say to discard.

Shortly after the group began, I discovered Heegaard's workbook, *When Someone Very Special Dies* (1988). This workbook is offered to each child the first time he or she joins the group. Some refuse the book at first and then accept it at a later meeting. Each child works in his/her book at his own pace and on the page of his/her choice. The books always remain with the group. Recently an older child returned to the group after a long absence and asked if her book were still there. Although she did not work in her book that night, it was obvious that its existence had meaning for her.

In January 1990, I attended the Norton/Norton Play Therapy Workshop, and the next month, I brought five puppets to the meeting: a wolf, a rabbit, a kangaroo with baby in pouch (removable), an alligator with zippered mouth containing a little fish, also removable, and a turtle that can retract head and legs. My plan was to sit in a circle and allow the children to tell a story. This did not work. Again, they moved about, talked to each other, or began some other activity. Eventually, the following format emerged. Each child may tell a story with the puppets. Some do; some don't. Often I am informed the minute the child sees me that he/she has been working on a story. The child prepares and then tells me he/she is ready. I ask where I should sit, sit, and the story begins.

The story takes place on a rug. Sometimes it goes out of bounds (off the rug), but rarely. When the story does go off the rug, this usually is or becomes part of the story. For example, one child played out a scene in which the turtle threw all of the other animals off the rug. The turtle then pulled into its shell and "rested." After a few minutes, the turtle began to bring each discarded animal back on the rug, one by one.

Other children are free to watch, to come and go as they wish, but the story belongs to the child who is telling it. No one can touch the puppets unless asked to by the storyteller. The children seem in agreement that I am not to be disturbed while a story is being told. In the beginning, children often brought animals to use in their stories. More recently, I have added a cow, a giraffe, a lamb, a moose, a cocoon that turns into a butterfly, and a spider. These animals seem to be sufficient.

The length of time poses a problem. The parents' group usually meets from 7–9:30 or even 10. Toward the end of the evening, the children are rarely disposed to either art work or work with the puppets. Although age is not a factor during the earlier work period, the children often divide into age groups later in the evening. The older ones sometimes bring homework; the younger ones play at the chalk board or play games, e.g., hop scotch or bingo, often joined by the older ones as homework is completed. Interestingly, the children often manipulate the rules of competitive games so that each child will win. For example, children playing Bingo will give one child ten cards while the others retain only one in order to ensure a "bingo" for everyone.

Earlier it was noted that parents agree not to interfere with the sibling support group. None has attempted to do so. Although some have asked advice about children's grief in general, they have pointedly avoided any questions about a specific child. The confidence of these parents is a sacred trust. It is also amazing, particularly with respect to one occasion. During the memorial service held each December, candles are used to represent each deceased child. The siblings liked the idea of candles and asked that we have one. Burning old thoughts or issues is sometimes helpful in adult groups and this became a part of our program. The children were delighted. First they burned small bits of paper, but they soon moved on to drawings. One night an unusually thick drawing caught fire, ignited the tallow, and I was fearful we might really have a problem. Just at that moment the parents' group let out, our door opened, and several parents looked in on the scene. One noted that we seemed to be busy and suggested they wait at the end of the hall. I was able to get the fire out with no harm done, but that was the last time we used candles for some time. Shortly after the fire, the children asked me what happened to the candle. I showed them that it was still in our drawer but also added that "Miss Sarah" (their name for me) didn't need anymore fires. They appeared to be satisfied with this explanation. More recently we have used the candle to commemorate a birthday or anniversary, but under very controlled conditions. I still marvel at the parents' trust the night of the fire.

To date, 36 siblings ranging in age from 3 to 20 years have attended the monthly meetings, although 4 years of age is now the minimum age accepted. The ages of the children at most meetings range from 6 to 15. Since attendance is based on whether or not the parent(s) attend the adult group, some children attend only once; others attend several times. Some have attended for several years. I am frequently asked to allow children who have lost parents, grandparents, or other significant persons to attend. With one exception and on only one occasion, I have refused.

When asked about admitting other types of grievers, the children always say "It's *our* group." The implication is that "our" means bereaved sibling, for the children warmly welcome newcomers.

Discussion

As mentioned, four views of children and death pervade: the child as mystical, the child as unaware, change through maturation, change through experience. These four views, however, may represent two related sets of polar opposites rather than discrete possibilities. A child may speak with seemingly uncommon wisdom at one time followed by naivety at another. Children of very different ages may share information during group activity, yet ignore each other during other times, choosing instead same age children for interaction. An older child may appear to be busily engaged in some art activity, yet obviously be listening to what a much younger child is saying to someone else. It is possible that younger children may be less inhibited by cultural norms and thus better able to express thoughts and feelings than the older child. Hearing these similarly held thoughts and feelings expressed enables the older child to also acknowledge his or hers. For purposes of group formation with respect to grief, then, similar issues outweigh age consider-ations. This is particularly the case with sibling bereavement for at least two reasons.

First, bereaved siblings are often either ignored or their grief is minimized. In a group devoted to sibling grief, these children are able to share thoughts and feelings about being ignored or pushed aside during the dying process as well as following the death. Thus, an important function of the support group may simply be to affirm that siblings merit a group of their own, that is, their needs are important and are being taken seriously. Bringing children into the group who have encoun-tered other losses, particularly death of a parent, may be dysfunctional if "whose loss is greater" becomes an issue. Siblings also share another issue, an issue not fully addressed in the literature.

Loss of self-identity as brother/sister of the deceased and loss of parent or parents because of their grief are recognized in the literature. There is another loss, however, that may constitute one, if not the most, important issue for some children, especially the younger ones. This is the loss of their own childhood. Several authors cite fear of death and subsequent anger at the parent(s) as an aftermath of sibling loss. This focus on the surviving child's fear and anger, as important as this may be,

draws attention away from a loss that surviving siblings, as well as subsequent ones, also undergo—the loss of childhood.

A major characteristic/right of childhood is innocence or freedom from knowing certain cultural secrets. An example that comes to mind immediately is the belief in Santa Claus, that wonderful old elf who makes dreams come true. Indeed, the loss of this belief may well mark the end of true childhood for many. An even more important belief, however, is that parents are all-powerful. They can keep you from getting hurt or at the very least, take care of you if you do get hurt. They can certainly keep you from dying. The bereaved sibling knows the cultural secret. Parents cannot keep a child from dying. Childhood as time of innocence is lost forever. Just as finding out about Santa Claus means you can no longer "truly believe," death of a sibling means you are no longer "truly protected" against any and all harm. Parents, nurses, even doctors are not omnipotent. Such knowledge takes on even greater significance when the child is admonished to be strong for others. Now the child, no longer "truly protected" himself/herself, must become the protector of others, knowing at some psychic level that this protection is not possible. The child becomes the guardian of a terrible secret. The support group, then, functions as a place where a child can come to realize that what he/she now knows about his or her parents is true of other parents and that other children share this secret. Over and over children have shared with me, "He/she died. He/she just died, Miss Sarah, that's what happened." And then in almost a whisper, "And there was nothing anyone could do."

The primary task of the facilitator, then, is to provide a safe place for children to do the work they need to do. The facilitator provides the safe place; the children do the work. Although this work is more obvious during planned activities, grief work continues throughout the time period. During free time or for those who are not actively listening to someone's story or telling their own, the children may work on an art project of their own, do homework, or play games. In such a setting, children learn that each person's grief is unique, that each person's grief work is unique, and that no one is responsible for another's grief or for another's grief work.

Resources, such as art supplies, puppets, and/or games are tools which enable the children to work (cf. Segal, 1984; Zambelli, Clark, Barile, & de Jong, 1988). Of paramount importance, however, is to provide these children with a safe place, a place in which they are never judged and in which confidences are never betrayed. The major objectives are three: 1) affirmation of the child's loss as the child defines it, not as others may define it (the child may be grieving the loss of a sibling one moment, the loss of self at another, and the loss of parent at still another); 2)

affirmation of the child's right to grieve or not to grieve (indeed, some children may need the support group as a time to get away from grieving); and 3) permission to grieve in one's own way within one's own time frame. Within this framework, physical setting, age consideration, and resources take on secondary importance. The most basic supplies become sufficient. The only necessary ingredient are the bereaved siblings.

NOTE

1. After six months, St. Romain was no longer able to attend the monthly meetings. Thus, Brabant was the single facilitator until January 1992, when Phyllis Hasling, BCSW, joined the group as co-facilitator.

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The Subjective Dimension of a Bipolar Family Education/Support Group: A Sociology of Emotions Approach[*]

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ABSTRACT

This article reports on the predominant emotions experienced by members of an education/support group for the relatives and partners of individuals with bipolar manic-depression. Identified are the specific types of emotions experienced as well as the situational, definitional, and behavioral frameworks in which particular emotions or combinations of emotions were generated, experienced, interpreted, expressed, and managed. Special attention is focused on emotional uncertainty, mixed and fluctuating emotions, the erosion of positive by negative emotions, and emotional stalemates. In addition, the personal and social consequences of members' adopting particular emotion management roles are examined. Finally, the article outlines the education/support group contexts and processes through which members were able to normalize, alter, or reduce a number of particularly distressful emotions and create or reinforce specific positive emotions.

A number of researchers have noted the problems encountered by relatives and partners of individuals diagnosed with serious psychiatric disorders (Bernheim 1989; Fadden, Bebbington, & Kuipers, 1987; Francell, Conn, & Gray, 1988; Gubman & Tessler, 1987; Mayo, O'Connell, & O'Brien 1979; Noh & Turner, 1987). In their discussions they call attention to what Gubman and Tessler refer to as the subjective dimension of psychological distress among family members. It is the purpose of this article to expand the concept of the subjective dimension of psychological distress among family members by presenting a sociology of emotions approach to the experiences of members of a long-term support group for the relatives and partners of individuals with bipolar manic-depression.[1] Identified are group members' predominant emotions and the contexts, interpretations, and behaviors intricately linked to those emotions. Also reported upon is the support group ambience and processes through which members' identified, understood, and legitimated or altered important emotional patterns and processes.

The Group

The bipolar family education/support group was initiated in the department of psychiatry outpatient clinic of a major metropolitan hospital and medical center. Its purpose was to provide the relatives and significant others of bipolar individuals with the opportunity to gain, within a professional setting, information about bipolar disorder; to correct misinformation; to share experiences common to families and friends of individuals with bipolar disorder; and to develop new ways of adapting to their situations.

The group met weekly for the 18 month period, and group sessions, lasting for 1½ hours, were led by a clinical sociologist assisted for 7 months by a psychiatric social worker and for 11 months by a psychiatric resident. The group was comprised of 12 adults, 8 men and 4 women, who attended from 9 to 49 sessions.

Extensive notes were recorded on the proceedings of each group session and were analyzed for major themes and issues by the clinical sociologist group leader as well as an independent, outside sociological researcher. The clinical sociologist group leader also conducted numerous in-depth interviews and counseling sessions with family members and their bipolar relatives.

Identifying Typical Emotions

The Revelation of Emotional Experiences

During initial group meetings, members primarily discussed the type, frequency, and severity of manic or depressive episodes experienced by bipolar relatives or partners. Sharing these accounts provided a communal basis for revealing important personal concerns relative to living with and relating to bipolar individuals.

Anxiety

A predominant emotion revealed by group members was continuing anxiety. Anxiety was experienced in relation to the ever-present possibility that bipolar individuals would have a manic episode, especially an episode that would result in disastrous consequences for the bipolar individuals, their families, or others. The greatest anxiety occurred when members knew an episode was underway but could not determine the whereabouts of the bipolar individual. During those times, family members felt helpless, unable to play any role in preventing a possibly tragic outcome. Group members also discussed experiencing anxiety during bipolar individuals' depressive stages, primarily in relation to the lurking threat of a suicide attempt. Concern for the future also evoked anxiety. Parents worried about who would care for their sons and daughters after their death. A sibling was intensely anxious about how she would manage her brother if their father, with whom her bipolar brother lived, became ill or died.

Uncertainty and Fluctuating Emotions

Group members expressed considerable uncertainty in regard to bipolar individuals, themselves, and the relationship between them. Who was the authentic bipolar individual? What was the true cause of his or her behavior? Particularly troubling was their inability to make definitive interpretations of bipolar individuals' standpoints towards them. How did their sons, daughters, siblings, spouses, or partners really view them or feel about them? At times, members would feel they were the "best buddies" of bipolar individuals. On the other hand, when turned against during raging outbursts, they would question the veracity of their stand-

points. They were especially concerned about bipolar individuals' true feelings. Were the remarks made and behaviors displayed during outbursts or episodes indicative of the others' real feelings or just expressions of disordered states.

Inundated by uncertainty, members found it difficult to select appropriate roles and behaviors for themselves as well as bipolar individuals. Unmarried partners wondered if they should make a full commitment to their relationships, and spouses questioned whether they should remain in their marriages. Questions relating to parenting abilities were of special concern. Would the bipolar individual be able to function as a mother or father? Furthermore, if the disorder had genetic components, would their children inherit the problem? One young man, newly married, was deeply confused over the extreme contrast between his normal-acting and episodic wife. Questions relating to her true identity were a primary topic of concern, and he constantly fluctuated between fearing and desiring the relationship. Similar to other partners, he could make no definitive sense of who his bipolar wife was or what he could expect of her from one day to the next. Even members long accustomed to bipolar individuals' changing moods struggled with feelings of uncertainty, especially in regard to the cause of bipolar behavior. Were episodes the result of an uncontrollable biological disease, for example, or were they merely manipulative emotional displays? Not having definitive answers to these and similar questions hindered members' knowing what they should expect of their relatives or partners in regard to education and career goals or social relationships.

Confusion also existed among group members over the legitimacy or appropriateness of their experiencing or expressing certain emotions. For example, if a bipolar son was unwilling to work and was using episodes as an effective excuse, a parent could legitimately experience or express anger. If the son was unable to work because of a biological disorder and its ramifications, however, experiencing or expressing anger might be inappropriate, even damaging. In general, family members had considerable difficulty taking the role of their bipolar others. Accordingly, they experienced uncomfortable confusion as to the appropriateness and justification of a particular emotional standpoint or expression.

Frustration, Irritation, and Anger

Frustration, irritation, and anger were prominent emotions among group members. A constant source of irritation, for instance, was having to deal with continual anxiety and uncertainty. What was defined as "adolescent behavior" on the part of bipolar individuals was another major source of irritation, and, at times,

considerable anger. Members reported that bipolar individuals, even when not experiencing a manic or depressive episode, often reacted angrily to minor occurrences, subjecting relatives and partners to tirades of blame and sarcasm. Several partners and spouses expressed self-anger as well as chagrin at not having recognized the severity of bipolar individuals' problems before becoming seriously involved with or married to them. They also expressed anger at not having been informed, before initiating close relationships, of the gravity of the situation by bipolar individuals' relatives and friends.

Anger was often combined with other emotions. Anguish as well as anger was experienced over social stigmatization issues. These feelings were coupled with anxiety as members debated whether or not to tell friends, co-workers, or relatives of the problems they were experiencing or of the need to have a bipolar relative or partner hospitalized. In addition, they often agonized over the possible repercussions of explaining to a bipolar individual's employer that a psychiatric hospitalization had been the true reason for his or her prolonged absence from work.

Guilt and Self-Reproach

Feelings of guilt and self-reproach were also revealed by relatives and partners. At times parents agonized over their possible genetic or environmental contributions to offspring's bipolar problems. Members were also concerned about perceived deficits in their personal emotion management strategies. Two male group members with female bipolar partners, for example, consistently expressed guilt and remorse for having sometimes allowed their anger to escalate to the point of using physical force to deal with bipolar partners' behaviors. Also, a father felt guilty about continually displaying anger not only at his bipolar son but at his wife for tolerating verbal abuse during their son's episodes. In another case, a sibling discussed feeling guilty because she had not developed bipolar disorder. She also stated that in relation to feeling guilty in regard to what her brother did not have or had not accomplished, she often failed to mention or played down, especially during family discussions, important personal accomplishments or satisfying social relationships.

Positive Emotions

All members expressed deep feelings of love for bipolar relatives or partners. They also displayed pride when describing bipolar individuals' intelligence,

talents, and creativity. In addition, members recounted numerous rewarding interpersonal experiences. Unfortunately, the existence of positive emotions and experiences seemed to increase members' confusion over the true nature of their relationships with bipolar individuals. Furthermore, strong beliefs in bipolar individuals' potential amplified feelings of disappointment and anguish over disrupted careers, failed relationships, or low accomplishments.

Over the course of group sessions, several members also admitted to sometimes experiencing vicarious feelings of delight in bipolar individuals' outrageous behavior or aberrant social activities. They also mentioned that at times they felt entranced by an oddly enticing charisma present during bipolar individuals' manic phases.

Emotions Relative to Treatment Contexts

Emergent in discussions were a number of emotions that specifically related to the issue of hospitalization. Members reported considerable anguish over having to forcibly hospitalize a relative or partner. For several members hospitalization was a sign of personal failure. In one case, not preventing hospitalization resulted in a member experiencing severe guilt, and, ultimately, depression. In another case, believing that he had again failed to prevent his partner's hospitalization, a member contemplated suicide. All members reported it was incredibly agonizing to convince as well as demand a bipolar individual to enter the hospital against his or her will. Several members reported mixed feelings about hospitalization. They felt relieved that their relatives or partners were safely hospitalized; at the same time, they worried about the efficacy of the care they would receive. Discharge was an additional concern. Was the bipolar individual coming home too soon or not soon enough? These questions evoked, respectively, feelings of anxiety and guilt.

Members' intersections with the medical community generated both positive and negative emotions. On the one hand, professionals were considered a source of support, education, and assistance, especially in times of crisis. On the other hand, they and the facilities with which they were associated often motivated anger. Members did not hesitate to express anger in regard to long waits in emergency rooms, complicated hospitalization admission procedures, and bureaucratic coldness and inefficiency. They were particularly concerned about getting doctors or emergency room personnel to respect and validate family members' considerable knowledge of bipolar behavior. Members reported that their warnings of the imminent relapse of bipolar individuals were often discounted or refuted by

medical personnel, in a number of instances with serious consequences. Members also expressed concern over their lack of knowledge of psychiatric terminology and procedures. In addition, they displayed fear over appearing uneducated or intrusive by asking doctors "stupid questions" about the disorder and its treatment.

Additional Emotions

A number of other emotions were revealed. Several members stated that they had experienced occasional feelings of embarrassment over bipolar individuals' behaviors or manner of dress, especially during manic episodes. In addition, they discussed feeling a great deal of grief over the lack of normality in the lives of their spouses, sons or daughters, and siblings, especially isolation from friends or lack of progression through normal career paths.

In general, it became apparent from members' revelations that their lives were disorder-dominated and drained by continuing distress. Unable to alleviate continuing anxiety and uncertainty, they had little peace of mind. Within such a context, it is understandable that members experienced feelings of helplessness and hopelessness as well as serious health problems. One father, two male partners, and one mother had severe alcohol problems; two male partners and one mother experienced depression; and one father was on medication for an anxiety disorder. Another male partner was often depressed, sometimes suicidal, binged on food, and bought impulsively.

Altering Emotional Experiences

In the course of attending group sessions and coming to understand and discuss with each other and group leaders their emotions, group members were able to normalize, alter, or reduce a number of particularly distressful emotions and the definitions, situations, and behaviors to which they were related. The group also provided a context within which positive emotions were reinforced and created.

The Establishment of Feeling Rules

Group members established feeling rules (Hochschild, 1975, 1979) or group agreements about the legitimacy and appropriateness of experiencing or expressing particular emotions. By attending group sessions and listening to others' accounts

of bipolar-related incidents, for example, members normalized personal experiences and feelings. They found they were not alone in their anxieties and frustrations. Neither were they alone in their inability to come to definite interpretive standpoints regarding bipolar individuals' behaviors and feelings towards them as parents, siblings, spouses, or partners. All members had had difficulty establishing specific standpoints for selecting appropriate roles, behaviors, expectations, decisions, and commitments. Uncertainty was prevalent even as to the legitimacy of experiencing and expressing certain feelings. Normalizing these patterns and the specific situations that often generated them reduced overall anxiety. Confusion and uncertainty were no longer solely personal problems; they were group issues, and, as a result, less threatening and potentially more controllable.

The group also decided that feeling guilty over desiring to get a bipolar individual out of the house or having him or her hospitalized when manic was, under the circumstances, legitimate. The appropriateness of experiencing anger, and, more importantly, expressing and managing anger, was a more complex subject. Experiencing or expressing a certain amount of anger was considered beneficial. For example, one member discussed how replying with mild to moderate anger to a sarcastic comment by his bipolar partner did not alter his partner's behavior, but it did make him feel he had not just tolerated an inappropriate action. Preventing the escalation of anger into violent or abusive behavior, however, became a critical group goal. Accordingly, the group routinely assisted members who had difficulty controlling anger in themselves or their partners by "brainstorming" strategies for establishing personal boundaries and dealing with partners' provocations.

The Management of Emotion

The group also became a critical context for members' establishing strategies for what Hochschild (1979, 1983) has defined as emotion work. Realizing that ongoing anxiety in regard to the possible threat of a manic episode was a major but normal group problem facilitated members' exploring, with the assistance of group leaders, important means to reduce feelings of vulnerability and increase perceptions of control.

One strategy was to provide each other with stability and support when a crisis did occur. A second strategy involved utilizing members' predictive abilities or proficiencies in identifying signs of hypomanic[2] episodes in relatives and partners to devise and implement specific means for preventing the escalation of hypomania into mania. Jointly working on the prevention of episode escalation had important

consequences. Forestalling episodes came to be defined as a challenge not a burden or hopeless endeavor. Furthermore, as several members successfully utilized their predictive abilities and new tactics to assist in averting or lessening the severity of specific episodes, feelings of hopelessness and helplessness diminished and individual as well as group pride emerged. In fact, the group labeled one member, who became especially skilled at noting and preventing manic relapse in his bipolar partner, the "Manic-Depressive Detective."

A third emotion management strategy was taking advantage of the educational aspects of group membership. Members were free to clarify, without fear or embarrassment, any lack of knowledge or misunderstanding of bipolar disorder. Leaders provided information about diagnostic labeling, medications and their side effects, and important hospital procedures. Education relevant to the form and processes of social stigmatization also lessened members' anxieties and anger in regard to dealing with the public and facilitated their devising specific means to prevent or manage stigmatizing occurrences. Furthermore, members' feelings of efficacy increased as leaders disseminated important information to hospital personnel regarding relatives' and partners' evaluations of their facilities and procedures.

Finally, the group provided members with the opportunity to discuss particularly sensitive issues, including life beyond bipolar disorder. Members talked about personally rewarding events that they were usually cautious about revealing to bipolar individuals. Moreover, members came to feel comfortable discussing individual or marital problems not related to bipolar issues. One member, for example, reflected upon and resolved a work-related alcoholism problem; another member, with group assistance, developed ways to deal with an overcritical father and a past, traumatic divorce. In addition, an agreement was made to use the group as a safe place for members to express anger at bipolar individuals, inefficient facilities, uncaring professionals, and an uneducated or stigmatizing community. In general, these activities reduced overall distress and created an increased sense of well-being among group members.

The Identification and Alteration of Established Behavior Patterns

The Identification of Dysfunctional Patterns

Group-generated feelings of trust and common concern provided an optimum context for members' exploring, with the assistance of group leaders, established

ways they had been interpreting, responding to, and managing their own lives as well as the lives of bipolar individuals. They were also able to identify the psychological and social consequences of their behavior patterns.

Members began to recognize that, paradoxically, despite feelings of confusion and uncertainty, they had adopted general working standpoints from which to understand and respond to bipolar relatives and partners. Two major standpoints emerged:(1) a victimization standpoint in which any episodic or nonepisodic deviance or irresponsibility was generally defined as the result of a disease and not preventable by the bipolar individual; and (2) a manipulation standpoint in which episodes were basically defined as bipolar individuals' purposefully planned escapes from stressful situations. Both standpoints resulted in debilitating overconcern or overcontrol on the part of the family member.

The victimization standpoint placed the parent or partner in a responsible caretaker role; the manipulation standpoint put the parent or partner in a predominantly controller role. Caretakers continually expressed concern and anxiety over the well-being of bipolar individuals and provided them with constant watchful attention and solicitude. Controllers were also concerned about their bipolar relatives or partners but were primarily apprehensive over if and when the bipolar individual would "pull another stunt." Both types worried that stressors, even the everyday pressures of job situations or social relationships, would produce an episode. Therefore, like the episode-fearful spouses and family members of bipolar individuals discussed by Waters, Marchenko-Bouer, and Offord (1981), they avoided placing stress on their relatives or partners.

Caretakers carefully guarded their relatives or partners from unnecessary or unexpected occurrences. Controllers constantly supervised bipolar individuals moods and situations, attentive to any cues of the bipolar individual taking an "episodic way out." Both were apprehensive about leaving the bipolar individual unsupervised. Vacations were a special problem. Members were concerned about what would happen if they were traveling with bipolar individuals and, far from trusted doctors, therapists, or hospital facilities, an episode occurred. Parents were especially reluctant to take vacations. One couple had taken only one vacation in 25 years, and, on that occasion, their bipolar son had unexpectedly arrived to join them on their second day at a resort. Furthermore, when an adult bipolar son or daughter went on a business trip or vacation, parents experienced constant anxiety unless continually notified of their offsprings' safety.

Controllers were constantly suspicious of bipolar individuals' motives. Although angry over relatives' and partners' alleged inclinations to be irresponsible,

they were hesitant to give them opportunities to be responsible. Simultaneously experiencing anger and anxiety, they became locked in emotional stalemates or standpoints in which the experience of two equally distressful emotions prevented their taking a distinctive behavioral role. Caretakers often experienced sadness over the menial jobs held by relatives or partners; at the same time, they worried how bipolar individuals would be able to handle the pressures of more demanding opportunities. They, too, were locked in emotional stalemates.

Caretakers displayed a reluctance to upset bipolar individuals. They were apprehensive about the consequences of disagreeing with bipolar individuals or not complying with their requests. Controllers continually looked for manipulative maneuvers, responding with frustration and anger when they perceived what they felt was a manipulative behavior. They also concentrated on preventing circumstances or contexts conducive to bipolar manipulation. In general, both caretakers and controllers were constantly on the alert, guarded, doing everything in their power to forestall critical events, often with the consequence of impeding their own emotional ease and positive life fulfillment as well as others'. One group member, a long-term male partner of a female bipolar individual, for example, waited 3 weeks before informing her that he had been fired from his job. With assistance from the group, however, he eventually told her about his dismissal, gaining, to his surprise, considerable support and compassion.

The Alteration of Dysfunctional Patterns

As members focused upon established caretaker or controller roles, they began to recognize and, eventually, debate the belief systems on which the roles were based. They also began to examine the personal and social consequences of taking caretaker/controller roles. Members began to discuss, for instance, the fine line between responsible concern and debilitating overcontrol. They also reflected upon the consequences of viewing bipolar disorder as purely a biological disease, controlled only by medication, or simply a manipulation, brought about by purposeful motive. In the process of reflection, they came to explore a number of factors relevant to the emergence and escalation of episodes, such as genetically based vulnerability, specific individual experiences and interpretational styles, interpersonal relationship patterns, and general social beliefs and values. Also, as members focused upon bipolar disorder as a multifaceted problem that involved genetic, biological, psychological, and social factors, they transformed entrenched definitions of themselves as the burdened caretakers of helpless victims or the

designated controllers of purposeful manipulators. Instead, they came to view themselves as persons who lived with and adapted to a major life challenge. These changes among group members had healthy emotional consequences.

Alterations of perspective, carried out in a supportive group ambience, also had positive consequences for bipolar individuals. As family members stopped overly focusing on bipolar individuals and reduced their level of anxiety-ridden caretaking or frustration-laden attributions of intended manipulation, bipolar individuals felt more comfortable, less patronized, and able to reflect upon and attempt to alter dysfunctional behaviors. Also, as family members set personal and social boundaries without fear of severe repercussions or frustration over imputed manipulations, they facilitated bipolar individuals' learning to accept and appropriately respond to reasonable limits.

Summary and Discussion

Exploring the subjective dimension of the bipolar family support group from a sociology of emotions perspective revealed patterns and processes not possible to be discerned through viewing emotion primarily as psychological distress. First of all, it pointed out the importance of identifying the range of emotions of specific individuals as well as groups, that is, the specific types, intensities, and durations of particular emotions experienced. It also established the relevance of individuals not being able to establish particular emotional standpoints. Emergent as highly important were the processes through which individuals took into account and attempted to make sense of the experience, expression, and management of their own emotions as well as the emotions of others. Found critical to examine were the situational as well as interpretive frameworks through which particular emotions or combinations of emotions were generated and maintained. Identifying the intersection of emotions on a personal and interpersonal level was also found to be highly relevant. What negative emotions eroded positive emotions, for example, or how did one individual's emotional patterns intersect with or impact those of another? Studying the general social values and themes involved in particular emotional standpoints also shed light on emotional patterns and processes, as did the examination of specific community contexts to determine what positive or negative emotions were influenced by their formats and practices. Especially relevant was understanding the group contexts and processes in which emotions were reflected upon as to legitimacy and appropriateness in experience or expres-

sion, negative emotions were altered or reduced in intensity, positive emotions were created, and emotion management patterns were devised and carried out for controlling negative emotions in the self and others.

Taking a sociology of emotions perspective on the professionally facilitated bipolar education/support group enabled a fuller understanding and appreciation for the group's positive contributions. It validated the significant benefits to family members of education and information, as pointed out in studies by Kurtz (1988) and Bernheim (1989). It confirmed the importance of investigating the influence of the family environment on the course of bipolar disorder, as suggested by Miklowitz, Goldstein, Nuechterlein, Snyder, and Doane (1986), and the relevance of family members considering their own roles in bipolar situations. It made clear the need for professionals to be cognizant and respectful of family members' knowledge of the bipolar individual, available during times of crisis (Bernheim, 1989), and willing to help relatives and partners participate in treatment and recovery (Bernheim, 1989; Fadden, Bebbington, & Kuipers, 1987). It also suggested the importance of focusing on a multifactorial, integrated approach to psychiatric disorder that is based on the critical intersection of genetic, biological, psychological, and social factors and "that neither places the burden only on the family's shoulders nor dismisses the notions of family and societal responsibility altogether" (Bader, 1989, p. 48). In addition, it supported the practice of having interdisciplinary group leadership, such as a clinical sociologist, psychiatric resident, and social worker, bringing their respective disciplinary knowledge and skills to the group setting.

The group had definite effects on the emotions of relatives and partners. Uncertainty and mixed or conflicting emotions were reduced through the group's creations of joint interpretive standpoints from which to understand and adapt to bipolar disorder. Redefinitional processes, initiated and carried out within a secure group setting, assisted members in identifying and altering dysfunctional interpretations and related roles. Providing an arena for members to experience, express, interpret, and learn to manage negative emotions as well as experience and discuss positive emotions was another group contribution. Emotions like frustration, guilt, anxiety, and anger were safely expressed and discussed. Frameworks for normalizing the experience or expression of negative emotions were established and strategies devised for managing explosive and possibly harmful emotional outbursts in themselves and bipolar individuals.

Although group members continued to experience considerable problems and realized that, in some cases, they would never be able to completely allay feelings of grief, disappointment, frustration, anger, or anxiety, they received considerable

group understanding and support for their personal hardships. In addition, ongoing negative emotions were neutralized through group-generated pride and hope, and intolerable distress levels were lessened through the sharing and resolving of non-bipolar-related difficulties.

It is hoped that clinicians and mental health facilities will establish bipolar family support groups as an important adjunct to traditional treatment programs. Through the establishment of support groups, they can assist relatives and partners in reducing feelings of threat and vulnerability; increase hope, empathy, and pride; and achieve the sense of mastery noted by Noh and Turner (1987) as especially important in individuals living with psychiatric patients. It is also hoped that mental health personnel will begin to utilize a sociology of emotions approach for understanding the subjective dimension of psychiatric disorder and its treatment.

NOTES

1. A diagnosis of bipolar disorder is made when a patient has a history of mania or hypomania. Key diagnostic features of mania are a distinct period of elevated, expansive, or irritable mood accompanied by increased activity, pressure of speech, flight of ideas, grandiosity, decreased need for sleep, and/or distractibility (Talbott, Hales, & Yudofsky, 1988).

2. According to the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1987, p. 218), the essential feature of a hypomanic episode is a distinct period in which the predominant mood is either elevated, expansive, or irritable, and there are associated symptoms of a manic syndrome. The disturbance is usually not severe enough to cause marked impairment in social or occupational functioning or to require hospitalization.

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The Transfer of Work Experiences into Family Life: An Introductory Study of Workers in Self-Managed Work Teams*

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ABSTRACT

By using survey data from a study currently taking place at a Boeing facility, this research explores the effects that work skills have on people's family lives. The responses were overwhelmingly positive. Past studies emphasizing the importance of a supportive supervisor and positive relationships with family were supported as was the concept of "isomorphism" or similarity of behavior patterning at work and at home. Past studies regarding gender differences were not supported.

Important social changes are occurring in both the home and the work place. There is also much discussion regarding the "breakdown of the family" (1992 presidential campaign; Popenoe, 1988; Skolnick & Skolnick, 1989). Conse-

quently, any way we can find to strengthen the family is helpful. Classically, families have been credited with the important function of socializing children. To this function, modern sociologists add the importance of providing a setting for emotional expression which is often otherwise repressed in American society (Lasch, 1976).

Past research reveals that elements of people's work lives "spill over" into their family lives (Burke, Weir, & DuWors, 1980; Pleck, 1985). Often this spillover is negative (e.g., stress, and hours spent away from the family) which adds to the weakening of the family. In an effort to strengthen their families, people are giving more priority to their families over their work (Wolcott, 1990). Employers are responding with policies that support family responsibility (e.g., child care, flexitime). But the positive effects from work to the family (or work spillover) are not limited to these. A new management style being adopted by organizations across the United States (Lawler, Mohrman, & Ledford, 1992; Yeatts, Beyerlein, & Thibodeaux, 1991) may be having a positive influence on the family as well. This management style, referred to as self-managed or self-directed work teams, trains employees in listening skills, communication, and cooperation—all important interpersonal skills which can have positive impacts on family life (Keating, Delmar, & Johnson, 1989).

The purpose of this research is to investigate whether the skills learned with the implementation of self-managed work teams has an effect on people's family lives. Since self-managed work teams emphasize communication and other relational skills, we expect to see positive spillover into a worker's family life. If this hypothesis is supported, the implications are that work in self-managed work teams can actually strengthen the family (and society) by enhancing family functions of:

1. Socialization—Socializing children and resocializing adults with good listening, decision-making, and conflict resolution skills. If people are taking these skills home from work, we can expect there to be further spillover of these same skills into society.

2. Emotional expression—Repression is continually cited as a cause of emotional problems in people (Corsini, 1984). If self-managed work teams actually facilitate expression of emotion, we can expect families to be healthier. Again, healthy families provide healthy members of society (Lewis, 1980).

Provided below is a review of previous research which has examined the effects of work on the family. This is followed by a review of noted changes both in the family and in the work place, particularly with the emergence of self-managed work teams. Finally, data collected from Boeing employees are examined to

identify the relationship between self-managed work teams and the employee's family life. The implications of this exploratory research for sociological practitioners are discussed.

General Findings about the Effects of Work on Family

Much has been written on family and on work. However, it has only been since Kanter's 1977 work, *Work and Family in the United States: A Critical Review and Agenda for Research and Policy*, that research has focused specifically on the spillover of work into family life. An overview of the findings shows that some studies have been rather obvious. For instance, Small and Riley (1990) questioned male executives and their wives and found that the amount of time spent at work had a negative relationship with the amount of time spent with family. Similarly, Wolcott (1990) found that large amounts of time spent at work had a negative effect on family life (see also Aldous, 1969). And Keating et al. (1989) stresses the importance of good communication in families, particularly when time spent together is limited.

Other research has provided more informative results. Pleck (1985) addresses the problems of work on family life more specifically, finding that causes of conflict and stress are associated with long, irregular, rigid working hours, travel away from home, and "spillover" of fatigue, preoccupation, and irritability from work. These views were expressed both by working parents and by wives of working husbands (also Wolcott, 1990). Also, Pleck (1977) describes gender differences in the effects of work: For women, family demands are allowed to intrude upon the work role (though women are found to pay for this with inferior jobs and lower pay [Blau & Winkler, 1989]). For men, work demands are allowed to intrude on the family. He concludes that the entire work/role system needs to change, allowing more flexibility in expectations for both sexes.

In a study by Burke et al. (1980), wives reported that greater occupational demands on their husbands brought them less marital and life satisfaction, decreased social participation, and increased psychosomatic symptoms and negative feelings. Some studies have even linked occupational stress with health and mortality, finding that married women's life expectancies and causes of death were associated with the occupational mortality risks of their husbands (Fletcher, 1988).

Kanter (1989) refers to the "myth" of separate worlds: the work world and the family world. The myth continues with the understanding that there is no intersec-

tion of these two worlds except for the fact that they are continually in competition for a person's loyalties. Kanter concluded that, for a while, the corporation won and whole families worked for the preservation of the father as a good worker. However, with the continual increase of (married) women in the work place, the family can no longer cater to one person's career.

In earlier work, Kanter (1977) discussed the influence of social class on how work affected family life. Basically, Kanter looked at professionals and non-professionals. Professionals had the tendency for "absorption," where their jobs were more emotionally demanding and time consuming. However, non professionals suffered more from inflexibility in their work schedules. For both classes, Kanter found that women felt ambivalence and conflict because of wanting to mother full-time and wanting to work.

Yogman and Brazelton (1986), discuss the effects of work on parents and children by specifically addressing differences between mothers and fathers. The questions in the study were general, asking whether the jobs had a positive or negative general effect on spouses and children. Their historical overview said that in the past, studies were biased toward gender norms and stereotypes which caused discrimination against women.

Corporate Response to Family Issues

Industry has become aware of some of the negative influences work has on the family and has taken the initiative to correct the problems. However, many companies have been resistant to addressing and implementing solutions for the conflict between work and family. For some, it has taken having international competition and pressure to survive with changing demographics to address this crucial issue (Sussman, 1990).

For instance, Wolcott (1990) outlines what companies and governments have been doing in industrialized nations. In order to meet the needs of workers and their families (and ultimately, to meet the companies' own needs for a strong work force), companies and government agencies are learning to provide child care, parental leave, and reduced work time in order to have better work productivity. Wolcott also addresses gender issues in careers and the work place, pointing to the need for change in business because of women's growing share of the work force. In the U.S., corporate policies regarding family issues have become so important that the absence of corporate policy increases negative attitudes among employees (Googins & Burden, 1987).

However, Cramer and Pearce (1990) have recently used IBM as an example for asserting that the supervisor's role is more important than company policies in dealing with family issues at work. Having a supervisor who is understanding, particularly with issues concerning child care, was of paramount importance.

Perhaps this realization plus America's incessant need to institutionalize and organize has led to the appearance of work and family managers, directors, and counselors which Martinez (1990) sees as evidence of the trend of "work and family concern" for the 90s. Hall (1989) also sees this as a trend for the 90s but is one of the few to address the fact that the intersection of work and family is an issue for fathers as well as mothers.

This trend where organizations are interested in addressing the issue of family is new. Traditionally, the "common" understanding (provided by theorists such as Marx) has been that the family exists in order to strengthen the worker for *his* job. And, of course, businesses today are far from altruistic. "Industry and business have a tendency to equate the availability of jobs and wages as their major contribution to assisting workers with families" (Wolcott, 1990, p. 35). However, businesses are starting to realize the positive value of being supportive of families on their work force. This family orientation helps reduce absenteeism and indirectly increases productivity.

Structural Work Elements and Their Effects on Family Life

In Daniels and Moos's (1988) article, "Exosystem Influences on Family and Child Functioning," the effects of the father's work environment on his family are examined. Unfortunately, the study does not do the same for mothers. The study found that positive work relationships were associated with positive family relationships and fewer child adjustment problems.

Building on the work of Rapoport and Rapoport (1965), which focused on the critical role of work tasks, Aldous (1969) concentrates on the structural character- istics of the occupation that affect the man's marital and parental functioning. Aldous begins by outlining the fact that participation in the job market is central to the man's participation in the family. Aldous notes that the crucial child-bearing and rearing years are also the crucial career development years, which often causes work-family conflict. Secondly, "relative salience" is discussed with the notion that some high-skill jobs actually compete with and override the importance of the family. Men in these professions may, for instance, neglect their families until they

are unhappy in their job and then use the family's unhappiness with the situation as an excuse for seeking another job when, indeed, it is because of their own unhappiness. Also, job satisfaction parallels marital satisfaction. "Overlap" of family and work peers or work place also aids in the man fulfilling his family role.

In *Class and Conformity*, Kohn (1977) investigated the relationship of the structure of people's work to their family values. Kohn used indicators of self-direction including lack of supervision, the amount of work spent working with other people and ideas, and work variety. Kohn noted, "Men who work under occupational conditions that facilitate the exercise of self-direction are likely to value self-direction for their children; men who work under occupational conditions that inhibit or preclude the exercise of self-direction are likely to value conformity" (p. 151).

Changes in the Work Place

Both work and family are changing in our society. With the recession during the past decade and increasing international competition, companies have been forced to consider change in order to survive. One of these changes has been a move toward self-managed work teams (Yeatts, et al., 1990). Work place innovations such as the self-managed work team can take into account personal and family needs of workers because they focus on individual skills, interests, and needs of workers. (Axel, 1985).

An important element that would relate directly to looking at differences in work spillover in self-managed work teams versus traditional work is what Aldous calls "isomorphism" or similarity of behavior patterning. Specifically, she notes that men whose occupations are equalitarian in leadership style tend to reflect the same in their family life. Similarly, men heavily involved with interpersonal relations on the job have high expectations for the companionship aspect of their marriages. Those men in upper middle-class professions or management expect their spouse to be willing to listen and provide support yet worry that they are too aggressive in non-work situations. Husbands who have strong decision-making responsibilities at work continue these at home and tend to have strong expectations of their sons (less concern is given daughters).

In contrast with Aldous (1969), Mills and Chusmir (1988) found that the conflict resolution skills used by managers at home were different (and better) than the ones they used at work.

Another article that can relate to differences that may exist between self-managed work teams and traditional work examines differences between women and men in patriarchal, hierarchical work organizations (Pittman & Orthner, 1988). Women were found to have more stress with the work/family interface. Also, Greenglass, Pantory, and Burke (1988) found that women suffered more work/family role conflict and stress, suggesting that there is a greater interdependence between work and family spheres for women than for men.

Changes in the Family

Axel (1985) touches upon two crucial elements regarding work spillover into the family: the changing structure of the family and the changing family values. Changes in the American family structure include: couples are more likely to live together without being married, marriages and births are occurring later, the marriages are less likely to be lifelong, fewer babies are being born, children are more likely to have working mothers and to be raised by only one natural parent, and older adults are more likely to be alone and/or dependent on relatives who are in their most productive working years. It is hard to pinpoint the causes for the change in structure. However, influencers include the growing number of women in the work force and the fact that they are staying in the work force longer and are obtaining better jobs. The pluralism in society is pushing into place new values including less defined separate roles for men and women.

Considerations for Applying Work Spillover Research
to Self-Managed Work Teams

With the changes in our society, it becomes necessary to study the effects of work on family in a new light. The research question for this study is: Does the type of work spillover depend on the structure of the work itself? Here, specifically, people involved with self-managed work teams have been surveyed and their answers compared to the findings cited earlier. As Yogman and Brazelton note (1986, p. 93), "Sigmund Freud is said to have defined maturity in adulthood as the capacity to love and to work." Following this assertion, one would expect to find the effects of self-managed work teams to have a positive influence on the family's ability to raise children to maturity because of the relational aspects of the work structure.

Method

A survey instrument was developed using existing literature as a basis for scales to measure various concepts in the work environment. The questionnaire was distributed to approximately 400 workers at Boeing Electronics in Corinth, Texas. This facility is a greenfield plant of a wholly owned subsidiary of a large, national manufacturing firm which has been in operation since 1987. Participants answered the survey on a voluntary basis, and all results were kept anonymous. The survey instrument consisted primarily of responses on a 7-point Likert scale; some open-ended questions were provided. The responses were coded and the data were originally entered into SPSSpc. Recoding for reversed indicators was performed. Also, reliability tests were conducted to analyze the appropriateness of the indicators for the desired job characteristics.[1] The researchers also used personal interviews for clarification of some of the responses. Roughly one-half of the employees are classified as production payroll, which includes production and quality control associates and material coordinators. The remainder are classified as support payroll and includes all the engineering, administrative, systems, and finance personnel. Responses were received from 313 employees (78% return rate).

Analysis was done to examine how the effects of work experiences such as team work and cooperation have been carried over into the employees' family life. The question asked of the employees was:

> "Have you found that your work team skills have 'spilled over' to your family life? If yes, please describe."

Responses were coded into 36 categories and then collapsed into the categories of positive, neutral, and negative for analysis.

Additionally, the respondents were separated into two groups: those who responded positively to the work spillover question and those who responded negatively or did not respond at all. T-tests were then performed to identify differences in the groups with regard to their responses to the rest of the survey. The two-tailed probability was used to establish degree of significance in the differences in the means of the two groups.

Findings

The majority of respondents to the open-ended question reported positive effects of their work on their family life (Table 1).

Table 1

Employee Responses to the Question of Spillover of Skills into Family Life

Positive	Neutral	Negative
-listening skills	-minimal	-frustration
-working as a team	-discussing work issues	-stress
-trust	-chores	-alienation
-problem solving skills		-ill health
-better financial decisions		-financial strains
-communication		-family doesn't understand job
-sharing Boeing skills with family		
-respect		
-decision making skills		
-conflict resolution with kids		
-letting others talk		
-sharing problems		
-helps with things		
-increases motivation		
-takes more responsibility		
-organization		
-patience		
-brainstorming		
-confident		
-planning		
-cooperation		
-better person/ growth experience		
-independence		
-have a say in things		
-follow-up/ finish project		
-more analytical		

Of the 117 responses to this question, 91% were positive, 3% were neutral, and 6% were negative. The spillover of work experience into family life was most often reported to include listening and decision making. Employees reported taking these work skills home and not only practicing them but teaching them to their spouses and children. A statement that typified many responses was, "My home has gone from a dictatorship to a democracy." From this initial finding, it appears that the team oriented skills used in the self-managed work team did spill over into family life.

The most frequent responses were as follows:
1. listening skills (18% of responses)
2. working as a team (12%)
3. communication (9%)
4. problem solving skills (8%)

The majority of both women's and men's responses were positive, with women's most frequent responses being:
1. listening skills (16.7%)
2. working as a team (16.7%)

Men's most frequent responses were:
1. listening skills (15.8%)
2. problem solving skills (10.5%)
3. communication (10.5%)

Even though the majority of responses were positive, two functional teams stood out as particularly positive. The 38 respondents who identified themselves as part of "Materiel" provided 19 responses to the question of work spillover and all of the responses were positive. The 115 who identified themselves as part of "Manufacturing" provided 45 responses; 93% were positive, 4% were neutral, and 2% were negative. The type of work that is done in these two teams is more conducive to a self-managed work team environment than is the work of other functional teams at Boeing. The work in both "Materiel" and "Manufacturing" requires team members to depend on each other and work together to get the jobs done. Other teams do not require as much interaction.

There was a significant difference with many of the responses between those who responded positively to the work spillover question and those who did not respond positively or did not answer the question at all (see Table 2).

With regard to job characteristics, those persons who responded positively to the work spillover question also had a significantly higher mean score on task significance and feeling that their work team is like a close knit family.

When considering pay, this company has two structures for pay incentives. One is, "pay for knowledge" (PFK), where a person is paid for the number of skills s/he learns. The other is an actual rating for performance: "top, outstanding, good, or marginal" (TOGM) (see Staff, Table 2). Those who are in the pay for knowledge structure were more likely to have positive responses to the work spillover question. It is likely that these persons had little or no training or experience using listening, decision making, and problem solving skills prior to joining this company. Therefore, the impact of such training and experience was more evident to them.

Table 2

Comparisons of People Responding Positively Regarding Work Spillover with
People Who Responded Negatively, Neutrally or Not at All

Characteristics	Responded Positively (N=67)	Nonpositive or No Response (N=219)
	Mean#	Mean#
Job Characteristics		
Skill variety	5.68	5.59
Task identity	5.03	4.96
Task significance	6.43	6.13*
Autonomy	5.57	5.31
Feedback from the job itself	5.51	5.24
Feedback from agents	4.80	4.53
Role conflict	4.70	4.58
Role ambiguity	5.06	5.00
Performance	.67	.45*
Staff (pfk=1/togm=2)	1.28	1.00**
Team like close knit family	4.73	3.85***
Psychological States		
Meaningfulness of the work	5.67	5.43
Responsibility for the work	6.03	5.87
Knowledge of results	5.31	5.39
Trust	5.96	5.38***
Resistance to change	4.94	4.64
Affective commitment	5.55	4.61***
Continuance commitment	4.61	4.72
Global stress	3.68	3.87
Cause of stress	2.79	2.84
Social support- team leader	5.16	4.61**
Social support- co-workers	5.88	5.19***
Social support- family, friends	5.56	5.21*

Most characteristics were measured on a 7-point scale with a large number indicating more
of the characteristic.
$*p \leq .055$
$**p \leq .01$
$***p \leq .001$

Table 2 continued

Characteristics	Responded Positively (N=67)	Nonpositive or No Response (N=219)
	Mean#	Mean#
Information Flow/ Technical Factors		
Communication	4.73	4.47
Utilization of information	5.80	4.99***
Conflict/ Cooperation	5.73	5.17***
Creative ideas	5.43	4.93***
Good use of skills	5.71	5.41*
Appropriate technology available	5.23	4.97
Decision-Making/ Participation		
Decision-making process	5.21	4.57***
Decisions regarding work itself	4.75	4.37
Decisions regarding work conditions	3.84	3.77
Decisions regarding production	3.51	3.35
Affective Outcomes		
General satisfaction	5.78	5.21***
Growth satisfaction	5.56	5.16*
Satisfaction with participation	5.64	4.95***
Satisfaction with pay	4.30	3.96
Internal work motivation	6.15	5.83***
Voluntary comments	1.46	.79***
Demographic		
Age	33.00	31.46
Education	13.80	14.02
Number of months at Boeing	25.67	21.19*
% Female	48	49
Income	22,407	24,331
% Married	67	72
% White (non-hispanic)	90	89

Most characteristics were measured on a 7-point scale with a large number indicating more of the characteristic.
*$p \le .05$
**$p \le .01$
***$p \le .001$

Further, in-person interviews revealed that this group used these skills more in their teams than those on the TOGM pay system.

Additionally, the people who responded positively to the work spillover question were more likely to be among the "high achievers" in their jobs by either having achieved more work skills or receiving a higher rating in their performance review (see Performance, Table 2).

In the category of "psychological states," those responding positively to the work spillover question had a significantly higher mean score on trust, affective commitment (their personal commitment to doing a good job), and in feeling social support from their team leader, co-workers, family, and friends. From these results, it is reasonable to conclude that the people who responded positively to the work spillover question were experiencing more social support in their lives in general, which may have made it easier to incorporate relational skills learned at work into their families. Also, it is reasonable to think that people who carry a personal sense of commitment to doing a good job at work may also carry this sense of commitment into their home.

Another category covered on the survey was that of information flow and technical factors. People who answered positively to the work spillover question had significantly higher scores on thinking that information and skills were appropriately utilized at work, that there was a spirit of cooperation among workers, and that they were encouraged to have creative ideas. Similarly, these people scored significantly higher on questions regarding participation in decision-making.

The previous outcomes make it easy to understand that these people also had significantly higher mean scores concerning general satisfaction, growth satisfaction, and satisfaction with their amount of participation on the job. The respondents who experienced positive work spillover also had significantly higher means on the item of "internal work motivation," and they also tended to volunteer other positive comments at the end of the survey.

The only demographic variable with a significant difference was that of "number of months at Boeing," with those answering positively on the work spillover question averaging 4.5 months longer on the job. This latter group had more time to experience positive or negative effects and reported positive spillover.

Conclusions

This study provides overwhelmingly positive information concerning the transference of work experiences into family life among members of self-managed work teams. The negative aspects of stress, little time for the family, and "absorption" were virtually absent from the findings. The positive aspect of good communication that Keating et al. (1989) cited as important to good family relationships was reported as the major spillover among this survey population. (Listening skills and conflict resolution would be part of good communication.)

The questions associated with positive work spillover in this study are similar to what Kohn (1969) referred to as self-direction in parenting, a skill helpful for children in today's society. Kohn's study was supported with significant scores for the relationship between positive work spillover and lack of supervision (autonomy), amount of time spent with other people and ideas (decision making, cooperation, creative ideas), and work variety (skill variety).

Interestingly, there was no significant difference among men's and women's responses in this study though gender has been reported as an important factor in past studies. It is particularly notable that there were not significant gender differences among these self-managed work team employees, while Pittman and Orthner (1988), who studied work/family relationships in hierarchical, patriarchal work situations, found differences between responses of men and women. This suggests that both men and women benefit from less hierarchical structures with regard to the work/family interface.

This study supports Cramer and Pearce's (1990) assertion that it is important to have a supportive supervisor. Respondents who answered positively to the work spillover question were more likely to experience their supervisor as supportive. However, the larger difference in responses between the two groups regarding having supportive co-workers reflects the nature of self-managed work teams, where co-workers have more significant relationships than in traditional work settings. Also, this study supports the findings of Daniels and Moos (1988) in that positive work relationships were associated with positive family relationships (as reflected by the work spillover responses).

Certainly, this study supports what Aldous (1969) calls "isomorphism" or similarity of behavior patterning. The respondents were taking their skills and behaviors from work and implementing them at home. This probably runs counter to Mills and Chusmir (1988), who found that conflict resolution used at home was

different from that used at work. However, further study is needed to investigate this relationship.

Implications for Intervention

Self-managed work teams as an intervention tool can be used to address the current social problem of the often discussed "decline of the family" (Popenoe, 1988; Skolnick & Skolnick, 1989). With the trend of businesses addressing the needs of workers and their families, the findings from this study can be used by sociological practitioners when consulting public or private industries interested in supporting the family lives of their workers.

The preliminary findings from this study suggest that family functions can be strengthened through the spillover of skills learned in self-managed work teams. Specifically, listening skills, decision-making skills, and conflict resolution skills learned at work appear to have been implemented by SMWT workers in their families. These skills help strengthen the functions of:

1. Socialization—Socializing children (and resocializing adults) in ways that will make them better communicators.

2. Emotional expression—By having better communication skills (listening, decision-making, conflict resolution), families can provide a more supportive environment for their members.

In addition to positive work spillover, SMWTs have been found to increase productivity and commitment among workers (Yeatts et al., 1991). Therefore, a consultant could recommend implementing self-managed work teams in a variety of settings. However, self-managed work teams have most often been used in manufacturing industries.

Suggestions for Further Study

Future research is needed to clarify responses and to gain reliability in the findings. Additionally, the large number of non responses could be significantly, if not entirely, reduced by framing closed-ended questions based on the popular responses. This would help clarify the positions of the entire survey population.

What seems not to be studied sufficiently is an assessment of the functions families play in our society and the effects work has on these functions. Further, the

question, "Do various management structures affect family functioning differ-
ently?" needs to be addressed. Here, certainly, would be where the impact of self-
managed work teams on family life could be further examined.

NOTE

1. For a complete list of questions asked, sources of the measures and reliability scores, please contact
the authors.

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Dramaturgical Analysis
of Military Death Notification

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ABSTRACT

The process of military death notification is designed to explain the interactions between next-of-kin notifiers (NOKN) and the people that are being notified. This paper focuses upon a dramaturgical analysis of the notification process. Specifically, the use of props and the performances of the actors within this setting will be discussed in hopes of explaining the organizational constraints placed upon the notifiers, and to explain the patterned expectations and anticipations of the notifiers.

On January 16, 1991, President Bush ordered United States forces, along with the allied coalition forces, to begin the liberation of Kuwait. He ordered the action after months of preparation, here in the United States and in the Persian Gulf region. Many reservists were called to active duty; also called to duty were the services of Next-of-Kin Notifiers (NOKN)[1]. NOKN are those people in the military who notify the family and loved ones when someone has died on active duty.

This exploratory study will deal with a group that has not been studied. The existent literature deals primarily with police officers who notify the next-of-kin (NOK) (Eth, Baron, Pynoos, 1987; Hall, 1982) and ministers who administer to the NOK (Lohmann, 1977; Weinback, 1989; Wood, 1975). There is very little literature that deals with the notification process. This study is designed to study the process by which one particular branch of the military notifies the next-of-kin. This

research is also designed to supplement the literature that deals with the process of death notification in hopes of establishing more information that will further the study of this important topic.

Current Literature

There are numerous references in the literature that deal with the different aspects associated with death. Many researchers have studied the effects of terminal illness upon the patient and family (Glaser & Strauss, 1966a; 1968; Kavenaugh, 1988; Kubler-Ross, 1969). There is also a wealth of information that deals with the impending death of a loved one (Kubler-Ross, 1974, 1981, 1983).

There are two major studies that discuss the seldom reported phenomenon of death disclosure. Glaser and Strauss (1966b) studied the effects of a terminal illness disclosure on patients. They noticed that physicians relayed the news in short, blunt statements because the doctors did not have the communication skills to explain the specifics of the illness to working class patients. Also, by not giving details, the doctors would limit the amount of talk that would occur between themselves and the patient. Finally, the goal of the research by Glaser and Strauss was to study how hospital staff initiated the disclosure and how they tried to guide and control the response process through interactions with the patient.

In 1976, Charmaz studied death announcements made by the deputies assigned to rural coroner's offices. One of the underlying motives for the notification was so that kin could assume custody of the body for burial. The manner in which the deputy notified the family had a direct effect on whether the family assumed the responsibility for the body and for the burial costs. Two important features of the research include strategies for self-protection and strategies for announcement.

Self-protection strategies are employed to maintain a distance between the officer and the person being notified. As the deputies

> announce the death to the closest relative, possibilities arise for questions and concerns to be raised which might force the deputies to reflect upon death. . . . What is striking is the degree to which their views reflect typical cultural taboos. . . . [They] show an avoidance of death, and discomfiture over the expression of grief by survivors. (Charmaz, 1976, p. 68)

For self-protection strategies, Charmaz concludes:

> An aspect of self-protection consists of the effort to remain the polite,
> sincere, authoritative, but basically disinterested official. This stance
> becomes particularly apparent when the deputy's taken-for-granted
> notions of how the relative should respond are disrupted or negated.
> Wheît the relative is lacking the usual proprieties of such occasions
> or fails to show the "proper" expression of grief, the deputy may feel
> constrained to normalize the situation for himself instead of for the
> relative. . . . When the relative appears to take the "bad news" with so
> little seeming effect, the deputy then has to make sense of the situation
> in order to integrate the discrepant information into his own view of
> reality. (Charmaz, 1976, pp. 69–70)

Strategies for making the announcement help the deputy remain in control of
the situation and help him handle any extraordinary interactions that may occur.
The deputy must make the announcement in a way that "logically fits so that it is
effective and believable" (Charmaz, 1976, p. 75). Unlike a physician that must
notify the next-of-kin, the deputy has no props (other than his uniform and official
vehicle, both of which may convey a very different message), dramaturgical aids,
prior relationships with the family, or even the prestige of the doctor. Therefore, the
deputy must make use of impression management and of strategic disclosure of
cues. Typically, the deputy tries to "announce quickly, to turn the responsibility of
the body and its subsequent burial expense over to the family, and to determine that
the person who received the news is holding up well or is with someone" (Charmaz,
1976, p. 75).

Methodology

The subjects under study here are men and women assigned to a Reserve
Readiness Center in the southeast area of Texas. There is a 4-day duty rotation. Each
duty group consists of two 4-member teams. On each duty day, one team is
designated the primary team and the other is designated the secondary team. On the
following duty day, the designations switch. If a notification has to be made, the
primary team makes the preparations. If two notifications have to be made, both
teams make the preparations. If more than two notifications have to be made, the

duty group from the previous day will be activated. During the "Gulf Crisis," no more than two notifications were required to be made by one duty group.

The study was conducted in two different phases. The first phase was a self-administered questionnaire that was completed during a duty weekend. The questionnaire dealt with demographic data, feelings about being a NOKN, and personal habits. The questionnaire took approximately 20 minutes to complete.

For phase two, 12 of the 24 subjects were chosen to be interviewed and consisted of members from two different duty groups. Initially, all 24 subjects were to be interviewed, but due to time constraints only 12 were chosen. Three of the six first- time notifiers were interviewed as well as other more experienced members. After some of the training sessions for the different groups were observed, face-to-face semistructured interviews were conducted at a place of the respondent's choosing. During the interview, the respondents were asked to re-create past notifications, and were asked about their feelings about being a notifier and about actual duty as a notifier.

The Process of Death Notification

The process of notification under study occurs in three distinct time-ordered phases.

The first phase deals with all of the preparatory work that takes place before the visit. Not only are the detailed logistical arrangements made, but this happens to be a time for personal preparation. Of the four members of the team, one person will be designated as the "talker." The talker is usually the leader of the group; in this case, leadership is not designated merely by rank but may rest upon experience as a NOKN. The responsibility of the talker is to officially state that the military member has died. The statement is similar to the following:

> I have been asked to inform you that your daughter has been reported dead in [city, state, country] at 0700 on August 26, 1991. [Briefly state the circumstances.] On the behalf of the Secretary of Defense, I extend to you and your family my deepest sympathy in your great loss.

During the visit, the other members of the team are there for support—support for the talker as well as support for the other members of the family. In some cases,

the talker may speak with the primary NOK (wife, husband, parents, etc.) and the supporting officers of the team may notify other people in the household (brothers, sisters, children, etc.).

The first phase is as important to the NOKN as it is to the successful completion of the task. The notifiers do various activities during this phase: putting on an inspection type uniform (one that has just come from the dry cleaners), finding directions to the house of the NOK, locating an official vehicle for the ride to the residence (if an official sedan cannot be found, a privately owned vehicle may be used or rented), praying or meditating, researching details about the death, and practicing the notification speech and fielding questions from fellow team members acting as the family to be notified.

> As soon as I am told that I have to make a visit, I pull out my rosary beads. I will go to the office furtherest away from all of the commotion, get on my knees and say the entire rosary. As I pray, I say dear Lord, don't make me the talker this time around. Once I am finished, I go back to the group and pick a piece of paper out of the hat. [This group will place four pieces of paper into a hat. On one piece of paper is written the word *talker*. The other pieces of paper are blank. Whoever draws the piece of paper with the word *talker* on it has to do the talking.]

This preparatory work is a necessity in order to "build up" the confidence of the notification team. According to one respondent:

> The quicker you get there and get it done, the better it is for you. If you get something screwed up before you get there, you arrive at the house already nervous and jumpy. Then you become double nervous and jumpy when they open the door. It just isn't a good feeling.

One respondent recalls:

> I remember one time that we got lost. It really should have been an easy job. This kid died while driving his car during the rain. He was going too fast around a curve and his car went off of the road and hit a tree. It should have been real easy. He lived in the country and our driver said that he knew the area where he lived. Well, we were about

three hours later than we wanted to be. We finally got there, but I was sweating real bad and we were all on each others nerves. We finally got to the door, and the mother comes out to greet us. Here we are with sweat running down our faces and we have to tell this lady that her son is dead. I think that she felt worse for us than she did about her son being dead. To me that was the worst—you should never make the notified feel sorry for the notifier. It is too unprofessional.

The type of visit will be agreed upon during this phase of the process. Team members will gather as a group to read the official message traffic that specifies the details of the service member's death. After reading all of the relevant data, they will discuss potential problems with this particular notification. Upon completion of the discussion, the leader will delegate responsibilities to the other members of the team (most of the duties have already been completed; this is primarily done as a verbal checklist of the required responsibilities). Upon completion of assigned tasks, team members are instructed to inform the team leader when each member is prepared and ready to make the visit.

Once the preparatory work has been done, the actual visit (phase two) occurs— the drive to the residence, walking to the door, knocking or ringing the doorbell, and the notification. Yet, according to one respondent, there are different types of visits.

As far as I am concerned, there are three types of visits that need to be made. The first is the "easy case" which is a wham-bam-thank-you-mam. In other words, you arrive and then you leave right away. The second type is the "problem case." Here, there is a difficulty with the visit. This time you end up staying a little longer because you end up explaining things to the family. The third type is the "gut wrench." In this case, there are a lot of problems associated with the visit. What's bad is that you can be there [at the residence] for hours.

Most respondents do have a rank order of the types of visits that are required to be made. Yet, these types are simply predictions, made by the team, and are based upon the expected responses of the family and the circumstances regarding the death. Even though the titles may vary, all of the respondents rate the visit as it affects them (the notifier) and not as it affects those who are notified. When asked about examples of the different types of visits, most respondents said that the type

of visit is decided upon on a case-by-case basis. Yet, the underlying motif for the type of visit is the "cause" and "honor" of the death and the condition of the bodily remains.

Examples of the "easy case" are those deaths that occur honorably or those deaths that are due to normal or ordinary causes. Death by natural causes, death due to enemy fire (during a time of war), natural disasters (earthquakes, etc.), driving accidents (even if caused due to the service member's drunkenness) all fall under the category of "easy cases."

Examples of "problem cases" include deaths caused by dishonorable means or deaths caused by extraordinary means. Suicide is, by far, the most common case in this category. Death by "friendly fire" and military related deaths during peacetime (training accidents, etc.) also fall within this category. One reason suicide may fall under this category is the stigmatization that is associated with this type of death within American society. Another reason may be the feeling of helplessness that the family experiences.

Finally, examples of "gut-wrench cases" include those causes of death that leave no remains or only mutilated remains. Death by mutilation, unfound drowning victims, or any death that leaves a partial body fall into this category. There may be several reasons why these cases may be the most difficult. First, some people or families feel that they must have a complete body to mourn over (this idea may be due to religious reasons, or may be related to a sense of finality of the death). Secondly, some anguish may have been caused knowing that the victim may have suffered during the final hours (e.g., torture victims).

There are two important aspects of this typology. First, the type of visit is determined by the notification team due to effects that it will have upon themselves. Even though most notifiers can or will empathize with the families, they view the visit as: how much time will I have to spend? or how much extra paperwork will I have to do? Secondly, the typology is linear in nature. As the difficulty of the visit increases, so do the number of problems associated with the visit. The final classification of the visit depends upon the interactions that occur between the NOKN and the person being notified. If the family does not react in the manner that was anticipated, the final classification may revert to a less difficult classification. Also, the family may not react "appropriately" (as determined by the team) and the final classification may escalate into a more difficult type.

The final phase of the notification process is the exit of the team. Not only does the team leave the premises, but each team member assesses the success of "the mission." There is an unwritten rule that is passed down from training session to

training session, and it is one of the most important aspects of the final part of the visit: the team cannot leave until they feel that everything is "under control." In other words, if the team leader does not feel comfortable with the manner in which the family has taken the news, the team must stay on the premises until someone takes control of the situation (e.g., a local minister, a close neighbor, or a family member) or until the team members are escorted off the premises. The greatest conflict between the team members occurs because of this waiting period. The more difficult the case, the more likely that the team will remain on the premises. Yet, the length of the wait is subjectively determined by the team leader.

> I used to be on a team that was the pits. Our team leader was one of these people that wore his heart on his sleeve. He always felt sorry for everyone. We had to make a visit and this lady answers the door. We tell her that her son has died and she starts crying. We asked her if there was anything that we could do and she said that there wasn't. She was still crying—so we asked her if we could come inside and she said no. We asked her if there was anyone that we could call and she said no. So here we are standing in the lawn at this woman's front door in our uniforms. We must have stood there for twenty minutes and watched this lady cry. Finally the lady turns around and shuts the door and we leave. As soon as I got into the car I asked the team leader, "What the fuck were you doing out there? We should have left 25 minutes ago." He replied, "I just didn't think that she was ready for us to go." I replied, "What did you want us to do—wipe her tears for her?" Later that week, he resigned as team leader and I was appointed as the new team leader.

During the assessment of the visit, each team member recalls good and bad aspects of the visit. Usually, the assessment takes place in a public place (e.g., restaurant, fast food eatery, bar). A public place is chosen in order to ensure that a team member will not "break down." Members are less likely to display emotional feelings while in uniform, in public arenas.

After all assessments have been made, all members return to the duty station to complete the duty day. The team leader completes the paperwork necessary to report the completion of the notification. Also, a summary report of the details of the notification are recorded. The higher the difficulty of the visit, the longer the summary report will be. In the summary report, any aspect that was extraordinary must be explained in great detail.

Normally, if only a single notification has been made during the day, the notifying team will be allowed to go home (after all paperwork has been completed) and the remaining team will remain on duty.

Discussion

Perhaps the phenomenon of next-of-kin notification can best be understood from an interactionist's perspective; in other words, a concentration upon the experience and behavior of the actors in the situation and the shared, and unfortunately, unshared meanings of these actors. In the situation of a death notification, there can be no assumptions that culturally shared meanings exist or that motivations are uniform across all of the participants. Clearly, the notification team is bound to accomplish their task as a collateral duty associated with their military obligations. On the other hand, the next-of-kin have a far wider range of acceptable behaviors because grief, while culturally conditioned, is nevertheless a very individualistic behavior.

More specifically, next-of-kin notification rests upon symbolic interaction. For the notifiers, uniforms and the official vehicle have sign significance and convey the seriousness of what is about to be acted out. The seriousness of the occasion can even be noticed in the carefully chosen words spoken by the talker. Beyond the interaction defined by this deliberately choreographed attempt to define the situation by the notifiers, the remainder of the interaction must be negotiated. As Mead (1934) suggested, social interaction is like a game; but, in this particular interaction the rules are far less flexible for those initiating the interaction (beginning the game) than those with whom the game is played out. Johnson (1989) states, "The symbolic interaction perspective makes us aware of these small details of social life through which we, as individuals, move through the world, using symbols to present ourselves to others and affect what people think, feel, and do" (p. 24).

The attention to the minute details reported by this research verify this notion and are therefore crucial to the "successful" notification. The "interaction event" in this case is the successful completion of the notification. Yet, success is defined differently by this particular branch of the Armed Forces and the notification team. For this branch of the Armed Forces, success is the most humane dissemination of the death notification; for the notification team success is a notification that has the least effect upon themselves. In keeping with this theoretical perspective, a

dramaturgical approach has been employed to examine the process of death notification as a performance, to gain insight into the presented images of the actors, actresses, and the audience, and to study the constantly changing definition of self by the participants as they reevaluate themselves (and their audience) throughout their performance. From Goffman's point of view, the notifiers, as well as the notified, are who they present themselves to be. The players are not wearing a "mask" because during the relatively brief encounter, the mask does not hide the individual but rather *is* that individual.

To quote Johnson (1989):

> Goffman's perspective makes the important contribution that al-
> though social situations carry certain expectations, we are always in
> a position to manipulate, circumvent, and resist them. The dramatur-
> gical perspective makes us aware of how creative we often are as
> social actors, bringing to each role our own particular "touch,"
> creating and maintaining the impressions we want, and affecting
> other people's perceptions, feelings, thoughts, and behavior. (p. 25)

The data reported here illustrate a fundamental point by Goffman (1959)—actors cannot blithely assume, when they project their definition of the situation to others, that these others will not by their behavior/interaction "contradict, discredit, or otherwise throw doubt upon this projection" (p. 12). When this occurs, as seen with what were called problem cases and more clearly by what were described as "gut wrench" cases, interaction itself can in Goffman's words, "come to a confused and embarrassed halt" (p. 12). At times when the situation proves to be incorrectly defined, or undefined by the participants, some of the actors may feel discredited. Feeling that one's presentation has been discredited may be associated (according to Goffman) with feelings of hostility, shame, unease, out of countenance, embar-rassment, and anomy—all of which can prove disadvantageous to the notifiers in this already emotionally supercharged situation.

Two of Goffman's concepts are particularly appropriate to an analysis of next-of-kin notification—the concept of performance and the concept of team.

Performance

Goffman (1959) defines the concept of performance in the following manner:

> When an individual plays a part, he implicitly requests his observ-
> ers to take seriously the impression that is fostered before them. They

are asked to believe that the character they see actually possesses the attributes he appears to possess, that the task he performs will have the consequences that are implicitly claimed for it, and that, in general, matters are what they appear to be. In line with this, there is the popular view that the individual offers his performance and puts on his show "for the benefit of other people." (p. 17)

Belief in the Part One Is Playing

The performers may be completely convinced of, or totally detached from, the reality they are trying to establish or create. One may be committed to the role or perform it very cynically. Among next-of-kin notifiers studied here, this also appears to be the case. Although all tried to convey the sorrow of the country and to share the grief of the family, to appear warm, compassionate, and caring, some reported that inside they just wanted to complete the job (mission). Others reported being truly touched by the sadness and sorrow of the family, experiencing, albeit to a lesser and controlled degree, an emotional response.

Front

Attendant to the conception of performance is the notion of "front." As in a drama, there are props, stage settings, appearance, and manner. Historically, a military death was announced by a telegram from the War Department. In contemporary usage, the appearance of the notifier team in a vehicle marked with official insignia, and personnel, in uniform, who may or may not carry some "official" looking documents can all be considered as defining the "scene." The stage on which the drama is acted out is never known beforehand to the notifiers but rather is literally "home base" for the next-of-kin and may be replete with all manner of "props" which will exaggerate the impact of the situation, e.g., photos, a letter being written, etc. As this study indicates, appearance is carefully controlled; the uniforms of the notifiers warn and demark their status. For the next-of-kin, appearance is more problematic because they may still be in a robe and slippers or some other informal attire. The "manner" for the notifiers is a carefully rehearsed presentation, because the parts to be played by the team have already been delegated. The notifier has a specific duty to perform, which is an official act of government. There is the latitude, however, to modify the performance somewhat with looks and gestures to soften the bad news. In any case, the manner for the

notifier is far more restrictive than it is for the next-of-kin. If a sufficiently military manner is not maintained, the notifiers may leave the next-of-kin with no sense of direction or understanding of how to proceed with the process of grief, mourning, and burial. Overly military bearing (manner) may create anger and resentment.

As an aside, it should be noted that military recruiters are more widely distributed geographically than notifiers. However, it would be totally unsound, in a Goffman sense, to have the same individual who talked the family into letting their loved one join the service be the one to call on them and to advise them of the death. Defining the situation would be impossible.

Idealization

In social encounters, Goffman (1956), writing on deference and demeanor, explains that social interaction may be symmetrical or asymmetrical; the former is characterized by more or less egalitarian expectations, and the latter rests on the differential treatment of the parties. In a notification, this point may be the occasion for the definition of the situation to be contested. Given the uniforms and the "official business" which brings them into the home, the notifiers would expect deference and would expect that the next-of-kin would defer to the notifiers. However, given the nature for the visit, both the next-of-kin as well as the notifiers may perceive that it is the family who should receive deference. The grief and distress of the family may be seen as the overriding definition of the situation and thereby superseding the official reason for the visit. Therefore if the principal ideal of the team is to be realized, deference to the family may be utilized in order to complete the mission. In such a case, "a sacrifice is made not for the most visible ideal but rather for the most legitimately important one" (Goffman, 1959, p. 45).

Maintenance of Expressive Control

In the performance, performers must maintain "expressive control" because the audience may look at the most minor, unintentional, and meaningless cues to guide them. Unfortunately, this creates a problem in that accidental, incidental, and inadvertent gestures or verbal events may be seen as more meaningful by the audience than by the designated performer. According to Goffman (1959):

> In response to these communication contingencies, performers com-
> monly attempt to exert a kind of synecdochic responsibility, making

sure that as many as possible of the minor events in the performance, however instrumentally inconsequential these events may be, will occur in such a way as to convey either no impression or an impression that is compatible and consistent with the over-all definition of the situation that is being fostered. (p. 51)

On one occasion the notification team became hopelessly lost when trying to find the home of the family to be notified. They arrived much later than anticipated and they were dripping with sweat and were somewhat disheveled. This is not the crisp, sharp military bearing called for during a notification.

Misrepresentation

This lack of military bearing may lead the audience—in this case, the person being notified—to doubt the performance. The failure to believe in this particular performance causes the team members to doubt their own confidence in the notification.

This reduction in confidence can lead the audience to discredit the performance entirely. Once a minor "chink" in the "symbolic armor" occurs, the audience may also question the sincerity, truthfulness, genuineness, and validity of the interaction event. When a minor discrepancy between the "fostered appearance" and reality occurs, the delicate and fragile nature of the notification can be seen.

Reality and Contrivance

Even though the team may be well-rehearsed, the reduction in confidence, due to extraneous events, may result in a bad performance. One of the most important features of the notification process is the fact that the talker is simply an impromptu actor. If the audience is simply receptive, the dramatization of the event becomes a well-rehearsed scenario by an actor to a charitable audience. As the difficulty of the notification increases, on the other hand, so does the ambiguity of the situation. In this case, the actor must be dependent upon a repertoire to successfully complete the "mission." In other words, the actor becomes dependent upon personal skills— e.g., management of voice and facial expressions, previous scenarios, and previous stage directions. By not knowing how the audience will react, the actor hopes to have learned "enough pieces of expression to be able to 'fill in' and manage, more or less, any part that [is] given" (Goffman, 1959, p. 73).

Team

Goffman refers to a performance team as that group of players who cooperate to "stage" a routine—defined by this research as a notification. Although this notion of multiple actors sharing the same definition of the situation would facilitate having the audience share such a definition and would allow for dealing with the practical matters such as support for the central character (the talker) and permitting different segments of the audience to be addressed separately, it also contains the roots of two potential flaws. On the one hand, it means that there are that many more people who can disrupt the situation by failing to properly act their part. In this regard, since notification teams are frequently made up of officers of different rank, often a notification may require cutting across structural barriers in the military. (Goffman spoke of this possibility directly regarding treatment teams in mental hospitals.) On the other hand, Goffman points out that if members of a performance team are all cooperating to maintain one definition of the situation for an audience, they will be hampered in maintaining it for each other. This factor makes the informal debriefing after a notification so important.

> Since we all participate on teams we must all carry within ourselves something of the sweet guilt of conspirators. And since each team is engaged in maintaining the stability of some definitions of the situation, concealing or playing down certain facts in order to do this, we can expect the performer to live out his conspiratorial career in some furtiveness. (Goffman, 1956, p. 105)

For Goffman, performance teams were seen to have a director. This holds true for notification teams as well—for the talker becomes the director (regardless of his/her military rank). Goffman also suggests that, over time, performance teams give rise to a "star"; the same principle was observed for notification teams.

Conclusions

There are many other aspects that could follow in a dramaturgical analysis of military death notification. The interaction event is not comprised solely of "performance" and "team." Due to length constraints, other features, which are clearly applicable—i.e.,"backstage, region, etc., were excluded from our analysis.

Also, since a branch of the Armed Forces sponsored the research and the questions were designed to study the effects upon the notifiers, any analysis of the perceived effects on the people being notified would bias any findings regarding the NOK.

The manner in which the military informs the next-of-kin is very important in the overall understanding of the phenomenon of death notification. There is no easy way in which to notify the next-of-kin. Glaser and Strauss (1966a) tell of one doctor who creates a dying scenario for the family of a young man who had already died during surgery. The doctor's reasoning was that the family needed some time to absorb the impending loss of their son. The three-step approach to the notification process seems to be very sound. The first stage must be preparatory in nature—simply a collection of facts of the death. Also in this stage must be the preparation of the notifier. The second stage should be the notification or visit. The specifics should be left up to the individual making the visit—appropriate attire, time of day, and the wording of the actual notification. Having alternate members for support seems justified as well. The final stage must include some type of assessment of the visit.

Yet, there does seem to be a need for some type of formal training by a professional. Training may include communication skills, knowledge of benefits that are due to the survivors, and training to discern how the notifier feels about death in general. In closing, the process of death notification will be important in the future. The process can be made applicable to a variety of settings: hospice settings, nursing homes, hospitals, police departments, corporate settings in which death may occur, and agencies which must notify that death has occurred due to natural or human-caused disasters. With the increased number of deaths occurring outside of the home, more people will be required to learn the process of death notification.

NOTE

1. For the sake of anonymity, the job designation has been changed to Next-of-Kin Notifier. If we had used the original job designation, we would have violated the initial agreement between ourselves and the specific branch of the Armed Forces that granted permission for this study.

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The Sociologist as Expert Witness*

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ABSTRACT

The role of the expert witness in court proceedings is an important part of the American judicial system. Sociologists can make substantial contributions to the way in which the law as an institution evolves if they increase their availability and participation in legal proceedings. One way to do this is as an expert witness. In court, expert witnesses can do what no other witnesses can do: they may offer *opinions* and *conclusions* based solely on their professional training and expertise. This provides them with a special role and opportunity to *define* areas of the law, such as what constitutes a family, what the "best interests of the child" are in a custody determination, or when incarceration in a treatment facility would be efficacious. To be effective in this role, sociologists must understand what courts look for in an expert witness, the limitations of court procedures, and the best way in which to present testimony. Additionally, sociologists can be "experts" as consultants to attorneys in the preparation of cases for trial, and as adjuncts to the judiciary in serving as clinicians or investigators for the courts. The sociological perspective has much to offer, and the application of that perspective as an expert witness is an interesting and appropriate role for the sociologist who wishes to help define reality beyond the classroom.

Sociologists are in a particularly good position to offer their insights to the court system in the role of expert witness.[1] In many areas where the law is scrambling to keep up with the pace of social change, sociologists have special expertise. Examples of such areas are family, deviance, delinquency, and institutionalization. When courts are called on to adjudicate problems of everyday life, such as divorce, custody, or placement, a sociological perspective can offer unique insight.

A few cases involving areas of sociological concern will illustrate the kinds of issues raised in legal proceedings in which sociologists could be useful.[2] There are also requisites for filling the role of expert witness, and ways in which sociologists can prepare themselves to be useful in that role.

The expertise of the sociologist may be particularly necessary where the issues involved are ones about which the society in general has traditionally made such strong value judgments that even judges find it difficult to be factual, and therefore impartial. One such issue is sexual orientation, particularly where children are involved.

During the 1992 Presidential campaign, family values has become the inescapable campaign theme. This is not a brand new development. In 1988, Michael Dukakis was perceived as quite liberal on "family values" issues, and tried in several ways to distance himself from that categorization in order to campaign effectively. Some of the policies he had championed in Massachusetts were thought to be damaging to him nationally. His prison furlough policies, for example, came into question with regard to what became known as the Willie Horton issue. Similarly, a policy allowing gay people to serve as foster parents was dropped in Massachusetts; many believed that the change was made to avoid any identification of Dukakis as non-traditional with regard to family values and structures.

That policy had proved controversial even before the campaign. Next door, in New Hampshire, a state in which John Sununu, President Bush's former White House Chief of Staff, was then Governor, Massachusetts' acceptance of gay foster parents had produced at least a small furor. Those in charge of state policy were apparently worried at what they saw as a possible precedent for their own state. On March 3, 1987, the New Hampshire House of Representatives passed House Resolution No. 23, asking for an opinion from the New Hampshire state Supreme Court as to the constitutionality of House Bill 70, which had just been introduced. The resolution was as follows:

> Whereas, House Bill 70, an act prohibiting homosexuals from adopting, being parents, or running day care centers, has been introduced and is now pending before the house of representatives for consideration; and
>
> Whereas, certain questions have arisen concerning the constitutionality of HB 70; now, therefore, be it
>
> Resolved by the House of Representatives: That the Justices of the Supreme Court are respectfully requested to give their opinion upon the following questions of law:
>
> 1. Does HB 70 violate the equal protection clause of either the United States Constitution or the New Hampshire Constitution?
>
> 2. Does HB 70 violate the due process clause of either the United States Constitution or the New Hampshire Constitution?
>
> 3. Does HB 70 violate the rights of privacy of either the United States Constitution or the New Hampshire Constitution?
>
> 4. Does HB 70 violate the freedom of association under either the United States Constitution or the New Hampshire Constitution?
>
> 5. Does HB 70 violate any other provision of the United States Constitution or the New Hampshire Constitution?

Certainly the House of Representatives were being extraordinarily thorough in their desire to avoid violating anyone's rights. However, the New Hampshire Justices were obviously uncomfortable in the role in which they were being placed by the resolution. In fact, they responded to the House by requesting that they be

> excused from giving an opinion on the bill unless the house provide[s] us with a definition of homosexuality and a "statement of factual findings about the nexus between homosexuality as the legislature would define it and the unfitness of homosexuals as declared by the bill."[3] [*Opinion of the Justices*, 129 N.H. 290, 530 A.2d 21 (1987).]

The New Hampshire House responded by passing, on April 2, 1987, House Resolution 32, defining a homosexual as follows: "any person who performs or submits to any sexual act involving the sex organs of one person and the mouth or anus of another person of the same gender." One can imagine the atmosphere of discomfort which must have pervaded the House during the debate which led up to the choice of final language for the Resolution.

Additionally, to satisfy the Justices' request for information as to the nexus between homosexuality and unfitness to adopt children or run a day care center, the House responded as follows:

> The general court has chosen over the years to enact statutes relative to adopting children, providing foster care, and licensing day care centers in order to further the best interests of the state's children. These statutory enactments of the state do not involve intrusion into the private lives of consenting adults, but rather further the public and governmental interest in providing for the health, safety, and proper training for children who will be the subject of governmentally approved or licensed activities relating to such children. The general court finds that *as a matter of public policy* [emphasis added], the provision of a healthy environment and a role model for our children should exclude homosexuals, as defined by this act, from participating in governmentally sanctioned programs of adoption, foster care, and day care. Additionally, the general court finds that being a child in such programs is difficult enough without the added social and psychological complexities that a homosexual lifestyle could produce.

The Supreme Court of the State of New Hampshire did not much like the House of Representatives' definition of homosexuality, not because it was inaccurate (not to say bizarre), but because it did not limit the class of persons to those who performed such acts voluntarily. After having redefined homosexuals as to voluntariness, the court's majority went on to find no violation of either federal or state constitutional rights in HB 70.

The dissent was wild. It found that the state had no rational basis for excluding homosexuals as a class from adopting children, being foster parents, or running day care facilities. It began by pointing out that, ironically, homosexuality as defined by the House of Representatives was not illegal in New Hampshire, "yet heterosexual adultery is." Furthermore, in its opinion,

> the State is never more humanitarian than when it acts to protect the health of its children [and] never less humanitarian than when it denies public benefits to a group of its citizens because of ancient prejudices against that group.[4]

The dissent found that the legislature had received "no meaningful evidence" that the homosexuality of parents endangered any aspect of their children's physical or psychological health. And it cited a plethora of articles in support of the fact that "no difference in psychological and psychosexual development can be discerned between children raised by heterosexual parents and children raised by homosexual parents" (Susoeff, 1985).[5] The dissent pointed out that the state had available "reasonable alternative methods [to categorical exclusion]. . . to evaluate the qualifications of homosexuals who apply to adopt or offer foster care," and that "the presumed fact that homosexual parents are unfit is no less disprovable that the fact presumed in *Stanley*[7] that unwed parents are unfit." Thus, the dissent felt that HB 70 would be violative of due process rights, and would have struck it down on constitutional grounds.

The dissent here provides a good example of what a properly informed court could have done, while the majority represents the institutionalization of non-rational "ancient prejudices." The fact is, however, that because only the one dissenting Justice was informed, and four were not, gay people in Hew Hampshire were excluded from participating in an adoptive or foster family experience. A more sociologically sophisticated panel would probably have reached a different conclusion, and sociological expertise could have helped to shape a very different decision.

In *Parham v. J.R.* (1979),[7] the question raised as a class action was the process due to minors whose parents seek to commit them to mental institutions. One child, whose parents had divorced and whose mother had remarried, was adjudged "uncontrollable" and expelled from school. The admitting physician at the Central State Regional Hospital in Georgia "accepted the parents' representation that the boy had been extremely aggressive and diagnosed the child as having a 'hyperkinetic reaction to childhood.'" A second child had been declared neglected, and had been taken from his biological parents by the state; he had been in a series of foster homes, and was defined as "so disruptive and incorrigible that he could not conform to normal behavior patterns" in school. He was defined as borderline retarded, and as suffering from "an 'unsocialized, aggressive reaction to childhood.'" It had been recommended by the responsible social service agency that he be admitted to Central State Regional Hospital in order to "'benefit from the structured environment' of the hospital and [because he] would 'enjoy living and playing with boys of the same age.'" The fact that he could have enjoyed the company of boys his own age in any normal, non-institutionalized setting somehow apparently escaped the agency's notice.

The majority in this case decided that both children had been properly admitted to the hospital, with adequate due process. They based their reasoning on this starting point:

> Our jurisprudence historically has reflected Western civilization concepts of the family as a unit with broad parental authority over minor children. . . . Our constitutional system long ago rejected any notion that a child is "the mere creature of the State" and, on the contrary, asserted that parents generally "have the right, coupled with the high duty, to recognize and prepare [their children] for additional obligations." Pierce v. Society of Sisters, 268 U.S. 510, 535 (1924). Surely, this includes a "high duty" to recognize the symptoms of illness and to seek and follow medical advice.[8] The law's concept of a family rests on a presumption that parents possess what a child lacks in maturity, experience, and capacity for judgment required for making life's difficult decisions. More important, historically it has recognized that *natural bonds of affection* [emphasis added] lead parents to act in the best interests of their children. 1 W. Blackstone, Commentaries *447; J. Kent, Commentaries on American Law *190.[9]

The court specifically finds that "the fact that a child may balk at hospitalization . . . does not diminish the parents' authority to decide what is best for the child . . . . Neither state officials nor federal courts are equipped to review such parental decisions."

If not the courts, who? The court provides its own answer.

> Here the questions are essentially medical in character: whether the child is mentally or emotionally ill and whether he can benefit from the treatment that is provided by the state. . . . The determination of whether a person is mentally ill "turns on the *meaning* of the facts which must be interpreted by expert psychiatrists and psychologists." [*Addington v. Texas*, 441 U.S. at 429.]

Two important things are evident here: the Supreme Court is unwilling to cause parents' judgments to be second-guessed by either "state officials or federal courts," but it *is* willing to defer, and require parents to defer, to the judgments of

experts. Secondly, those "experts" are psychiatrists and psychologists, and the judgments that were made in this case provide little grounds for confidence in those judgments.

While this case ostensibly involves a determination of a status of being mentally ill, it is arguably more about authority structures in families, as the court implicitly acknowledges, and what childhood is all about, anyway. A sociologist, especially a clinical sociologist or one skilled in family therapy, could offer better insight into family processes than was demonstrated in this case. However, courts do tend to turn to psychologists and psychiatrists more frequently than they rely on sociologists. My sense is that they do this because we do not hold ourselves out as experts as frequently as we might; a fellow faculty member in my department notes that we have gotten so used to the idea of "taken-for-granted realities" that we take for granted that other intelligent people know as much about human behavior and social processes as we do, and that that assumption is not warranted.[10] Sociologists have special expertise, and therefore could easily qualify as expert witnesses in a case such as *Parham*.

Karin T. v. Michael T. (New York Family Court, 1985), while it may appear idiosyncratic enough to apply to very few actual cases, does illustrate how a sociological understanding of parenting roles could have helped the court, and also demonstrates a court's use of an out-dated, non-sociological definition of sexual or gender identity.

Karin T. was seeking an order of child support on behalf of her two children from Michael T., to whom she was married when the children were born to her by artificial insemination. She and Michael had applied for and been granted a marriage license, been married by a minister in the town of Parma, New York, and been provided with a Certificate of Marriage. At the time, no birth certificate had been required of either of them. Michael contested Karin's suit for support on the grounds that "she," Michael, was born, and is therefore still, a female, and thus not the "father" of the children. Michael was indeed born a female, Marlene T. As the court states,

> In her twenties she became increasingly unhappy with her feminine
> identity and attempted to change that identity and to live like a man.
> In pursuance thereof, she changed her name from Marlene to Michael,
> dressed in men's clothing and obtained employment which she
> regarded as "men's work."

Not only that; Michael also executed an agreement which stated in part, with regard to the two children born to Karin by artificial insemination:

> a. That such child or children so produced are his own legitimate child or children and are the heirs of his body, and
> b. That he hereby completely waives forever any right which he might have to disclaim such child or children as his own.

The court recognized the thin ice on which it found itself: "This is a case of first impression and its resolution will carry the Court through uncharted legal waters." First of all, the court evaded the issue of gender identity and transsexuality, and stated simply,

> Although some question has been raised as to whether or not by means of medical procedures the respondent has indeed become [*sic*] a transsexual, this Court would be without jurisdiction to determine that fact and for purposes of this proceeding only, finds that the respondent is indeed a female.

The court did not need to duck that issue at all. New York courts have accepted definitions of transsexuality based on identity rather than medical status, on the basis of expert witness testimony as to the nature of the condition of transsexuality. However, this court, without benefit of such expertise, found itself unable to deal adequately with the concept of transsexuality.

Additionally, this court relied to great extent on a dictionary, albeit a law dictionary, definition of "parent," which stressed that a parent is one who "procreates, begets, or brings forth offspring" (Black's Law Dictionary, 1979). The court then found that Michael's execution of the *contractual* agreement cited above was the dispositive element in his being adjudicated a "parent" for purposes of being assessed child support responsibilities. Thus the court used a "course of conduct" logic, which is really part of contract law, not domestic relations law, and ended up defining the children as "third party beneficiaries" of the non-marital contractual arrangements between Karin and Michael.

There is nothing technically wrong with the court's interpretation of contract law, but it is tortuously unnecessary to decide family matters on contractual bases.[11] A more sociologically oriented definition of Michael's position vis-à-vis Karin and the children could have been obtained by defining "parent" according to whether

or not Michael had performed the role of parent. The United States Supreme Court, in *Caban v. Mohammed*, 441 U.S. 380, 397, said that "parental rights do not spring full-blown from the biological connection between parent and child." In a subsequent case, the Supreme Court clarified the understanding it had developed over time, as shown by reference to case precedent, of the relationship of biology, behavior, and parenting:

> When an unwed father demonstrates a full commitment to the responsibilities of parenthood by "com[ing] forward to participate in the rearing of his child, Caban, 441 U.S., at 392 . . . his interest in personal contact with his child acquires substantial protection under the due process clause. . . . But the mere existence of a biological link does not merit equivalent constitutional protection. The actions of judges neither create nor sever genetic bonds. "The importance of the familial relationship, to the individuals involved and to society, stems from the emotional attachments that derive from the intimacy of daily association, and from the role it plays in 'promot[ing] a way of life' through the instruction of children as well as from the fact of blood relationship." Smith v. Organization of Foster Families for Equality and Reform, 431 U.S. 816, 844 (1977) (quoting Wisconsin v. Yoder, 406 U.S. 205, 231-233 (1972)).
>
> The significance of the biological connection is that it offers the natural father an opportunity that no other male possesses to develop a relationship with his offspring. [*Lehr v. Robertson*, 463 U.S. 248 (1983).]

The Supreme Court demonstrated here that it does understand that parenting is a matter of role behavior, not biology. In the case of Michael, the local court could easily have established his support obligation by pointing out that he had been *acting* like a father to Karin's two children. This would have allowed the court to base its decision on family rather than contractual behavior, and to use a conceptual framework related to domestic relations law rather than to contract law.

Why did the local court not do that? I suspect that one reason is that local courts do not have the sort of clerking staff that the Supreme Court does. Perhaps there was no one available to the local court with the time or the background to seek out *Lehr v. Robertson*, *Caban*, or *Yoder*. Those cases are well-known, but court dockets are crowded.

A sociologist, however, would not have to know about *Lehr v. Robertson*, *Caban*, or *Yoder* to have helped this court define Michael's role with Karin and the children. While the contractual document "waiv[ing] . . . any right . . . to disclaim the children as his own" is plain language that we all can read, and gives the court its way out of the dilemma of defining family roles and obligations, it is not a good basis on which to decide this case, which raises very central issues of who may constitute a family. Using a definition based on role behavior would have kept the decision within the realm of law where it belongs, and would have helped advance our ideas about family. A sociologist as expert consultant to the court, or as an expert witness, could easily have provided the basis on which to proceed in a more rational manner: children in a family would have been defined as children, not "third party beneficiaries."

What is necessary to be an expert witness, and how can sociologists prepare themselves for this role? First of all, expert witnesses are always qualified by the court through a procedure in which a presentation of credentials is central. Usually, the expert witness is led, by the attorney for the party for whom the expert is testifying, through a recitation of the expert's educational background and relevant experience, such as clinical work, and whatever it is, such as publications, that has resulted in that individual's being considered an expert by others in this field. Since this information is available to the opposite party before actual testimony in court, often there is a "stipulation" as to the person's status as an expert. It is therefore important to provide a full curriculum vitae so that the basis for one's expertise is easily at hand.

The expert's role in court is to provide opinions based on professional judgment. It is important that the expert demonstrate the professional basis, using accepted professional language and concepts, for opinions. It is also important, because it is effective, for the expert to be able to translate professional jargon into lay terminology, while remaining within legally relevant categories. For instance, the attorney might take the expert through a recitation of credentials and experience, at which point the court would accept the witness as an expert. The expert would then be allowed to present the basis for the opinions in the case at hand: clinical observation of a child's behavior, for example, coupled with interviews with all family members, if the issue is custody or placement.

Giving a full history of the case, describing particulars of behavior as well as inferences, explaining clearly the relevance of a particular observation, are all worthwhile. Such "homely" details provide a basis for lay (including judicial) confidence in what the expert ultimately recommends. Also, courts decide cases on

a case-by-case basis; the court does not wish to determine, nor has it the authority to determine, what custody arrangements "ought" to be generally prescribed. It needs to decide with which parent of this divorcing couple the child in *this* case is to be placed. Thus the expert wants to show careful consideration of *this* family's circumstances, as opposed to any general theory of family.

The attorney then inquires as to whether the witness, "on the basis of your professional expertise," has formed an opinion about what should happen in the case.

"Yes, I have."

"And what is that opinion?"

"I think that this child should be placed with his mother."

A credible expert witness will be one who does not "go beyond the data." A credible expert witness describes the patterns of behavior or the theoretical criteria which can form the basis of opinion, and then demonstrates how the case at hand fits with those patterns or criteria. Effective presentation is the job of the attorney as well as the expert, and a good attorney will help a sociologist learn how to present effective testimony, and will explain the parameters of courtroom proceedings so that the sociologist does not play an inappropriate role. A credible expert is complete and responsive to questions, but does not turn the court into a classroom and lecture the judge. It is also true, however, that having been effective in the classroom is often good preparation for being effective in the courtroom. After all, professors are very used to presenting ideas or facts in professional terms, and then translating into more familiar language for students who are not experts. This is very similar to the procedure that will work with a judge or jury, provided it is accompanied with sufficient respect for the equal professionalism of the judicial system.

Courts, as indicated in *Parham*, tend to defer to expert witnesses. Often, what the expert says, goes. It is important to understand that, as noted at the beginning of this article, only expert witnesses may give opinions in court. Other witnesses are restricted to what they *actually* saw, or what was told directly to them. They are neither invited nor allowed to say what they *think* happened or what they *suggest* should happen in a given case. Thus the role of the expert witness is unique and crucial.

Some experts, however, as Goerge Orwell might have said, are more equal than other experts. Presently, psychologists and psychiatrists have dominated the expert witness field, and have become known for the occasionally awkward fact that they, or the fields they represent, seem quite capable of arguing both sides of the same

case, using contradictory theories or making contradictory inferences from the data about the same case. There is some sense that the presence of "hired guns" who are available to testify to *whatever* seems to be the outcome desired by the party that has hired them has undermined the credibility of experts within these fields.

I believe that most professionals who testify as experts within these disciplines are properly credentialed, have done their homework, are credible, and deserve to have their opinions taken seriously. Nevertheless, it may be time for experts from other fields to become more active. Some people who have done a lot of testifying as expert witnesses believe that "intrapsychic" causation theories have become less credible over the past few years, and that the sociological perspective is being given increasing weight.[12] Also, there is no question that areas in which sociologists have expertise, such as family structure, have become more problematic; a simple examination of current divorce rates or varieties of families makes this obvious.

Along with testifying as expert witnesses, sociologists can take on other roles vis-à-vis the court system. Some sociologists, particularly those whose training has stopped at the master's level, and who therefore may not qualify as experts in the courtroom setting, can nevertheless have an impact by working for the judiciary as family or juvenile investigators.[13]

Within one's own local professional community, there are lawyers who do not know a lot about families from any extra-legal perspective.[14] Working with a local bar association, offering to give talks, offering to set up workshops, perhaps providing instruction for CEU credit, or being on call as a consultant to local lawyers, are all ways in which sociological expertise may be shared. There are American Bar Association publications, and state bar publications, which welcome submission from non-lawyers. Most of the articles in these publications are more popular and designed for the busy practitioner, while those in the law reviews are much more lengthy and scholarly, and demand much more legal expertise. However, there are specialized Law Reviews, on juvenile matters, for example, where the scholarship can be both legal and extra-legal, and where the sociologists' insights are welcomed. Today, family mediation is also a field experiencing tremendous growth, and sociologists may find fertile ground there as well.

Sociologists, from the beginnings of the discipline, have been activist and interventionist in their orientation, and eager to be involved in improving the society around them (Clark, 1985, citing Fritz, 1985). Because the courts provide such an active arena for the social construction of reality, they offer wonderful opportunities for sociological participation. The role of an expert witness is fascinating and central to helping the law evolve and become more sophisticated

about human behavior and social arrangements. Sociologists can have an expanded means of representing their discipline if they choose to prepare themselves to take on that role.

NOTES

1. I first became interested in this topic at a workshop on "Setting Up a Practice as an Expert Witness to the Courts" given by Stanley S. Clawar, PhD, at the American University in Washington, DC, in 1985, under the auspices of the Clinical Sociological Association (now the Sociological Practice Association). Subsequently, after obtaining my JD, I have been working on the interconnections between sociology and the law.

2. It should be noted that these cases have been selected for their sociological relevance from a standard casebook in Family Law. They therefore are examples of courts' reasoning, and are not necessarily dispositive, nor the most recent additions to case law. While effort was made to choose Supreme Court cases that have precedential value, readers should not assume that these cases represent "the law of the land." Domestic relations law is state law, and, barring definitive Supreme Court rulings, cases from within state jurisdiction will govern. For specific legal evaluation of specific situations, one must consult a good attorney.

3. All quotes in this section are from *Opinion of the Justices*, 129 N.H. 290, 530 A.2d 21 (1987), unless otherwise noted, but are not paginated, as they were taken from Areen (1988).

4. The dissent's concern here is reminiscent of the United States Supreme Court's logic in *Palmore v. Sidoti*, 466 U.S. 429 (1984), in which it said, with regard to removing a child from her mother's custody because the mother (a white woman) had married a black man, "The Constitution cannot control such prejudices [the fear was that the child would be subjected to "social stigmatization" because of living in an interracial family] but neither can it tolerate them. Private biases may be outside the reach of the law, but the law cannot, directly or indirectly, give them effect."

5. See also Golombnok, Spencer, and Rutter (1983); Green, Mandel, Hotvedt, Gray, and Smith (1986); Harris and Turner (1985); and Kleber, Howell, and Tibbits/Kleber (1985).

6. *Stanley v. Illinois*, 405 U.S. 645 (1972) established that an unmarried father must be granted due process rights before being deprived of custody of his child upon the death of its mother. There can be no *presumption* that being unmarried equals being unfit to parent. In the present case, the dissent argues, there should be no *presumption* that homosexuals are unfit to parent.

7. All quotes in this section are from *Parham v. J.R.*, 442 U.S. 584 (1979), unless otherwise noted, but are unpaginated; the source is Areen (1985).

8. Please note, in context of this statement, that the physician who admitted the first child did so essentially on the *parents'* definition of the aggressive behavior of the child.

9. Note the authorities on which the Court relies for its sense of the source of good parental decision-making re their children; both are truly "venerable" sources, from the 18th century.

10. The astute member in question is Glenn E. Nilson, PhD, a specialist in families and single fatherhood.

11. In fact, such a basis for decision-making invites trouble. There may be nothing *contractually* defective in surrogacy contracts, but as the notorious "Baby M" case illustrated, we are often

uncomfortable allowing vaild contrctual arrangements to determine the construction of families [*In re Baby M.*, 109 N.J. 396, 537 A.2d 1227 (1988)].

12. For example, Stanley S. Clawar, PhD, in the workshop on "Setting-Up a Practice as an Expert Witness to the Courts," The American University, Washington DC, under the auspices of the Clinical Sociology Association, August 25, 1985.

13. When I was in law school, a lawyer with whom I was working wanted me to do home investigations for the local courts, based on my sociological training. She knew that my evaluations would carry much more weight then those done by others with less sociological training. Part-time law school plus full-time teaching seemed like enough work at the time, so I declined, but I know of several people with MAs in sociology who have taken such positions with our local courts.

14. Again, a law school note: I was amazed, when I took courses in family law, at how little the law students understood of a sociological perspective on what a family is. I was even more amazed when I stopped to realize that few of them had ever had an introductory sociology course, much less a course in marriage and family, and that nothing in their law school coursework was going to address or make up for that deficit. Lawyers, who deal with families all the time, and advise clients as to family matters, have very little nonlegal expertise about families.

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Courtroom Observation and Applied Litigation Research: A Case History of Jury Decision Making

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ABSTRACT

Quantitative research has dominated applied litigation research, but it seems to lack the flexibility needed to link pretrial research to ongoing courtroom events. Participant observation is a methodology which seems more suitable for studying the dynamic environment of a trial. A 6-day civil trial is used to evaluate participant observation reports against pretrial survey analysis and trial simulations. The objective is to show how different methodological approaches converge in the frame of reference which reflects the actual verdict reached in trial.

Litigation research is a relatively new field of social science application. The most useful methodological approaches to study ongoing litigation are still under development. Quantitative designs have dominated this field to date and typically are used for jury selection (Frederick, 1984; Penrod & Linz, 1986). Quantitative techniques, such as secondary analysis of survey data, have been employed to help create checklist scales to evaluate potential jurors for prejudicial tendencies during voir dire (Abbott, 1987). Another purpose of quantitative techniques, which is used less often, is to focus strategic themes and arguments for trial. Nonetheless, quantitative designs have been strongly criticized (Saks, 1976), in large part

because they tend to fall short when used as the principle methodology to anticipate the essentially dynamic character of a trial.

The tactical environment of an ongoing trial is fluid. Quantitative methodologies appear to lack the requisite flexibility to grasp the changed meaning of issues as they emerge in the courtroom. In short, once a trial begins, pretrial quantitative research may be overtaken by unanticipated events. The utility of strategic themes, the integration of developing arguments vis-à-vis an opponent's claims, and revision of potential cross-examination scripts must be evaluated continually in light of daily trial experience.

Consequently, a major task for an applied research team is to link pretrial efforts with techniques that can incorporate dynamic developments in the conflict. Participant observation is one of the few approaches which can assimilate holistic knowledge and diverse data for application to emerging situations in an applied or clinical role. The potential of this method for application in legal conflict would seem promising.

Participant observation has long been employed in the anthropology of law (see Llewelyn & Hoebel, 1941). There are numerous references to it's use in criminology and the sociology of law (McCall, 1976; Skolnick, 1966; Ziesel & Diamond, 1976a; Ziesel, et al., 1959), but there are relatively few reports from any applied setting where research plays an instrumental role in the actual conduct of trial. This method is also the least well-defined methodological component of the social sciences (Bernard, 1988). Its applications tend to be confined to concrete situations and always must be adapted to different contexts. Participant observation's focus is on process rather than outcome, on context rather than specific variables, on discovery rather than confirmation. The nature of participant observation tends to lend itself to exploratory research as opposed to outcome prediction. Yet, participant observation actually may be a very useful tool in litigation research. Participant observation techniques permit us to grasp the dynamic environment of the trial and link pretrial analysis with ongoing courtroom events. Participant observers may be able to examine the interpretation of interaction during the trial and use these ideas as a guide for continued strategy development. Consequently, sociologists should find a multifaceted methodological approach very useful in applied litigation research.

This paper examines the utility of a combined methodological strategy applied in support of a multimillion dollar contract dispute. A case history of this 6-day civil trial is presented to evaluate the reports from participant observers against the results of pretrial research and trial simulation conducted prior to and independent

of the observational data reported below. The main objective is to begin exploration of how diverse methodological approaches converge in the actual verdict reached in trial.

This report is an example of the benefit of sociological methodologies and critical perspectives in the field of law. Through an analysis of key patterns during multiple stages of data collection, sociologists can provide lawyers with an understanding of human behavior which then aids in the development of strategic themes for and during trial.

Issues in Courtroom Observation

Observational techniques used to support a plaintiff or defendant in a trial present a unique challenge to qualitative methodologies, both ethically and procedurally. To a great extent, these concerns are interrelated. Ethical questions are often raised in the social sciences regarding the issue of whose side practitioners are on (Becker, 1962). Since the U.S. court system is based upon an adversarial model, the only choice is whether to be involved or not, for there is no way to avoid taking sides (Thornton & Voight, 1988). When researchers choose to be involved in a trial, they are also choosing a particular side and perspective. Thus, it is quite clear whose side the researcher represents. If services formally have been engaged, it is also quite clear that the implications of research will be to help a particular antagonist. Ethical concerns are not obfuscated, but are dealt with immediately upon deciding to do this type of research.

More practically, it is difficult for sociologists to violate research ethics because participant observation techniques are highly constrained by the court-room setting. The main research role available in a courtroom to participant observers seems to be merely as audience. Unlike some traditional participant observers, courtroom observers do not communicate with those whom they observe. While observations of a courtroom may be conducted covertly, the behavior is public and occurs within open court. Checks on intrusive behavior by a paid participant observer do not rely solely on one's internal ethical principles.

Judges prohibit any form of verbal or gestural communication from spectators. Consequently, it is unlikely that the courtroom behavior of participant observers during a trial will influence its outcome. Although jurors may look to the audience for cues or effective attorneys may play to the audience as a means of gauging

effective communication, the observer plays a passive role in court interaction (see Sternberg, 1972). Both the judge and opposing counsel are responsible for stifling remonstrances from the gallery. If offensive behavior is observable to opposing counsel or the judge in open court, such behavior may be fatally self-defeating.

Perhaps a greater potential ethical concern regarding courtroom observation is that sociological methods are used to shape rather than document reality construction (Holstein, 1985). The applied social scientist does not have a traditional "What is going on here?" orientation toward research. A courtroom participant retained by one side or the other observes for a purpose, whereas a traditional ethnographer is there to become "immersed" in the field, becoming part of a group, organization, or community, examining those features of activity which presumably have greatest significance for the event or participants. Conversely, applied observers have a direct interest in the success or failure of the client's case. The purpose is to influence the outcome of trial—something attorneys are ethically bound to do. Although traditional ethnographers and sociologists attempt to remain impartial, typically the outcome of their work does have political implications. Yet, many times the implications of sociological work tend to be hidden because of such an attempt at impartiality. In applied research, however, political agendas are apparent and brought to the forefront. In such situations, applied researchers can make clear decisions about their involvement in this type of work.

Serious methodological problems may emerge. In particular, how should the attention of the observer be directed? In a traditional approach to participant observation, the observer should be open to the broadest array of phenomena. Yet, a courtroom is a busy place and it is difficult to analyze everything. One approach to deal with this issue is to direct attention to specific events and not to all observations. Some raise concerns, however, that if an observer's attention is aimed at specific issues by virtue of a specific theory of the case, there is risk that often "important" or emergent developments could be missed. Some suggest that observers ought never to know by which side they are employed (Vinson, 1982), yet this solution makes it difficult to direct observation toward any specific evaluative purpose. If pretrial research is effective, there should be a reduced risk that unanticipated observations may emerge to shape the outcome of trial. Pretrial research should help focus participant observers. Trained observers also will be aware of other emergent patterns that may have not been anticipated. Typically, participant observers learn to find important patterns among complicated environmental and interactive stimuli. Patterns that emerge repeatedly are deemed important, and trained observers will not miss such information.

There has been limited research on the applied use of participant observation in courtroom settings. Procedural aspects of this approach have received little scrutiny. Ethnographic techniques for standard research purposes, however, have been widely reported, with little critical discussion of the method (see, e.g., Conley & O'Barr, 1988).

The few discussions of observational techniques in the courtroom tend to primarily focus on "shadow" or "mirror" juries (Covington, 1985; McCabe & Purves, 1974; Vinson, 1982). Such procedural strategies attempt to replicate the trial jury with *untrained* observers seated in the courtroom; the assumption is that these members will observe and react to activities similar to actual jurors. Shadow jurors typically are debriefed on a daily basis by a "neutral" observer at a site removed from the courtroom. Tactical strategies derived from these interviews are provided to the client's attorney. While the approach has intuitive value, there are as yet no evaluations of its effectiveness. Presumably, if all pertinent characteristics of the sitting jury are matched in the parallel panel, then extraneous effects might be minimized. Very little has been said about this matching process or how it is accomplished within the time constraints present in court. In fact, Vinson (1982) reports his study even without matching on gender in one instance. On the other hand, little is known about the effectiveness of a more traditional participant observational approach during an actual trial. This research is an attempt to examine its utility.

Approach

Applied research for the development of strategy in this trial consisted of three interdependent stages. In the first stage, demographic information was obtained from secondary analysis of social survey data collected by the National Opinion Research Center (NORC) to determine what kinds of people might be expected to support the defense (see Davis & Smith, 1988) as structured by its attorneys. Data for the analysis was taken from the General Social Surveys conducted each year since 1972 by the National Opinion Research Center. It is comprised of a yearly national probability sample of approximately 1,500 Americans. The survey covers a wide range of topics but uses standardized question formats where possible to facilitate trend analysis and pooling. One question concerning peoples' confidence in business leaders was selected as a criterion variable for estimating favorability of juror predispositions to the case:

> I am going to name some institutions in this country. As far as the
> *people* running these institutions are concerned, would you say you
> have a great deal of confidence, only some confidence, or hardly any
> confidence at all in them? [Business leaders]

This variable was cross-tabulated with various demographic and attitudinal items using the Statistical Package for the Social Sciences (SPSS). The best method of determining the characteristics of favorably oriented jurors is to correlate attitudinal and demographic characteristics with a *direct*, local measure of case perceptions. These data consist of general attitudes of people in the Southeastern United States and are not case specific. While a local survey would be preferable, the case budget did not permit such an exercise.

In the second stage, an abbreviated mock trial was held before two separate juries to estimate how jurors might assimilate and process information about the case. The jurors were selected from a pool of respondents to a newspaper advertisement on the basis of characteristics that presumably were related to potential biases for or against the defense, as determined from the secondary analysis survey data. Two juries were formed on the basis of this model of potentially favorable and unfavorable jurors' responses to the case. Both juries reported verdicts *against* the defense, with awards of $2.5 million and $175,000, respectively, after hearing both a surrogate plaintiff's presentation and the planned defense by the actual case lawyers.

The last stage of the research consisted of two professional observers who provided feedback to the trial team and client. Both professional observers have a PhD in sociology. One person was closely acquainted with the trial and had read all depositions, interviewed defense witnesses, and observed several trial simulations. In addition, this person systematically participated with trial attorneys in the daily presentation and evaluation of the case, and in the development of tactical responses and initiatives for the next day. The second observer has had extensive experience with qualitative methodological approaches across various settings, but became acquainted with the case only as it unfolded. In some ways, it may be advantageous that the observer lacked background in the case as such observations would be more similar to those of jurors who were initially unfamiliar with the issue. This observer submitted written field notes and summaries of the proceedings, but did not participate in the defense.

Notes were kept electronically on laptop computers. Typically, technical information (business contracts and transaction) were gathered from trial exhibits. In particular, observers would write down the "story" being presented to jurors and the themes that the lawyers used to communicate their sides of the dispute. Furthermore, notes on jurors' reactions, interactions with each other, and judge's and lawyers' mannerisms, for example, were included. Primarily, as is typical of most qualitative researchers, as much information as possible was gathered. As the trial proceeded, patterns became evident. More attention was devoted to examining such patterns as the trial continued. These types of patterns and themes form the framework by which jurors understood the specific business issue presented in this trial. The results of this particular case analysis are not generalizable to other trials (or at least no such claim is proffered here). Law has developed on the basis of *stare decisis* or precedent. Yet case studies typically represent the least sophisticated, most disparaged form of scientific explanation in sociology, notwithstanding important classics such as *Street Corner Society* or *The Jackroller*. The development of the trial is reported below in the form of a descriptive case history of major events and themes in the trial because jurors finally are only exposed to two "stories," both of which represent attempts by one side or the other to justify a verdict against their opponent. Participant observation, as opposed to other methods of pretrial research, both qualitative and quantitative, is the only method by which parties may develop an alternative understanding of the actual story which observers may hear—as opposed to what lawyers think they said. This is not a new methodology, nor is our intent to evaluate participant observation as a separate and distinct method of trial intervention. Each case in every trial may call for a unique mix of applied research strategies. We report here one such example to serve the heuristic purpose of illustrating how sociologists from both academic and applied backgrounds may introduce sociological method to a traditional profession.

This case history summarizes how the opposing lawyers attempted to create their own versions of reality concerning transactions between two businesses involved in a lawsuit. The lawyers for the plaintiff and defense each used different strategies reflecting their own theories about how to influence juror behavior. Lawyers wanted to set their own versions of what happened in order to sway jurors to accept one particular version of reality. Jurors, nonetheless, must come to a consensus regarding the story which organizes the case or else the defense prevails. Eventually, if there is a verdict for the plaintiff, only one view of reality will be accepted by the jury (see Bennett & Feldman, 1981; Goffman, 1974).

Data gathered during the actual trial quite clearly shows the different strategies set by both the plaintiff and defense attorneys. In addition, the field notes abstracted in this paper tend to highlight how particular strategies might be observed or interpreted by jurors. The information provided in the case history delineates such strategies and shows how participant observation data can be used by the research team to help attorneys create new tactics and themes and deal with unanticipated courtroom events.[1]

The Case

The lawsuit involved a breach of contract action brought by Jones Tugboat and Towing Company (*Jones*) against Consolidated Barge Transport, Inc. (*Consolidated*). Jones was going out of business and sold its major asset, a contract to haul commodities to Mississippi from Florida by seagoing barge, to Consolidated, located in Florida. Consolidated was principally interested in the value of the return barge trips for their business of hauling coal. Jones's commodities contract was up for renegotiation and renewal and so its future value was uncertain. Consolidated agreed to pay a contingent price if it was able to achieve a satisfactory hauling rate for these commodities. Otherwise, the contract would have less value to them and they would therefore pay Jones less in the future. Consolidated claimed that it did not satisfactorily renegotiate that commodities contract, and subsequently refused to pay Jones. Jones sued in a trial that lasted 6 days. Summarized field notes by the naive observer were as follows:

The First Day

On the first day of trial, the plaintiffs' attorney's opening argument set the mood for the case. He drew the jurors into the life of the plaintiff by discussing his family history. The lawyer emphasized how Jones was a family business and owned the company for many years. In addition, he presented the themes for the case by contrasting this family business with the other major corporation, Consolidated. He emphasized the differences between big and little corporations and alluded to their power differentials. The lawyer presented the story of the dispute. The larger business, Consolidated, purchased a section of the smaller business, Jones, which entailed a relationship and business contract with a third corporation. Consolidated would continue to owe Jones a share of the profits as long as the contract's

requirements were upheld. Consolidated discontinued paying Jones because market conditions had changed and this nullified the contract. In addition, Consolidated did not include Jones in contract negotiations with the third corporation.

The specific details of the case were complicated. The strategy of the plaintiff attorneys was to present simple themes that jurors had opinions about and could understand. Family business may imply characteristics such as honesty, or that products are not sold for huge profits but for survival of the company. Family business also implies that larger corporations are more powerful, profit-oriented, possibly corrupted by greed and not to be trusted. In contrast, the defense attorneys had not addressed or discredited all the themes presented by the plaintiff attorney. They had not countered the claim by the plaintiff that Jones was not included in business negotiations with the third corporation. Instead, defense presented a complicated version of what happened during the business negotiations between the two companies as their strategy was to confuse jurors. The jurors received technical information about the case rather than simple themes.

Objections by opposing counsel also became an issue, initially, because they broke the monotony of the case. The defense attorney discontinued the presentation of the objected information in both situations. One objection occurred about the base rate and the other was about Jones throwing away critical documents concerning the sale. Since the defense attorney did not continue discussion after the objections, it appeared to the observer, and may have appeared to the jurors, that he misrepresented information. Although the jurors were quite attentive, as this was the opening day, with time they seemed increasingly disinterested in the defense attorney's statements.

The Second Day

On the second day of the trial, the plaintiff attorney continued to emphasize story themes set on the first day. The theme of strong family roots of Jones was further emphasized. Jones was dependent upon the whims of big corporations such as Consolidated and the third corporation. In addition, Consolidated had made a huge profit from this business transaction with Jones and would continue to do so in the future. The specific factual details of the case were secondary to the simple familiaristic themes. Although the owner of Jones had not remembered many facts about his business transactions, the plaintiff lawyer eased this anticipated problem by asking the witness for his recollections about events. The term "recollections" seemed to emphasize random forgetfulness and not calculated avoidance of

important details. In addition, the plaintiff emphasized the theme about Consolidated's powerfulness and corruptness by raising the issue about a confidentiality agreement. For example, Consolidated did not want Jones to show the business contract to anyone, even their lawyers. One of the jurors, a 24-year-old manager of leasing at a major bank with a graduate degree in finance, smiled repeatedly during his testimony, which seemed to suggest that she followed the point presented by the plaintiff (she later was elected foreperson of the jury). That is, Consolidated preferred that Jones not use experts to examine the contract as it was negotiated. The implication was Consolidated had sinister purposes.

Tactics during cross-examination by the defense still dealt mostly with details and facts about the case rather than themes. Instead of presenting their own themes, the defense lawyers tried to discredit themes supplied by the plaintiff's witnesses. They used a chart to show all the corporate subsidiaries of Jones in an attempt to suggest that Consolidated was not dealing with a little corporation but that both companies were of equal size. The president of Jones, however, discredited such information by saying that the smaller subsidiaries were bankrupt. The defense lawyer tried to get the witness to state that Consolidated could lose money in this deal, but Jones's president emphasized emphatically that no one ever would get him to say Consolidated would lose money, "Consolidated would lose nothing." The jurors laughed at this response. Thus, the witness for Jones was able to manipulate the defense attorneys' questions to emphasize themes of the plaintiff's case. Although testimony of the witness missed or ignored key pieces of evidence already substantiated, and he appeared to have a highly selective memory, he was still supportive of the plaintiff's case.

Objections still seemed to be exciting to jurors. The plaintiff argued also the relevancy of the defense attorney's questioning when he requested information about the time it took for barges to return coal. One of the jurors laughed during such interaction, which to observers, at least, seemed like pointless bickering.

The Third Day

By the third day of the trial, the jurors seemed very familiar with each other. They talked during trial breaks and became obviously less attentive to the witnesses. The plaintiff called a lawyer from his own firm to testify. Although such a strategy could present credibility problems, the witness used humor which eased the jurors. They laughed at his jokes. This witness joked when a letter was found

in his files and he had not known about it. He stated that his computer files were like a "vacuum receptacle and ended up with everything in it."

The theme about the size of Consolidated continued to be emphasized. The witness discussed the main corporation and the other corporations it owned, such as grain transport. Due to Consolidated's size, it could purchase insurance, electricity, and other resources at low prices. The witness discussed the quickness with which Consolidated wanted to close the deal, which highlighted the amount of profits anticipated.

Consolidated refused to provide information about their estimated benefits under the contract. The "one-way" confidentiality agreement also was reemphasized. Such themes reinforced the image that Consolidated was a large corporation, solely interested in profits. Consolidated controlled the amount and nature of information it shared with Jones, which suggested that it acted in bad faith.

The defense strategy again focused on discrediting information provided by the plaintiff or discrediting their witnesses. For example, the defense attorney emphasized the lack of clarity in responses of defense witness testimony.

The one theme that the defense tried to raise was to frame the story within the nature of "business risks." Both sides, they argued, entered negotiations recognizing that there were risks involved in any business acquisition. The defense attorney expressed concerns about market conditions that could affect the amount of strategic materials Consolidated would move in the future.

Furthermore, the defense expressed concern that the third commodities corporation could go bankrupt. This tactic inadvertently emphasized the importance of short-term profits, which supported themes presented by the plaintiff's case. Nonetheless, the information was discredited by the plaintiff's witness. Assets would be high enough that Consolidated's profits would not be affected by market conditions nor would the third corporation become bankrupt. Concern over business risks, however, seemed secondary to other details of the case and the attempts to discredit the witness testimony. At this point in the trial the jurors were clearly less interested in objections and used this time to talk with each other.

The Fourth Day

On the fourth day of the trial, the plaintiff called a key defense witnesses to testify, the president of Consolidated, who was seated at the table as corporate representative to the trial. This surprised the defense attorneys and the witness seemed unprepared to testify. The witness was unable to remember facts about

business transactions. Specifically, he forgot about a letter which stated that Consolidated and Jones should meet, and he appeared dishonest rather than forgetful. The specific details of the case at this point, however, were less important than the theme that Consolidated had not included Jones in business negotiations with the third corporation. Once again, this was an indicator of Consolidated's bad faith. In addition, the profit motive of Consolidated was highlighted again by presenting the notion that Consolidated wanted profits without sharing them with Jones.

The defense attorney was not able to counteract information presented by this witness (the defendant president). His strategy was to further emphasize business risks such as the volatility of the market, which inadvertently reinforced the plaintiff's theme of the importance of profits for Consolidated.

The Fifth Day

The fifth day began with an acquaintance of the president of Consolidated. He had dined with the president of Consolidated prior to closing the deal with Jones. His testimony emphasized that Consolidated withheld information from Jones. The jurors received testimony that the president of Consolidated said that "Jones's money was safe."

Following this testimony and immediately before presenting their expert witness, the plaintiff attorneys read a deposition. The expert witness had an MBA from Harvard and the plaintiff emphasized the witnesses' expert status. The witness, once again, highlighted the theme of profit motive.

During cross-examination, the defense attorney emphasized details about the case. He continued to try to discredit information presented by the expert witness as well as the status of the expert witness. The lawyer emphasized that he made a career change due to fluctuations in the market. The witness, however, rebutted that he never testified about anything in which he was not qualified. The defense attorney also emphasized that it was not unusual not to discuss business at a social dinner and thus the president of Consolidated was not withholding information. Furthermore, the defense reemphasized the risk associated with the market which would diminish Consolidated's profits.

After 4½ days of grueling testimony about business transactions, the defense case began on late Friday afternoon. The defense started with a taped video deposition by one of their witnesses. The jurors were not as attentive to the video compared to live testimony, and certainly everyone was tired at the end of the week.

The defense had not anticipated its case would begin on a Friday afternoon and most would agree that Friday afternoon was not advantageous to the defense; nonetheless, their strategy to confuse the jury and discredit the plaintiff reinforced the monotony of the trial.

The Sixth Day

The defense continued their case on Monday morning. The defense attorney strategy was unclear. Rather than using his own themes, he rehashed information already presented by the plaintiff. Consequently, the struggle that ensued was clearly a reinterpretation of old facts rather than a presentation of new ideas. The defense attorney questioned the president of Consolidated about if he ever had said "Jones's money was safe," as a way to counteract the testimony presented by the plaintiff. In addition, concern about the third corporation's bankruptcy was reemphasized. The defense further emphasized the risks entailed with Consolidated's purchase of a portion of Jones, but such information had not seemed to offset their anticipated huge profits. The president of Consolidated had acknowledged that they expected to make profits or else they would not have entered this business deal, but he emphasized that they could lose money too.

It appeared that the defense's attempt to discredit the themes set by the plaintiff's case reemphasized the strategies of the plaintiff's attorneys. The few times the defense tried to present their own themes about business risks they were unable to override the themes the plaintiff had presented. In addition, these themes reinforced the perspective that Consolidated was a large corporation preying on a small family owned corporation for large profits.

During cross-examination, the plaintiff questioned the credibility of the president of Consolidated by reemphasizing that information was withheld from Jones about negotiations with the third company. Specifically, the president had not told Jones that if the third corporation went bankrupt they would not get paid. The plaintiff raised the issue of the confidentiality agreement and that the current witness had recommended that Consolidated not use it. Once again, the plaintiff emphasized the huge profits Consolidated would make and that there was no risk to them.

The jurors seemed initially to be interested when witnesses first took the stand, since this was the beginning of the defense case. As the defense attorney asked questions, the jurors became less alert. They were less attentive to objections and talked with each other during such times as well as during actual testimony.

The trial finally ended. Both sides offered closing statements which summarized their respective themes: David versus Goliath for the plaintiff as opposed to a complicated business dispute for the defense.

Results

The plaintiff's case presentation lasted for 4½ days, while the defendant's presentation lasted only 1 day. During this time, the plaintiff attorneys were able to get their story across for a longer duration of time. They began the case, set the stage for what happened, and created the themes. The defendants did little to present their own themes. By the fourth day the themes were already set and solidified in the jurors' minds.

The defense was unable to discredit the themes and present their own ideas. The strategy that the defendants selected was to inundate the jurors with details about the complexities of business transactions. Since the jurors appeared to be confused by some of this testimony, they may have held in mind the simple themes they did understand as presented by the plaintiff's attorney (big corporation vs. little corporation, powerful vs. powerless, huge profits vs. bankruptcy, corruption, and acting in bad faith).

After deliberating approximately 1 hour, the jury awarded Jones $2.5 million.

Discussion

A multifaceted methodological approach seems beneficial in the application of litigation research. The generation of pretrial data in conjunction with participant observation data during the actual trial can enable the trial team to not only determine critical aspects of strategy development, but also to analyze the implications of tactics during the trial, if the approach to litigation remains flexible.

In this case, courtroom observation provides more depth as well as a qualitative verification of other pretrial research techniques. The major dimensions of discussion and action were anticipated for the client. Yet while the research team may advise lawyers based on their research of possible strategies and associated implications, they also must convince lawyers that their research is reliable. Although participant observers tend to trust and find valid information gathered with this technique, that is not necessarily the case with attorneys. As a result, recommendations may be

rejected on the basis of the attorney's independent judgment of the significance of events.

In the present case, the pretrial secondary analysis of survey data drawn from the General Social Science Survey (GSS) identified several background correlates which suggested hostility to Consolidated. The attorneys were advised to avoid in voir dire potential jurors who were (a) males above 50, (b) females below 25, (c) anyone with a occupational title as "manager"; and (d) anyone with an analytic occupation. The foreperson elected by the mock jury was a 52-year-old male who was manager of a stock brokerage firm. The foreperson of the actual jury was a 24-year-old female (MBA), who was manager of leasing for a local bank. The attorney overrode a recommendation to strike this juror on the basis of the profile of hostile jurors, in large part because she seemed "attractive" and interested in the case when he addressed her during voir dire. In short, the GSS data presented a model jury which was not duplicated at trial, so the utility of this data source is untested. "Seat of the pants" judgments by attorney, while perhaps mistaken, represent an element of judgment and experience which no methodology can encompass or replace. Jury selection is a fast-paced, dynamic event which provides few opportunities in civil court for lengthy debate over the merits of various candidate panel members. This is, after all, the practice of law before it is the practice of sociology. The judge in this case permitted only a 5-minute emergency restroom break with only furtive opportunities for private conversation.

More importantly, the plaintiff's attorneys were able to maintain their strategy and emphasize consistent themes. This happened because the defense approach was to discredit the plaintiff's themes rather than change or push an alternative framework of explanation from the defense perspective. Since the defense attorneys held rigidly to the strategy of confusing the jury, they disregarded observational data made during the trial as extraneous. For example, during the trial, the court bailiff frequently fell asleep. The court reporter had to stop and adjust tapes or switch shifts with a second reporter. Both activities elicited the attention of one or more jurors during defense presentations. Jurors seemed bored by the defense. Yet, because these types of events were assumed to have little relevance to what the lead attorney desired to know, which was "Are we going to win?" such observations were deemed "unimportant." Since the strategy was to confuse the jury, no one was disturbed by such reports that the naive observer also was confused. The defense attorneys anticipated losing and were mostly concerned about the size of the award. Thus, they selected and stayed with a strategy which ensured defeat despite independent field reports which suggested the need for a change in strategy.

Decisions about tactics also needed to take into account procedural variables. The plaintiff's presentation ended on Friday afternoon. The defense had to decide how to proceed given such a short amount of time to present the beginning of their case. They elected to open their case with a video deposition so as to begin distancing the jury from understanding the plaintiff's presentation of the case. Whatever anticipation existed in the minds of jurors as they waited to hear the affirmative side of the defense was lost when the television deposition was turned on. The senior defense representative, an elderly man with over 30 years of experience who had been listening to attacks on him and his company's character all week was not called to answer the charges until Monday morning. While the tactic was debatable, the decision rested with the senior attorney and the style with which he felt most comfortable.

On balance, participant observation complemented other litigation support efforts. We reported two unfolding stories—one of which proved superior for the plaintiff's case in organizing juror observations as reflected in the verdict. The themes and story line of the plaintiff's case were easy to follow. Nothing in our observations provided a basis for alternative ideas that the defense could use to undermine the opponent. The defense lawyer used the reports to provide tactical ideas for minimizing losses as opposed to prevailing in the case in chief. The observations reported faithfully tracked the actual dynamics of the case, but it was difficult to persuade the legal team to abandon preplanned legal tactics in the face of an overwhelming emotional attack. Defense lawyers consciously chose this path as it represented a good "business decision" in the mind of the client corporation. In this case, the defense was prepared to lose; the case was viewed as a lost cause and portrayed to the jury as merely a complicated business dispute in the face of such personal and visceral charges as "bad faith." Nevertheless, the defense did not lose $6 or $7 million, a sum which represented its potential financial exposure from a legal and economic perspective and which also was the amount demanded by the plaintiff. The defense strategy of keeping the issue complicated in hopes of lowering the overall award against the firm seems to have paid off.

The purpose of this report differs significantly from typical trial reports involving participant observation.[2] Principally, these include ethical and procedural considerations that usually do not arise in traditional academic research. Whose side we are on and how the information is to be used must be answered before the research begins. While there are strong ethical considerations shielding attorneys, such that there is nothing disreputable about defending an obviously guilty mass

murderer, social scientists have no traditional courtroom role to guide activity. The ultimate challenge of this work, however, lies in the credibility of the social sciences themselves. Experienced litigators have a panoply of prejudices and preferences developed over years of experience which arise from an understanding of trial as a legal rather than social contest. The results of litigation research may challenge legal or trial maxims and principles with blunt but probabilistic statements.

This, in itself, is a problem of communication with two related points. First, is the problem of language. Even outside the pressured environment of court, the logic of case analysis in law and the generalizing strategies of sociology would clash. Jargon may further complicate matters. But, ultimately lawyers want and need to know *what to do*. Sociologists want to know *what is going on*. The attorney asks, Do I want this juror? Predictive methods involving quantitative methodologies seem to fit that need, although not perhaps as effectively as desired (although in this case, the outcome predicted was ultimately obtained). Qualitative methods provide greater insight into what is happening and why. The challenge for the applied sociologist is to rectify these divergent aims. This requires observers who do what sociologists long have preached—taking "the role of the other." We are not lawyers, but we must think and act in two different worlds. This is, after all, the historical challenge facing all involved in field work.

Second, these problems finally are conditioned by questions of finance. Qualitative sociologists usually beg off on addressing the adequacy of participant observation in assessing complex environments and organizations, for the cost of comprehensive observation of even single agencies can be astronomical. A court of law consists of two realities which are emerging simultaneously at least from opposing sides. One side or the other will prevail. Quantitative techniques oriented toward prediction then may enter the applied arena with a 50% handicap. Qualitative techniques, though, require us to observe at least these two perspectives.

Participant observation shows promise in providing a means by which sociologists may explicate the unfolding story jurors perceive in court. Unfortunately, it costs money to pay observers. Further, clients and attorneys may find it difficult to accept advice and implicit criticism from those who would only watch the fight. Convincing attorneys to pay for such services is a challenge the social science discipline historically has failed to accomplish. In short, only by extending the application methods to a broader variety of settings and professional domains will sociologists develop the skills needed to introduce sociology to a larger audience.

NOTES

1. Readers should note, however, that the defense did not alter its strategy for presenting the case after reviewing the pretrial research.

2. Such reports virtually always arise from courtroom *victories* (McConahay, Mullin, & Fredericks, 1977; Zeisel & Diamond, 1976; 1976b). Applied social scientists seem always to be "selling" these techniques, perhaps in response to the problematic limits of methodologies used for framing such research. This in itself raises serious ethical problems (see Kleinig, *et al.* 1989).

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Government Sponsored Health Care:
A Cluster Profile of Supporters
and Nonsupporters*

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ABSTRACT

While there has been a great deal of information revealing the public's dissatisfaction with our current health care system, there is little detailed analysis of these attitudes, and of the individuals who are most likely to support or reject such a system. This becomes more and more important as health policy debates shift toward a questioning of the viability of the current health care system and possible alterations to that system. In this paper we use cluster analytic methods on data collected from a public opinion survey of Louisiana residents to develop profiles of those people who support and who reject government-sponsored health care for all citizens. We then use these profiles to develop informed strategies for use by sociologists to impact health care policy.

Much of the literature on attitudes toward human resource spending were confirmed by the multivariate analysis we performed. However, the cluster analysis illuminated the true diversity that exists. Quite often, rather weak statistical relationships tend to be overgeneralized. In attempting to develop these profiles, the cluster analysis allowed us to regain the diversity in a comprehensive fashion. We found that there are clear groupings of both supporters and nonsupporters, but probably of greater importance is that there is more similarity between supporters and nonsupporters than distinctiveness.

The United States health care system is currently in the midst of a crisis. We spend a higher proportion of our gross national product (GNP) on health care than any other industrialized nation. In 1970, health care costs accounted for 7.4% of the GNP; in 1980 they rose to 9.1%; and in 1989 they had reached 12% (U.S. General Accounting Office, 1991). Further, many people assume that this trend will continue and the proportion spent on health care could reach as high as 20% in a few decades (Fuchs, 1990). In 1970, health care expenditures were about $75 billion; they are expected to reach $738 billion by the end of 1992. Nevertheless, over 32 million Americans are uninsured and the number has been rising along with health care costs (U.S. General Accounting Office, 1991).

In addition, many insured citizens are finding adequate health care more expensive and less accessible. Private health insurance costs are increasing at an extremely high rate. Health insurance premiums increased 12% in 1987, 24% in 1989, and 14% in 1990 (Sullivan & Rice, 1991). This is forcing many people to either drop or reduce coverage, leaving them vulnerable to high out-of-pocket costs and therefore with reduced access to medical care (Sullivan & Rice, 1991).

This country is unique in that it is the only Western society without a comprehensive health care system sponsored by the government. Throughout the 1980s, the policy debates leaned against developing such a program. Instead, the emphasis was on reducing the federal role in health care (Navarro, 1988). In the past two or three years, however, new interest has surfaced, both in the popular press and in the policy arena. Studies have been prepared by and for the federal government, grass roots organizations, health care associations and agencies, as well as professional journals, all beginning to consider alternative methods of providing health care access to Americans (Families USA, 1990; Neuschler, 1991; U.S. Government Accounting Office, 1991). Most of these plans would move the United States closer to some type of universal health care system financed by the government. Additionally, several states in this country are exploring legislation for programs which increase the involvement by state governments (Sullivan & Rice, 1991).

A fundamental change in our health care system is crucial as more and more Americans find adequate medical care an unaffordable luxury. Much of the progress in correcting this problem will depend on the strategies developed by the nation's policy makers to promote such change. Unfortunately, much of this effort will probably occur without significant input from sociologists. Yet sociologists have the most comprehensive understanding of society, including the health care system and its relationship with other institutions and individuals, and of social change. Sociologists can contribute in many ways to improving health care delivery

in the United States. Two important contributions are to interpret the public's attitudes toward our current system of health care and toward government sponsored health care, and to develop and apply strategies for intervention to mobilize support for a fair, equitable, and effective health care system. This paper is directed toward this end.

There frequently are differences between public policy positions and public opinions. Surveys indicate that a majority of Americans have consistently supported the idea of a government sponsored health care system since the 1940s, and that support is growing (Blendon & Donelan, 1990). In fact, "public concern and support for government assistance in medical care is virtually on par with social security as an entitlement" (Shapiro & Young, 1986, p. 418). Support is as high in the United States as it is in many other Western societies with much more extensive programs (Prescosolido, Bayer, & Tsui, 1985).

While there has been a great deal of information revealing this general support for government sponsored universal health care, there is very little research which develops an in-depth profile of those individuals most likely to support or reject such a system. The purpose of this paper is first to develop such profiles, using cluster analytic methods on data collected from a public opinion survey of Louisiana residents, and second, to use this information to help develop strategies to create a health care system that provides high quality health care for all. Additionally important is the application of cluster techniques in social science research. This approach is not used often, and it is hoped that this paper will demonstrate its utility.

The literature describing the characteristics of supporters and nonsupporters of government sponsored health care in this country is limited. Therefore, our analysis is exploratory in nature. However, to develop a conceptual framework to guide our analysis, we turned to the general literature on attitudes toward spending on human services. From this information, we determined the most salient independent variables to be age, race, sex, and household income. In addition to these variables, we selected two additional independent variables which are related to our specific topic: personal health status and method of payment for hospital care.

A summary of recent public opinion polls toward government spending on social services (Erikson, Luttbeg, & Tedin, 1988) indicates the following. First, in general, there is a negative relationship between income and approval of social services spending. Although this relationship has existed since the 1940s, there are indications that it is not as strong today as in the past (Erikson et al. 1988). Second, there appears to be a "gender gap" in attitudes on this subject, with women more

supportive than men of government assistance for human welfare services. However, the differences are typically not that large (Shapiro & Mahajan, 1986).

Race provides one of the most clear divisions in attitudes toward social service spending, with blacks much more likely than whites to take a liberal position. For age the pattern is not so clear. "On most issues the young are the more liberal, but on issues like government-supported medical care the older group (having a vested interest) is more liberal" (Erikson et al., 1988, p. 184). It is, of course, the medical issue that is of most importance to the current investigation.

Methodology

Population and Sample

The Louisiana Statewide Health Care Survey was used for this analysis. This telephone survey was conducted for the State of Louisiana Department of Health and Hospitals in December of 1989. Using current telephone directories, a sample of 1011 Louisiana adults was selected. Because women were over represented, the sample was weighted so that males and females represented equal proportions. Women tend to make health care decisions for families, making the skewed sample in some cases justifiable. However, because this is a descriptive study, we felt the weighting would be more appropriate.

After removing those persons who were unsure of their position on government sponsored health care, and those persons who had missing data on one or more of the variables, the resultant weighted sample size was 796.

Measurement

Survey respondents were asked the following question:

> "Some people say it is their belief that every American has a fundamental right to a full health care system provided by the government, while others feel the present system of health care is better. What is your opinion? Do you favor a system such as we have now, or full health care provided by the government?"

We defined persons supporting a system with full health care provided by the government as "supporters" and persons favoring a system "as now" as nonsupporters. Persons who were unsure were omitted from the analysis.

Based on the reviewed literature, race, sex, household income, and age were selected as independent variables. Response options for age and household income were in 4 categories, as shown in Table 1. Race included white, black, Asian, Hispanic, and other. However, due to the small numbers of Asians, Hispanics, and others, they were omitted.

We also included two additional independent variables: personal health status and method of payment for hospital care. It is assumed that the worse a person's health, the more likely that he or she will support a government health care program. People in good health are less likely to be concerned and therefore less interested in such a proposal. For personal health status, respondents were asked whether they "rated their general health as excellent, good, only fair, or poor."

Method of payment for hospital care is also used in the analysis. A person who has private health insurance is expected to be less likely to desire a public program, since he or she has an independent method of payment. On the other hand, persons who already rely on the government for payment of their health care may have very different attitudes toward government sponsored health care. People who must rely on private funds for health care payments can be expected to support government sponsored health care. To measure method of payment for hospital care, persons were asked, "If you or a member of your immediate family living with you were hospitalized tomorrow, would the largest part of the expense be paid by: private or group health insurance; membership in an HMO or PPO; Medicare, Medicaid, CHAMPUS [an insurance program for military and retired military personnel], or a like government insurance or public health program; from personal funds, or other." Membership in an HMO or PPO was grouped with private insurance. This resulted in three categories, private health insurance, government health insurance, and self-payment (for those with no insurance).

Analysis

Our analysis utilized five distinct stages standardly used in cluster analysis: (1) subgroup comparison, in which we compare supporters to nonsupporters of government sponsored health care; (2) multivariate analysis, to examine the ability of our independent variables to predict our dependent variable and to validate empirically our selection of cluster variables; (3) cluster development; (4) validation of the clusters using the cubic clustering criterion and discriminant function analysis; and (5) analysis of the final cluster configuration.

Cluster analysis consists of a wide variety of statistical procedures and techniques which group observations into homogeneous groups. The Fastclus clustering method, available in the SAS Statistical Package (*SAS/STAT User's Guide*, 1990) was used for this paper. Fastclus is a disjoint clustering program that is designed for large data bases such as this. It develops the "best" grouping of observations for a pre-specified number of clusters. Groupings, or clusters, of observations are formed such that the variation between cluster groups is maximized and the variation within clusters is minimized (Aldenderfer & Blashfield, 1984). Because cluster procedures can group the data into any number of clusters, a statistic, the cubic clustering criterion, was used to decide the "best" number of clusters (Sarle, 1983).[1]

Findings

Of the 796 respondents who were either supporters or nonsupporters, and for whom complete data were available, 48.7% favored "full health care provided by the government" while 51.3% supported a "system such as we have now." The level of support for a new health care system is somewhat lower than recently published polls on this topic. There are two reasons for this. First, people tend to be less supportive of increased government spending during economic hard times (Blendon, 1988). In 1989, Louisiana was in the sixth year of a major economic downturn. Further, the wording of the question can affect the response. The item phrasing, "system provided by the government" is less likely to elicit a positive response than one that uses the term "national health insurance" (Blendon & Donelan, 1990).

A comparison of these two groups is contained in Table 1. It can be seen that income, race, personal health status and method of payment were all significantly related to whether a person supports some form of government sponsored health care. The only variables not important statistically were age and sex.

Next, we used multivariate analysis to examine the ability of our independent variables to predict support of government sponsored health care. The results from regression analysis differ from the bivariate analysis in that age was now found to be significant. Also the method of payment variables were no longer significant. Table 2 contains the results.

Table 1

Summary Statistics of Supporters and Nonsupporters (N=796)

Independent Variables	Supporters (N=388)		Nonsupporters (N=408)	
	Mean	S.D.	Mean	S.D.
Age (1=18-25; 2=26-44; 3=45-65; 4=65+)	2.37	.90	2.43	.94
Income (1=$1,000 or less; 2=$10-25,000; 3=$25 -45,000; 4=$45,000+)	2.22**	1.01	2.53	1.02
Sex (0=female; 1=male)	.50	.50	.52	.50
Race (0=black; 1=white)	.68**	.47	.81	.39
Personal Health Status (1=excellent; 2=good; 3=fair; 4=poor)	2.06**	.89	1.80	.82
Payment for Hospital Care (0=no; 1=yes)				
- Private Insurance	.59**	.49	.70	.46
- Government (Medicare, Medicaid, Champus, or other govt. ins.)	.27*	.44	.20	.41
- Personal Funds	.14+	.35	.10	.30

In t-tests comparing two groups, significant differences are indicated by the following:

$\quad$ + p = < .10

$\quad$ * p = < .05

$\quad$ ** p = < .01

Table 2
Standardized Regression Coefficients for Assessing the Relative Importance of Independent Variables for Predicting Attitudes Toward Government Sponsored Health Care (N=796)

Independent Variable	Support for Government Sponsored Health Care
Age	-.10*
Income	-.08+
Sex	-.03
Race	-.11**
Personal Health Status	.14**
Payment for Hospital Care	
- Private	-.04
- Government (excluded category)	
- Personal Funds	.05

+ p <.10
* p <.05
** p <.01

The findings of both the bivariate and multivariate analysis give general support to our expectations about the effect of the independent variable on the dependent variable. Based on these analyses, we decided to form the clusters based on: age, income, sex, race, personal health status, and method of payment for hospital care. While sex and payment method were not found to predict attitudes toward government sponsored health care, we included them based on theoretical justification.

We utilized a statistic called the cubic clustering criterion (CCC) to help decide the best number of clusters in each group (Sarle, 1983). In using this statistic, the goal is to obtain an interpretable set of clusters that maximizes the CCC for the number of clusters. This is similar to the F-test in analysis of variance in that you are minimizing the within cluster variances and maximizing the between cluster variances.

Table 3
Detailed Profiles of Supporters and Nonsupporters

	Age*	Income*	Personal Health*	Race	Sex	Hospital Payment*
Supporters (N=338)						
Cluster 1 (n=113)	1 - 11%	1 - 15%	1 - 8%	WH - 95%	F - 44%	PRIV - 95%
	2 - 50%	2 - 41%	2 - 63%	BL - 5%	M - 56%	GOVT - 5%
	3 - 33%	3 - 45%	3 - 22%			SELF - 0%
	4 - 5%	4 - 0%	4 - 7%			
Cluster 2 (n=87)	1 - 25%	1 - 0%	1 - 72%	WH - 85%	F - 44%	PRIV - 92%
	2 - 56%	2 - 1%	2 - 27%	BL - 15%	M - 57%	GOVT - 8%
	3 - 18%	3 - 48%	3 - 2%			SELF - 0%
	4 - 0%	4 - 51%	4 - 0%			
Cluster 3 (n=60)	1 - 0%	1 - 77%	1 - 4%	WH - 82%	F - 57%	PRIV - 4%
	2 - 6%	2 - 19%	2 - 30%	BL - 18%	M - 44%	GOVT - 96%
	3 - 31%	3 - 3%	3 - 42%			SELF - 0%
	4 - 63%	4 - 1%	4 - 24%			
Cluster 4 (n=23)	1 - 7%	1 - 26%	1 - 17%	WH - 90%	F - 63%	PRIV - 0%
	2 - 52%	2 - 48%	2 - 26%	BL - 10%	M - 37%	GOVT - 0%
	3 - 35%	3 - 26%	3 - 32%			SELF -100%
	4 - 6%	4 - 0%	4 - 25%			
Cluster 5 (n=38)	1 - 28%	1 - 65%	1 - 20%	WH - 2%	F - 73%	PRIV - 10%
	2 - 44%	2 - 28%	2 - 50%	BL - 98%	M - 27%	GOVT - 90%
	3 - 26%	3 - 8%	3 - 26%			SELF - 0%
	4 - 2%	4 - 0%	4 - 4%			
Cluster 6 (n=32)	1 - 44%	1 - 37%	1 - 53%	WH - 23%	F - 41%	PRIV - 0%
	2 - 51%	2 - 51%	2 - 40%	BL - 77%	M - 59%	GOVT - 0%
	3 - 2%	3 - 12%	3 - 7%			SELF - 100%
	4 - 2%	4 - 0%	4 - 0%			
Cluster 7 (n=35)	1 - 2%	1 - 38%	1 - 28%	WH - 11%	F - 46%	PRIV - 100%
	2 - 55%	2 - 44%	2 - 62%	BL - 89%	M - 54%	GOVT - 0%
	3 - 26%	3 - 15%	3 - 11%			SELF - 0%
	4 - 17%	4 - 2%	4 - 0%			

Using this procedure we came up with seven distinct clusters of supporters and six distinct clusters of nonsupporters (Table 3). As can be seen, the sizes of the clusters vary greatly. For supporters, they vary from 23 to 113, and for nonsupporters, from 19 to 228. Table 3 gives further detail about these clusters, allowing us to determine both broad patterns and deviations from those patterns. We use this tabular information to develop the profiles of supporters and of nonsupporters.

Table 3 continued

Nonsupporters (N=408)

Cluster 1 (n=34)	1 - 0%	1 - 59%	1 - 0%	WH - 63%	F - 49%	PRIV - 15%
	2 - 2%	2 - 30%	2 - 7%	BL - 37%	M - 51%	GOVT - 85%
	3 - 22%	3 - 11%	3 - 54%			SELF - 0%
	4 - 76%	4 - 0%	4 - 39%			
Cluster 2 (n=52)	1 - 31%	1 - 34%	1 - 37%	WH - 6%	F - 56%	PRIV - 69%
	2 - 42%	2 - 31%	2 - 58%	BL - 94%	M - 44%	GOVT - 31%
	3 - 24%	3 - 31%	3 - 6%			SELF - 0%
	4 - 3%	4 - 4%	4 - 0%			
Cluster 3 (n=21)	1 - 17%	1 - 45%	1 - 14%	WH - 93%	F - 18%	PRIV - 0%
	2 - 62%	2 - 49%	2 - 49%	BL - 7%	M - 82%	GOVT - 0%
	3 - 21%	3 - 7%	3 - 21%			SELF - 100%
	4 - 0%	4 - 0%	4 - 17%			
Cluster 4 (n=228)	1 - 16%	1 - 3%	1 - 47%	WH - 98%	F - 49%	PRIV - 100%
	2 - 55%	2 - 24%	2 - 44%	BL - 2%	M - 51%	GOVT - 0%
	3 - 28%	3 - 43%	3 - 9%			SELF - 0%
	4 - 1%	4 - 31%	4 - 1%			
Cluster 5 (n=54)	1 - 0%	1 - 39%	1 - 44%	WH - 97%	F - 55%	PRIV - 30%
	2 - 11%	2 - 36%	2 - 53%	BL - 3%	M- 45%	GOVT - 70%
	3 - 27%	3 - 15%	3 - 3%			SELF - 0%
	4 - 62%	4 - 11%	4 - 0%			
Cluster 6 (n=19)	1 - 31%	1 - 20%	1 - 84%	WH- 61%	F - 40%	PRIV - 0%
	2 - 33%	2 - 39%	2 - 12%	BL - 39%	M - 60%	GOVT - 0%
	3 - 8%	3 - 38%	3 - 4%			SELF - 100%
	4 - 29%	4 - 4%	4 - 0%			

*Age: 1=18-25; 2=26-44; 3=45-65; 4=65+
Income: 1=$10,000 or less; 2=$10-25,000; 3=$25-45,000; 4=$45,000+
Personal Health: 1=excellent; 2=good; 3=fair; 4=poor

Cluster Profiles of Supporters

Using information in Table 3, we can see that clusters 1 and 2 are very similar. Both are dominated by whites, contain both sexes, and have private health insurance. Compared to cluster 1, cluster 2 contains individuals who are generally younger, with more income and in better health. Cluster 1 is the largest of all the clusters among the supporters, with 113 individuals, or 29% of the total. Cluster 2, which contains 87 cases, is second. Together, they represent 51% of all supporters of government sponsored health care.

Both clusters 5 (N=38) and 7 (N=35) consist of low income black persons. Cluster 5 is composed of younger persons with government health insurance, while cluster 7 is comprised of more mid-aged (26-65) individuals with private insurance.

Cluster 5 members are of mixed health and mostly female, while cluster 7 members generally report good health, and include both males and females. Cluster 3 is a grouping of older, very low income whites, of both sexes and in fair to poor health. They are insured by government.

Both cluster 4 (N=23) and cluster 6 (N=32) are made up of individuals who must pay for hospital care themselves. Mid-aged, low income whites of both sexes (but disproportionately female), with mixed health status characterizes cluster 4. In contrast, cluster 6 is made up of young, low income, mostly black (77%), mostly males (59%), and in good to excellent health. The similarity between the two groupings is that they are low income and self-pay for hospital care.

Cluster Profiles of Nonsupporters

Among nonsupporters, clusters 1 and 5 are the most similar to each other. They are both older, are low income whites, both males and females, and rely mainly on government insurance. Individuals in cluster 5 report better health than those in cluster 1, and they are more likely to have private health coverage for hospital care than their cluster 1 counterparts. About 70% of the cases assigned to cluster 5 are government insured.

Cluster 4 (N=228) is the largest cluster of all nonsupporters. This cluster represents 56% of all nonsupporters of a government sponsored health care system. It contains younger, mid to upper income whites of both sexes, in good to excellent health, with private health insurance coverage. This is also almost identical to Cluster 2 of the supporters.

Cluster 2 is a group of diverse aged (but below 65), low to middle income, male and female blacks, in good to excellent health. The majority are covered by private insurance (70%), but 30% are covered by government insurance.

Clusters 3 (N=21) and 6 (N=19) are the smallest groups of nonsupporters. All members of the clusters are self-pay and most are white males. Cluster 6, while disproportionately white, is more diverse on race than cluster 3. The younger, low income males, with mixed but generally only good health in cluster 3 contrasts with the diverse aged, middle to lower income, males in excellent health of cluster 6.

Discussion

The primary purpose of our analysis was to develop a better understanding of people who support and oppose government sponsored health care for all citizens. Using a survey of residents of Louisiana, we first compared supporters to nonsupporters, and found that, in order of importance, personal health status, race, age, and income were predictors of a person's position. Sex and method of payment for hospital care were not significant. All of these variables were used as the basis with which to form clusters among those who are supporters and nonsupporters.

A very interpretable set of profiles was generated by the cluster routine. Seven homogeneous groups, or clusters, occurred among supporters and six homogeneous clusters occurred among the nonsupporters.

However, the utility of the cluster analysis approach is its ability to "go inside" the summary statistics that are usually the end-all of statistical analysis. One of the first things that emerges from the findings is the diversity among both supporters and nonsupporters of government sponsored health care. No one characteristic is clearly identified with one or the other position. For example, cluster 4, the largest nonsupporter cluster, consisting of young, white, middle to upper income persons in good-to-excellent health, with private insurance, is almost identical to cluster 2 of the supporters. Blacks appear in clusters as both supporters and nonsupporters. The primary distinction between the two is that black supporters tend to be low income while nonsupporters tend to be mid to low income.

There are three clusters of older whites. One is a cluster of supporters (cluster 3, N=60), and two of nonsupporters (cluster 1, N=34, and cluster 5, N=54). The main difference between supporters and nonsupporters is that supporters are very low income while nonsupporters are low income. Both of these examples illustrate a mild economic distinction, but little other differences stand out.

What do these findings imply? First, people with very similar characteristics may have very different ideas about the best method of providing health care. Second, there most likely are additional variables that could help explain further differences.

Our multivariate analysis supports much of the existing literature on attitudes toward human resource spending. However, the cluster analysis illuminates the true diversity that does exist. Quite often, rather weak statistical relationships tend to be overgeneralized. In attempting to develop profiles of supporters and nonsupporters, the cluster analysis allows us to regain the diversity in a comprehensive fashion. What we did find in this study is that there are clear groupings of both supporters

and nonsupporters. But probably of more importance is the fact that the groupings of supporters and nonsupporters are not overly distinct.

Our findings also substantiate what has been found for the last 40 years. A large percentage of Americans support some type of universal health care system sponsored by government. But, as noted, this study has shown that this support cuts across age, sex, race, and class lines to a great extent. There are traditional divisions within our society with regard to attitudes toward human service programs and spending. Today, the debates about human service programs are often framed in such a way as to pit one group against another. Programs are thus seen in terms of gains for one group at the expense of other groups. The conflicting groups are usually divided in terms age, sex, race, and/or social class. Therefore, in many cases the real benefits or shortcomings of a policy or program are never really discussed. The focus instead is on group hostilities. Our findings suggest that with the issue of universal health care this obstacle may be much less than usual, and may even be nonexistent.

Implications for Intervention

Defining the Benefiting Group

The above information is very useful to sociologists attempting to influence policy makers to develop programs for universal access to health care. Sociologists must stress the benefits of such a system for all citizens. There must be a deliberate effort to define the "benefiting group" so that it incorporates as many people as possible. Based on our findings this should be less difficult to do than usual, without the traditional social divisions that often inhibit the support of many social programs. The health care issue can be debated on its own merit without the overtones of age, sex, race, and class prejudice. Much of the discussion concerning health care reform today emphasizes the problems of the poor and uninsured. While their problems are acute and should be addressed, a program directed toward all citizens will probably be much more widely accepted and supported and therefore beneficial to the poor and uninsured.

As shown in this research many different types of people are receptive to such a change in our medical care system. There is little need to alienate some segments of our population by promoting a system that appears to benefit only a few at the bottom of the socioeconomic scale. This issue is clearly not seen in terms of black

and white or rich and poor, and sociologists interested in change must be careful not to create the type of polarization that exists on other social issues.

Level of Intervention

Currently, most of the initiatives toward developing universal health care are taking place within state governments. In fact, the United States may be in the infancy of a movement that began in a similar fashion in Canada which led to their national health care system. The Canadian movement began at the provincial (state) level. This provides an excellent opportunity for sociologists to contribute to policy formation. In this situation it is not necessary for sociologists to attempt to make a direct impact on national health care policy. Efforts can effectively be concentrated on state and local systems.

As stated above, the primary goal of this work was to develop a profile of supporters and nonsupporters of a system of health care provided in full by the government and to use this information to develop strategies for creating such a system. When we turn to Straus's (1984) scheme of sociological intervention, it is apparent that our efforts are most directly concentrated at the "world level" of participation. This is the highest level at which a sociologist can intervene. The world level is preceded by the organizational, group, and personal levels. Since each level of social structure is an emergent product of the preceding structures, intervention at this level can be very complex, requiring attention to all levels (Straus, 1984). Therefore, a simple intervention model is difficult to develop. However, below we suggest some basic intervention strategies.

Intervention Strategies

Intervention by sociologists to influence government health care policy can take place by shaping public opinion and motivating citizen action to demand change, and/or through personal contact with government officials. In either case, one important first step is to provide high-quality, preferably locally based data. In this way both the public and government officials can know the current state of the health care system and local citizen attitudes about the system.

The local media provide an excellent avenue to inform citizens and hopefully promote citizen action. However, sociologists must be aggressive in their pursuit of media coverage. Typically, news people do not seek out sociologists as they do other experts to address issues. Sociologists quite often must "knock on doors" and make targeted phone calls to get their information reported in the press. It is a good

idea to establish a good relationship with individual reporters. They are often the key to whether a story is printed or receives air time. Again, though, delivering high quality research and information is imperative. News people have become much more sophisticated in their ability to assess the quality of social science research. Editors will want evidence of sound research procedures. We have had significant success in obtaining media coverage of research findings on health care issues following the above guidelines.

Sociologists rarely consider releasing their findings to the press. They most often think in terms of preparing results for publication in professional journals. While this should also be done, in order to have a direct impact on public opinion we must go to the public.

Good media coverage not only stimulates interest in the health care issues, but also adds to the credibility of the researchers. This becomes an asset in and of itself. Political scientists have had influence in policy affairs for years because of their willingness to have public audiences.

Another way to intervene in shaping public opinion and stimulating citizen action is by working with existing community organizations (Rubin & Rubin, 1986). The universal concern for improved health care should make almost any organization a potential partner in an effort to change the system. Again, from our findings we can assume that groups of very diverse origins and purposes will have members who are concerned about health care. Local groups frequently want speakers who are knowledgeable on subjects to speak at their meetings. A very brief talk could be prepared and presented to many local groups explaining the problems with our current system and solutions to reform it, stressing the benefits of reform for all. By working with a cross-section of organizations any stigma associated with one group or another is avoided.

Probably one of the most fruitful ways of promoting reform is working with organizations already mobilized to address the health care issue. Involvement in such a group can be beneficial in two ways. First, the sociologist can contribute his or her expertise to the group. Second, active participation in such an organization can be a source of valuable information. While this information often contains bias, as sociologists, we are well-trained to evaluate the validity of information.

We are members of a local organization devoted to reforming health care in Louisiana. It has been a way of disseminating our information for the most direct and effective impact. The organization has also provided us with very current information concerning the national and state health care systems. It has kept us informed on what is happening in our state. The organization has given us

additional credibility in the field and has served as an excellent opportunity to develop networks with "movers and shakers" in the state.

Working with political candidates is another avenue for intervention. Candidates often are looking for issues with wide appeal. Health care reform is just such an issue. Our findings would provide candidates with the mandate to promote universal health care. The candidate can campaign knowing that health care is an issue of interest to a broad cross-section of voters and that a significant percentage of the voters support such a plan. Therefore, the candidate can present the same clear message to diverse groups. We personally advised a local candidate for state representative on this topic using the findings presented in this paper and other information from our data. He raised universal health care as an issue and was the most articulate candidate on the issue. He actually defined the political discussion about it.

Finally, sociologists can have direct communication with public officials. In this way, the sociologist is working with people who will actually make the critical decisions concerning health care reform. Accurate information about the problems and sound solutions to them are of course crucial. But because many decisions include political considerations, sociologists wishing to engage in such a cooperative effort with government officials should open with the presentation of evidence that this issue is not infused with the typical social group divisions, making it easier for them to comfortably support what may seem to be extreme policy changes.

NOTE

1. Those persons wanting a more detailed description of cluster analytic techniques are referred to such standard references as Kaufman and Rousseeuw (1990), Romesburg (1984), Aldenderfer and Blashfield (1984), Lorr (1983), and Everitt (1980). More technical details can be obtained in the *SAS/STAT User's Guide* (1990) and Sarle (1983). Other information on our specific analysis can be obtained directly from us at the Department of Sociology, Social Work, and Criminal Justice, P.O. Box 544, Southeastern Louisiana University, Hammond, Louisiana 70402.

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An Exercise in Gender:
The Bem Sex Role Inventory
in the Classroom*

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ABSTRACT

This manuscript describes a classroom exercise in which students learn about aspects of their own sex role orientation by completing the Bem Sex Role Inventory (BSRI). The exercise represents one way in which the themes of clinical sociology can contribute to the teaching of other sociology courses. Specifically, the exercise is 1) interventionist, 2) multidisciplinary, 3) humane, and 4) holistic. The exercise underscores the potential for alternative conceptions of gender without reinforcing traditional stereotypes. This manuscript introduces the Bem Sex Role Inventory, describes its administration in the classroom, provides ideas for incorporating the exercise into sociology courses, and provides an annotated bibliography of some of the relevant research that has made use of the inventory. The manuscript is designed to provide the practical tools for teachers to incorporate the exercise into their own custom-made lessons and to incorporate the themes of clinical sociology into the other sociology courses they teach.

One of the primary objectives of the gender sections of introductory sociology and social psychology textbooks is distinguishing between sex and gender (see, e.g., Robertson, 1987; Stephen & Stephen, 1985). Lessons often take the form of

cross-cultural comparisons which illustrate a range of different patterns of gender. Understanding the potential for alternative conceptions of gender in our own culture may be more difficult. Through the process of socialization, the normative expectations of the sex roles[1] come to seem natural and inevitable. Additionally, Baker and Davies (1979) argue that routine instructional practices, when combined with common knowledge, may do more to confirm traditional notions of gender than controvert them.

This paper describes an exercise in which students learn about aspects of their own sex role orientation by completing the Bem Sex Role Inventory (BSRI). The Bem Sex Role Inventory has particular relevance to courses on gender, social psychology, and introductory sociology, but can also be used to demonstrate concepts relevant to sociological research methods courses. The exercise is particularly effective in elucidating the difference between sex and gender.

The exercise represents an instance in which the themes of clinical sociology can help to address some of the difficulties of teaching gender in sociology courses. Black, Enos, and Holman (1987, p. 146) characterize clinical sociology and sociological practice as 1) interventionist, 2) multidisciplinary, 3) humane, and 4) holistic. Using the BSRI as an exercise constitutes an intervention and a deliberate departure from the passive lecture format so common in undergraduate education. The exercise also reflects the interdisciplinary scope of clinical sociology. By using a psychological measure to demonstrate and explore sociological concepts, students are encouraged to recognize the articulation between culture and social structure and themselves as individuals. The exercise is humane in that it reflects a commitment to helping individuals to recognize that they can "reconstruct and shape institutions and situations, in the direction of self-determinism, human values, and human dignity" (Straus, 1979, p. 480). By understanding how "sex role orientation" is related to other dimensions of social life, students may become more aware of gender inequality and the complex ways in which gender serves to limit individuals within our society. Familiarity with these issues may constitute a kind of consciousness raising that is a first step toward social change. Additionally, the exercise reflects a holistic approach to social problems (Clark & Fritz, 1984, p. 3), recognizing that gender operates on a variety of levels from the individual to the societal and that social change can take place on various levels.

The administration and coding of the inventory can be completed in less than 15 minutes, allowing the teacher plenty of time to lecture or lead discussions over the material. Additionally, students find the exercise fun and interesting, which helps to make the material memorable. My objective in this paper is to introduce

the BSRI, describe its administration in the classroom, provide ideas for incorporating the exercise into sociology courses, and provide an annotated bibliography of some of the relevant research that has made use of the inventory.

Background of the BSRI

The BSRI was developed by Sandra Bem in 1974, in order to explore the consequences of being a strongly sex-typed individual and to provide construct validity for the concept of androgyny. Earlier studies (Kagan, 1964; Kohlber, 1966) had postulated that highly sex-typed individuals suppressed their "inappropriate behaviors" in order to behave consistently with their internalized sex role standards androgenous individuals on the other hand were believed to be able to participate freely in both masculine and feminine behaviors.

Bem and her assistants selected the inventory items on the basis of their social desirability for men and for women. From a list of approximately 200 sex-typed characteristics, Bem selected 20 characteristics that were rated as significantly more desirable for women than for men, according to a sample of undergraduates. Twenty masculine characteristics were selected in the same way, and twenty neutral items were added to balance the scale and to provide a social desirability test. Individuals could then be scored on a masculine and a feminine dimension. Androgynous individuals were defined as those whose scores on the two scales were relatively similar (Bem, 1974)

Following Spence, Helmreich, and Stapp's (1975) lead, Bem (1977) revised her coding scheme to distinguish between individuals who were high in both masculine and feminine characteristics and those who were low in both characteristics. The coding scheme advocated by Spence et al. (1975) divided masculinity and femininity components at the median. Individuals who scored above the median on both scales were labeled "androgynous" and those below the median on both scales, "undifferentiated." Bem, Martyna, and Watson (1976) found empirical support for the distinction between androgynous and undifferentiated individuals, with undifferentiated individuals being less nurturing and lower in self-esteem. The BSRI is used today to examine the effects of gender as a variable in a great variety of sociological and social psychological research.

Administration of the BSRI

The BSRI may be administered to sociology classes as part of an exercise on gender, sex roles, or a variety of other concepts. Classes can complete and code the inventory in less than 15 minutes. The BSRI consists of 60 personality character-istics, 20 masculine, 20 feminine, and 20 neutral. Class members are asked to fill out the inventory by indicating how well each item describes themselves on a 7-point scale anchored by the adjectives "never or almost never true" and "always or almost always true" (see Appendix A). After everyone has completed the inventory but before it is coded, I explain what the inventory is attempting to measure and give the students the option not to proceed. (See "A Word of Encouragement and Caution" below.)

The teacher goes on to list the masculine items (see Appendix B) while the students identify them with an "X" (or whatever symbol the instructor chooses). The teacher then lists the feminine items while the students follow along marking them with a different symbol such as an "O." The students are then asked to add up their scores on the masculine items (X's) and feminine items (O's) separately.

Once the sums for each set of items are totalled, the teacher may identify them as the "masculinity scale" and the "femininity scale." A score above the median on the masculinity scale is considered masculine, and a score above the median on the femininity scale is considered feminine. Instructors may use 95 as a median until they have information on the medians of their classes. Median scores for my students, undergraduates at a large state university[2], continually fall around 95. Scoring above the median on both scales indicates an "androgynous" sex role orientation, while scoring below the median on both scales indicates an "undifferentiated" sex role orientation.

A Word of Encouragement and Caution

Students have been uniformly positive in their comments about this exercise, emphasizing that it will help them to remember the material and suggesting that we try other similar exercises. Many explained that it helped to make them more aware of how gender affects their lives. None of the over 200 students who have participated in this exercise in my classes have found it particularly troublesome or threatening. One frequent response is that they want to test their friends. (I gently discourage this.) I believe that a safe learning environment, in which students feel comfortable and open with the teacher and each other, helps to assure that the exercise will be enlightening and nonthreatening.

Although my students have found this exercise unproblematic, I feel that it is best to exercise caution in the administration and interpretation of the BSRI. Gender is a sensitive topic among college students, and the ideas of masculinity and femininity are integrally tied to feelings about attractiveness and sexual preference. A teacher utilizing this exercise should be aware of her or his school's counseling and support resources and should consider in advance what he or she will do in the event that a student comes in for help. Additionally, students should be given the option not to participate in the coding aspect of the exercise. I always debrief students by letting them know that the inventory is not a measure of sexual preference, sexism, or conservatism, though is may be related to these concepts (see Appendix C). I try not to encourage joking about the idea of cross sex-typed individuals or to reinforce the traditional sex role orientations. On the other hand, I try to avoid taking the exercise too seriously. To do so would give students the impression that the measure has more credibility than it actually does.

Lesson Ideas

This section reviews some of the potential uses of the BSRI for teaching undergraduate courses in sociology. Although I have divided the section into course topics, a particular course may use ideas from any of the subsections. Rather than providing distinct and discrete lesson plans, I envision teachers combining these ideas with ideas of their own, as well as the discussion topics and themes of their courses, in order to create their own custom-made lessons.

Gender Courses

Courses on gender can treat the BSRI as a measure of one of the many aspects of the sex roles. The inventory focuses only on personality characteristics and does not attempt to capture other aspects of the sex roles such as behaviors, obligations and privileges, or attitudes.

I usually review a few of the correlates of sex role orientation at this point. Appendix C provides an annotated bibliography of some of the fascinating and relevant sociological and social psychological research that has used the BSRI. Reviewing some of the variables associated with the BSRI underscores the importance of gender to many aspects of social life and demonstrates that one's sex role orientation is more than just an interesting label. Many of the findings about

the correlates of sex role orientation are relevant to courses on gender. For example, the inventory has been used to refute myths about maternal employment (Hansson, Chernovetz, & Jones, 1977) and about mental health.

Bem's original reason for creating the inventory was explicitly feminist, to challenge the current system of sex role differentiation which served to limit the development of both men and women. The purpose of the sex role inventory was to explore the limitations of sex-typed individuals and to provide construct validity for androgyny, an orientation that she thought would prove healthy and positive (Bem, 1974). This challenged assumptions that the healthy individual was one who was traditionally sex-typed.

Bem (1975) found some support for her hypotheses through a series of experiments. In one experiment, Bem found that individuals who were androgynous were more likely than others to display independence when under pressure to conform. In a second experiment, Bem found that androgynous individuals were most nurturing, and undifferentiated the least, with feminine and masculine subjects both displaying deficits of one kind or another. An additional study (Bem & Lenny, 1976) supported Bem's earlier hypothesis that the sex-typed individual was one for whom cross sex-typed behavior was problematic.

Bem has been criticized for her explicitly feminist motives for developing the inventory. Adelson (1978) believed that this kind of open advocacy threatens the moral capital of the social sciences. Similar criticisms have been leveled at applied and clinical sociology because they do not claim to be value-free. Others would argue that all researchers have agendas and biases, and that honesty about one's position is better than pretending to be neutral or objective. Class discussions on this ethical issue can be lively.

Introductory Sociology

The BSRI exercise makes the distinction between sex and gender more clear to introductory students, since the inventory clearly measures something besides biological sex. One challenge in discussing gender with the BSRI is to avoid the impressions that gender is simply a set of individually held attributes and dispositions. Students participating in the exercise should have an understanding that the items are a product of culture and a product of our society's collective structuring of gender. Following a review of the definitions of sex roles, sex, and gender, discussion can focus on the particular aspect of the sex roles that the inventory measures.

Discussion of the BSRI can enliven the concept of cultural relativism. Classes can consider whether other societies could use the same items to measure masculinity and femininity. For example, would Trobriand Islander males score masculine on this scale? It is likely that they would not, because masculinity would be defined differently in their society. Studies have shown that the scale works for Germany (Hogan, 1979) and Israel (Safir, Peres, Lichtenstein, Hoch, & Shepher, 1982), but not as well for India (Sethi & Allen, 1984).

Social Psychology

All of the above suggestions can be part of a social psychology lesson on gender as well. Additionally, the BSRI can be related to social psychological concepts such as locus of control (Johnson & Black, 1981), self-concept, personality, and roles. The implications that the BSRI has to mental health have been pursued in the literature by Nevill (1975) and by Bem. While males who score masculine endorse those traits that the society regards as positive for males, they may also be limited and constrained by their sex roles. They may feel uncomfortable having nonmasculine feelings. Sex-typed females may have similar limitations. Androgynous persons may be more flexible and more versatile. Undifferentiated individuals may have lower self-esteem, endorsing neither the positive masculine characteristics not the positive feminine characteristics.

Sex role orientation has been related to attitudes such as feminism (Minnegrode, 1976) and political ideology (Hershey and Sullivan, 1977), behaviors such as dating (DeLucia, 1987) and sports participation (Meyers & Lips, 1978), and attribution for academic achievement (Brewer & Blum, 1979).

Research Methods

The BSRI is a useful exercise for sociological research methods because it makes the concepts that are discussed in the textbook less abstract and because it invites such a variety of methodological criticism. After students have completed the exercise, it can be invoked throughout the term in order to illustrate a variety of concepts. The BSRI can add concreteness to the discussions of concepts such as "latent variable," "indexes," "reliability," and various forms of validity.

Evaluating the validity of the BSRI is an interesting problem. Since gender role orientation consists of those characteristics that are appropriate to members of each sex, the measure must be associated with sex and should predict other variables in

the same direction as sex. But how do we know whether the BSRI is measuring the latent construct of gender? And if not gender, what is the inventory measuring? Questions such as these can provoke an interesting discussion among enthusiastic methods students.

Bem's (1974) reported test-retest reliability was .90 for masculinity and femininity and .93 for androgyny. Although this is a good reliability coefficient, it indicates that some individuals' scores fluctuate over time. Additionally, scores on the BSRI vary by age (Fisher & Narus, 1981), indicating either that sex-typing is less pronounced among older populations or that the inventory may not be effective in measuring the gender role orientation of noncollege populations.

Another interesting dilemma is Bem's method of scoring the inventory. Because scales are divided at the medians, the evaluation of a particular score could be labeled differently depending on the sample. For example, an individual who is above the median for masculinity among high school home economics teachers might be below the median for masculinity among football players. Nevertheless, half of the individuals in both samples will be scored nonmasculine and half-masculine. This makes comparing findings between different studies problematic. It also precludes the possibility that a particular unique sample could score predominantly "androgynous" (or masculine, feminine, or undifferentiated).

Conclusion

My objective in this manuscript has been to introduce the Bem Sex Role Inventory, describe its administration in the classroom, relate the exercise to the themes of clinical sociology, provide ideas for incorporating the exercise into sociology courses, and provided an annotated bibliography of some of the relevant research that had made use of the inventory. I do not attempt to defend the BSRI from its critics or promote the use of the inventory for research. The BSRI has a number of methodological problems including those listed in the section on teaching research methods. One doubts that the BSRI is as appropriate in 1991 as it was in 1974. Assuming that the sex roles have changed, it is unlikely that the items on the inventory reflect the positive characteristics of men and women as well as they did in the 1970s. However, issues such as these can be used to the teacher's advantage to add to the richness of classroom discussion.

My decision to undertake this project stems from the interest that my colleagues have had in the exercise and their success in incorporating it into their classes. It is my hope that teachers will be able to use some of these ideas to construct their own unique lessons using the BSRI and to incorporate the themes of clinical sociology into the other sociology courses they teach.

NOTES

1. The term "gender roles" is gaining popularity over the term "sex roles," perhaps to emphasize that these roles are a product of culture rather than biology. Although some have tried to make an analytical distinction between these terms, most uses and definitions of the two terms are interchangeable. Bem is certainly aware that the "sex roles" are not biological destiny, and so are most researchers who have used the term. In this paper I use the term "sex roles" to maintain consistency with the Bem Sex Role Inventory. Readers may choose to substitute the term "gender roles."

2. My affiliation has changed since I last administered the exercise, and I am now at a small private university.

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APPENDIX A

Indicate how well each item describes you on the following scale.

never or almost never true	- 1
usually not true	- 2
sometimes but infrequently true	- 3
occasionally true	- 4
often turn	- 5
usually true	- 6
always or almost always true	- 7

01.____ self-reliant
02.____ yielding
03.____ helpful
04.____ defends own beliefs
05.____ cheerful
06.____ moody
07.____ independent
08.____ shy
09.____ conscientious
10.____ athletic
11.____ affectionate
12.____ theatrical
13.____ assertive
14.____ flatterable
15.____ happy
16.____ strong personality
17.____ loyal
18.____ unpredictable
19.____ forceful
20.____ feminine
21.____ reliable
22.____ analytical
23.____ sympathetic
24.____ jealous
25.____ has leadership abilities
26.____ sensitive to the needs of others
27.____ truthful
28.____ willing to take risks
29.____ understanding
30.____ secretive

31.____ makes decisions easily
32.____ compassionate
33.____ sincere
34.____ self-sufficient
35.____ eager to soothe hurt feelings
36.____ conceited
37.____ dominant
38.____ soft spoken
39.____ likeable
40.____ masculine
41.____ warm
42.____ solemn
43.____ willing to take a stand
44.____ tender
45.____ friendly
46.____ aggressive
47.____ gullible
48.____ inefficient
49.____ acts as a leader
50.____ childlike
51.____ adaptable
52.____ individualistic
53.____ does not use harsh language
54.____ unsystematic
55.____ competitive
56.____ loves children
57.____ tactful
58.____ ambitious
59.____ gentle
60.____ conventional

APPENDIX B

1. Administer the inventory.

2. Let the class members know what the inventory is measuring and give them the option not to participate.

3. Mark the feminine items with one symbol and the masculine times with another.

    Feminine items include: 2, 5, 8, 11, 14, 17, 20, 23, 26, 29, 32, 35, 38, 41, 44, 47, 50, 53, 56, and 59.

    Masculine items include: 1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34, 37, 40, 43, 46, 49, 52, 55, and 58.

4. Add up the scores for the feminine and masculine items separately to yield a femininity score and masculinity score.

5. Code scores above the median on the femininity scale and below the median on the masculinity scale as feminine. You may use 95 for a median until you have information about the medians at your college. Scores above the median and masculinity scale and below the median on the femininity scale may be labeled masculine. Scores above the median on both scales may be labeled androgynous and below the median on both scales, undifferentiated.

APPENDIX C

Variable Related to Sex Role Orientation

1. *Sex-inappropriate activity*: Bem and Lenney (1976) found that sex-typed individuals (masculine males and feminine females) resisted "sex-inappropriate activity" in an experimental setting even when their resistance cost them money. Feminine activities included ironing cloth napkins and winding a package of yarn into a ball. Masculine activities included nailing two boards together and attaching artificial bait to a fishing hook.

2. *Occupational preference*: Feather and Said (1983), using the masculine and feminine scales separately, found that males with higher masculinity scores displayed a preference for higher status occupations when asked about their ideal occupation and their realistically chosen occupation. Interestingly, males with higher feminine scores also selected higher status occupations when asked about their realistically chosen occupation. Among females, those with higher masculinity scores preferred occupations with higher male dominance.

3. *Locus of control*: Johnson and Black (1981) found that masculine or androgynous males, and feminine or androgenous females had greater internal locus of control beliefs than feminine or undifferentiated males and masculine or undifferentiated females.

4. *Cognitive variables*: Mills (1981) reported that femininity scores were positively related to verbal scores among public school boys and that masculinity scores were positively related to math scores among public school girls. However, these relationships were not found among a sample of private school students.

5. *Competition*: Baxter and Shepherd (1978) found that masculine and androgynous individuals were more likely to approve a competition as a method of managing conflict than were feminine persons.

6. *Workaholism*: Doerfler and Kammer (1986) found that all of the female workaholics in their sample of professional women were grouped in the masculine and androgynous sex role categories.

7. *Feminism*: Minnegrode (1976) found that feminist females scored higher on the masculinity scale than nonfeminist females.

8. *Dating behavior*: DeLucia (1987) found that high masculine individuals (those scoring masculine or androgynous) scored higher on an index of masculine dating behaviors than low masculine individuals (feminine or undifferentiated). High feminine individuals (feminine or androgenous) scored higher on an index of feminine dating behaviors. Masculine dating items included opening doors, paying expenses, and deciding what to do, while the feminine dating index included items relating to emotional work and compromise.

9. *Working mothers*: Hansson, Chernovetz, and Jones (1977) found that androgynous female undergraduates had a higher proportion of working mothers than feminine female undergraduates.

10. *Age*: Fisher and Narus (1981) reported that, among their sample of individuals ranging from late adolescence to middle adulthood, androgyny and cross sex-typed characteristics tended to be greater among older people.

11. *Political ideology*: Hershey and Sullivan (1977) reported that among men, liberal political attitudes were associated with androgyny, while among women, liberal political attitudes were related to a traditionally masculine sex role orientation.

12. *Nurturance*: Bem, Martyna, and Watson (1976) conducted two experiments that showed feminine and androgynous subjects were more nurturing than masculine or undifferentiated subjects when interacting with a human infant or listening to a lonely student.

13. *Reasons for living*: Ellis and Range (1988) found that androgynous individuals scored higher on the "Reasons for Living" scale (RFL) among a population considered to be at high risk of suicidal behavior. The femininity scale but not

the masculinity scale was found to be related to the RFL, indicating that femininity or androgyny may help persons to adapt rather than commit suicide.

14. *Social influence*: Falbo (1977) found that masculine and androgynous undergraduates of either sex tended to receive more favorable peer evaluations than feminine individuals following group discussions.

15. *Attitudes toward sexuality*: Walfish and Meyerson (1980) found that androgynous females were more comfortable about sexuality than feminine females and that androgynous males were more comfortable about sexuality than masculine males.

16. *Help seeking*: Johnson (1989) found that feminine individuals were more confident that professionals could help them with their personal problems. Feminine and androgynous individuals were likely to recognize that they were in need of help.

17. *Courtship violence*: According to Bernard, Bernard, and Bernard (1985), masculine male college students were more likely than less sex-typed males to report that they had abused their dating partners. Feminine females were less likely to report that they had been abused in dating relationships than less sex-typed females.

18. *Sexual satisfaction*: Obstfeld, Lupher, and Lupfer (1985) reported that, contrary to their hypotheses, masculinity was related to greater reported sexual satisfaction among both men and women, while femininity was related to lower sexual satisfaction.

The Citicorp Interactive Work Ethic Game: Sociological Practice Use in the Classroom[*]

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ABSTRACT

Citicorp has developed an employee training unit in a game format on the subject of ethics. Citicorp provided a game and its manuals for use with students in sociology classes taught by the author. This paper describes the game and its purposes, subjects covered in the game and how it was developed and validated, as well as sociological practice uses in the university classroom. An alleged major ethical problem at Citicorp is discussed. Some limitations of teaching ethical thinking when psychodynamic and social barriers stand in the way of ethical action are discussed in this paper, and in the classroom, given a scandal at Citicorp, despite the training on ethics.

History

In April 1989, the *Wall Street Journal* described a board game developed by Citicorp, the international banking company. This game is used to sensitize all employees on ethical awareness and decision making. Titled "The Work Ethic," this is a game with question cards, markers, board, and training manuals. As of 1989

the game (and associated training) has been in service with some "40,000 employees, from clerks to top executives." It has been shared with universities, where students have also played the game. *The Wall Street Journal* article refers to Citicorp spokesperson Amy Dates, who explains that the game is better than only "throwing a policy manual at people and saying, 'Read it.'" Diana Robertson, senior fellow in ethics at the Wharton School, is also cited in the newspaper article. She "says the game helps to make ethics education more 'interactive.' Many people hear a 'lecture on ethics as a sermon' and aren't receptive (*The Wall Street Journal*, April 18, 1989, p. B1)."

The interactive nature of learning about ethics and the perceived need for it led me to write to Citicorp for the game after I read *The Wall Street Journal* article. I thank Katherine Nelson, developer of the game, and Citicorp, for responding to my letter by sending a free game and permission to use it in my university classes (K. A. Nelson, personal communication, May 11, 1989).

The game can be used in social psychology, complex organizations, group dynamics, ethnic relations, and other courses. I have used it in my Sociology of Work classes since 1989 for these educational purposes:

1. To teach how one company in a sociological practice framework toward group improvement attempts to increase ethical awareness and action among its employees.

2. To allow students to learn from the Citicorp game (and my teaching from its manual) how to make ethical decisions at work.

3. To allow students to play the game in groups to learn by doing, thinking, and discussing (interactive) how to sharpen ethical sensitivities, how to make ethical decisions, and some of the difficulties involved in making these decisions.

4. To link issues on the game cards to basics in sociology and social psychology. An example is discussion of conformity pressures (as related to unethical behavior) to meet group demands, such as the Asch (1956) experiment on perceived length of lines, with some responses appropriate to the group rather than reality (Albrecht, Chadwick, & Jacobson, 1987, p. 126). Another example is the Milgram experiment on electric shocks and obedience to authority (1974).

5. To link issues on game cards with varied laws, such as protection against age, disability, gender, race, and ethnic discrimination.

6. To provide an opening for teaching reasons people may score well and learn well in games and classes on ethics but why they may not behave

ethically in other life conditions. (The role of internalization of norms, superego development, childhood developmental blockages, subconscious need to fail, fear of success, and other psychodynamic and sociodynamic factors can be discussed. Some are presented in another section of this paper.)

The Citicorp Ethics Game Manual and Training

The instructor's guide to the game states that the aim of the game is to allow employees to practice making ethical decisions in a nonthreatening (risk-free) social condition. The guide states that the development of the game started in 1986 to meet corporate goals of integrity and orientation (Citicorp, 1987, p. 4). The questions on the game cards are practical, not theoretical; they are based on real incidents. Ideas for questions came from the Corporate Secretary's office, the Audit Division, and the Human Resources department; in addition, over 100 staff members from many employee groups also provided ideas for questions. Over 20 managers helped to score the question responses. Dr. Thomas Dunfee, an ethics expert at the Wharton School, University of Pennsylvania, was consulted (Citicorp, 1987, p. 38).

The scorers disagreed on answers and relative scores. Citicorp expects the same by those playing the game (Citicorp, 1987, p. 38). The questions and scores are not considered as absolute. The questions aim toward thinking and discussion about ethical issues employees might encounter. The scores represent consensus among the team which developed the questions and responses. It is expected and accepted that others will disagree (Citicorp, 1987, p. 4).

Katherine Nelson, who developed the game, explained that "in many cases the 'best answer' is not offered as an option on the cards simply because 'the best answer' would be so obvious it wouldn't generate much discussion." She explained that the point of the game is to get people talking (and presumably thinking) about ethics. Therefore, the cards aimed at controversy (K. A. Nelson, personal communication, May 11, 1989).

The Citicorp instructor's guide indicates that the purpose of the game is to raise awareness of the importance of ethics, to provide practice for ethical decision making, to provide guidance on resources to help in ethical decisions, and to provide a chance for senior management to discuss their expectations on ethics (Citicorp, 1987, p. 5).

Winning the game is less important than learning. The competitive scores among teams are only *means* to provide interest, not *ends* (Citicorp, 1987, p. 10). Here I connect this to a discussion in lectures on means and ends. An example: Student examinations and grades might best be seen as bureaucratic *means* for recordkeeping in large organizations and as an external method of motivation where inner motivation falters. However, learning, personal growth (the "I") to be expanded in life use to social ("we") growth and development might best be perceived as the *end* result of the study and classes (Etzioni, 1988, on "I and we").

The game questions, responses, and scoring were subject to pilot testing. Forty-five pilot tests were made with over 1,500 Citicorp U.S. and international staff playing the game in the tests (Citicorp, 1987, p. 38).

Game cards are small and require limited responses for the space. The guide emphasizes that the game cannot cover the many dimensions of an ethical issue. The aim is not to make an exact science of ethics but to stimulate thinking and discussion, with disagreement expected (Citicorp, 1987, p. 8). The game is a tool and it is not meant to take the place of policy manuals. Nor is it a method to rate employees. Employee scores, game "winners" and "losers" are never reported to management (Citicorp, 1987, p. 8). The game participants are advised that they are not expected to become experts on policy. Rather, they need to learn to know when they need help so they can turn to the proper people. The game facilitators are to ask the participants "what kinds of issues they should bring to management. . . . [and] what kind of behavior or issue would make them 'blow the whistle'" (Citicorp, 1987, p. 10). Participants are to be told what company resources are available to help with ethical decisionmaking (Citicorp, 1987, p. 10).

Citicorp advises that the game is best played with peers. It is suggested that managers should not observe their employees at the game to avoid possible feelings of intimidation and influence on later ratings of subordinates. The purpose of the game is learning, not evaluation (Citicorp, 1987, p. 7). It is important for the university instructor to emphasize that the game is not being used as an evaluation tool in class, but for interactive learning.

There are levels of game play. The players generally start at the entry (employee) level and after a few game rounds move to the supervisory, managerial, or senior managerial level. The top level earns fewer points for a correct answer and loses more for an incorrect answer. Citicorp has built into the game higher expectations for higher-level corporate employees. As the risks to the company reputation or of a lawsuit rise or fall, so do the scores built into the question responses (Citicorp, 1987, p. 6).

A sample question (paraphrased from *The Wall Street Journal*, 1989) is: What is to be done with a client who offers valuable theater tickets in a bargain for a new, backdated Individual Retirement Account application presented one day after the government tax deadline? Accept and the game "fires you" out of play.

Some subjects covered on the game cards are: AIDS, physical disability, sexual issues, bribes, special favors, confidentiality, business decisions, drugs at work, company policy, and insider information. The subjects are divided into broad categories: Conflicts of interest, confidentiality, handling money, excellence in managing people (Citicorp, 1987, p. 16).

While the game was developed for small group and team playing, it later has been projected from overhead transparencies on a screen to large groups of people. Some questions have been changed over time to reflect new thinking of management and new management associates (J. Shannon, personal communication, October 8, 1991).

Guidance on How to Make Ethical Decisions

Guides for ethical decision making are presented and discussed in the Citicorp manual:

- What should people consider in an ethical dilemma? Some suggestions: "What is company policy? . . . Who will be helped or hurt if I proceed? . . . Would this violate someone's expectations? . . . How would my decision look on the front page of the *Wall Street Journal*?" (Citicorp, 1987, p. 32) (Classroom discussion can be added on conformity and when it is functional to violate expectations, such as expected prejudice.)
- Another guide is Rotary International's four-way test of things we think, say, or do: "Is it the truth? Is it fair to all concerned? Will it build good will and better friendships? Will it be beneficial to all concerned?" (Citicorp, 1987, pp. 22, 32)
- Facilitators are advised to ask one of these questions: "What's at risk here?" "What's the real issue?" Would the answer be different for different work levels or locations? (Citicorp, 1987, p. 9)
- Consider whether changing the circumstances of the ethical question would change the answer. "If the question is about an expensive gift, would the answer change if the gift was of nominal value?" (Citicorp, 1987, p. 9)

- • Where possible the trainer is to make reference to law or company policy (Citicorp, 1987, p. 10).

Effects in the University Classroom

My students rapidly learn the appropriate answer responses to the Citicorp ethical dilemmas on the game cards. Some groups make mistakes in responses at the start and fall behind in the competitive scores. They tend to soon learn the expected responses. However, incidents of some dishonesty showed that some students do not always exhibit higher-level ethical responses in the classroom after the training. There are no data on how much or how little the ethics training carries over into life conditions outside the classroom. There are no data on delayed reactions, such as an ethical choice weeks, months, or years later because of the training, which would not otherwise have occurred, even after ethical lapses in the classroom. It is the same with all subjects taught in class. Students may do well or poorly in any content in class and on examinations, with a shift in understanding or behavior out of the classroom, as well as delayed reactions later in time. The long-term and external-to-the-classroom applications of subjects taught are usually not measured as evaluation of learning in the school setting. These external and long-term effects are of course difficult to study.

It might be expected that several hours of lectures on ethics, game playing, discussing, and sensitizing would not totally remove tendencies toward unethical action based on minimal internalization of norms into conscience, among other psychodynamic and social factors mediating between rational knowledge of what to do and actually doing it as ethical behavior. This is also discussed in the classroom, with reference to varied sociological and social psychological perspectives.

A Scandal at Citicorp: A Serendipitous Use in the Classroom

The Wall Street Journal (November 11, 1991, p. A4) reported that Citicorp officials were dismissed for unethical behavior. We might presume that these officials—together with all other employees—were trained on the subject of ethics through the game and guidebook use by facilitators. According to Citicorp, at least 11 executives and the president of the credit card processing division were dismissed. It is alleged that they were fraudulently overstating revenue. About $23

million in revenue was said to be inflated. The misreporting is alleged to have taken place for almost 2 years.

This case is now presented in my classroom as a sociological practice tool. Students are interested in this sad case of alleged unethical behavior in the company which developed and uses a special training on ethics. Analysis is provided of this problem and possible reasons behind it. Many social organizational and social psychological theories and perspectives may be used for the analysis of this case. Students can directly see how social science scholarship can be applied to clinically analyze conditions leading to undesired behavior.

Social Science Perspectives to Analyze the Case

One hypothesis for the reason behind the inflation of revenue by the Citicorp employees is that bonuses were directly connected to performance within the department. The business is "extremely competitive and garners thin profit margins, which could have been one reason why employees were misrepresenting the figures (*The Wall Street Journal*, 1991, p. A4)." We can add social science thinking for clinical analysis. Presume that the hypothesis is correct. Then we can analyze that when external pressures rise past a certain point some people may, due to subsequent internal pressures, resort to unethical behavior, even though formally trained on the subject of ethics. In other words, factors may *mediate (intervening variables)* between ethical training and knowledge, and actual behavior.

- Possible external pressures: Social and economic, for example, thin profit margins in a competitive environment at the same time there are possible pressures from actual and threatened recession, downsizing, poor employment market.
- Possible internal pressures: Psychological, for example, low super-ego development, fear of the future, insecurity, the perceived need for material goods to enhance sense of self.

There are situational (external, social) conditions and psychological (internal, personal) conditions which mediate between training and knowledge, and actual behavior. This is an important sociological practice insight. Ethical training must be enhanced by a social, organizational (structural) situation which supports it, and by sensitivity to psychological, internal issues within the person. These internal and external variables are points for sociological practice recommendations. The clinician can recommend changes in the social (structural) and psychological environments to support a desired outcome through training.

Training on ethics—no matter how interactive, creative, and time consuming—might not be sufficient to combat the pressures of external conditions and internal pressures toward unethical behavior. Success and money may "count" as greater than ethical responses. Conformity and obedience pressures within the group may be perceived as greater than ethics. Ethics training might not have been internalized as part of conscience. Childhood developmental blockages (for example, poor role model, insufficient "ideal" for the ego to internalize as part of self) may stand in the way. Under any of these conditions (and others) formal training may not lead to ethical responses.

Other factors (some overlap) which might stand in the way of ethical behavior, even after learning the appropriate ethical responses through training, and which can become part of a clinical dimension in classroom teaching are:

- Developmental stages and blockages of stages in child development which hold a person to "unfinished business" at an immature stage (Bader & Pearson, 1988; Ulrich & Dunne, 1986). An adult can be a child in mind on certain life issues, such as on ethical behavior. One variant follows.
- Negative entitlement (overentitlement) (Boszormenyi-Nagy, 1987; Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy & Spark, 1984).

Negative entitlement means the ethics of "getting even" and balancing the ledger of social exchange accounts. Ivan Boszormenyi-Nagy has stated in his books the ethical principle that infants and children are entitled to treatment appropriate to their biological, social, and psychological development. This entitlement is based on the simple fact that such care is needed and beyond the capacity of the infant and young child to find for him/herself. Also, no infant (and therefore not one of us) asked to be born, asked to be born of certain parents, genes, in a certain historical, social, or economic period. Each infant is entitled to proper care. No mother, father, or other caregiver is perfectly tuned to the need of the child. This results in everyone having some level of negative entitlement or overentitlement, in other words, the psychological feeling that the world "owes" something to balance the pains and frustrations not asked for but received in childhood. However, adults must learn to forgive parental imperfections and must learn to *earn* entitlements through functional social relations, work, and love, unlike the infant who is *owed* the entitlements by reason of having been born.

Some children suffer more than "normal" imperfections of people on whom they depend. There are those who are abused and abandoned in many ways. The

resulting scars leave a gross sense of entitlement called negative or overentitlement. These people are inclined to "pay others back" now, to balance the overentitlement toward the good and goods not received earlier in life. These have difficulty with the idea that as adults they "owe" the world an *earning* of entitlement of goods (as of love, career, money), not a "grabbing of it."

Such people may be driven to unethical behavior from the psychological and social "unfinished business" of the past. They may score well on an ethics game— or learn to score well—but will tend to be overcome by the internal, driven need to balance the social exchange accounts of the past. Their ethics are built on justice of the past. Someone's money, body, or business reputation may be taken by these negatively entitled people who believe they "deserve it." Such people need a training beyond expectations for ethical thinking based on conscious rationality. They act on the desire to balance accounts from perceived losses in infancy and childhood, often based on feelings not fully in conscious awareness.

Clinical sociologists can appreciate the richness of this theoretical perspective (summarized from Boszormenyi-Nagy) for analysis of forms of social behavior and for understanding possible reasons standing behind behavior symbolled "difficult" or "unethical." We can see and teach the one-sidedness of the tendency to attribute causation (building "causes" from perceptions and judgments) mainly to internal, psychological reasons (such as "mean," "stupid," "criminal mind") (called the *fundamental attribution error*). There may be external (social, situational) attributed reasons for behavior as well, such as management or other social (external) work pressures. Or taking a developmental, historical view, a painful childhood (social) may link the internal (psychological) mind to a constructed reality of "getting even" by using current unethical means perceived as equitable to balance the old exchange accounts. The painful childhood may be the external event internalized into the psychological mind, yielding unethical behavior. (See Brehm & Kassin, 1990, pp. 110–18, 283–85; and Stephan & Stephan, 1990, pp. 230–31, on attribution theory.)

- Fear of authority or the need to impress authority. Some may fear losing a promotion or a job if they do not "produce." Therefore, some will risk losing the promotion and/or the job by unethical behavior (if discovered) in the hope of meeting the authority's perceived needs for quantity "production."
- Conformity pressures ("everyone is doing it"). Social pressures toward conformity (Asch, 1956, experiments; Milgram, 1974, obedience experiments).

- The undifferentiated self (Bowen, 1985; Kerr & Bowen 1988).

The differentiated self is someone who can be in an emotional field, interacting with key people, at the same time maintaining one's own separate self. The undifferentiated self tends to fuse with other people in emotional situations and where anxiety increases. Those who are undifferentiated suffer more problems than those who are more differentiated. Those low in differentiation (undifferentiated) are drawn into and react to other people's provocations. "He or she made me do it." The level of differentiation is perceived as born and bred in the family of origin. In peaceful social conditions someone may rise in functional differentiation level from a lower basic level. When conditions become stressful and agitated, people tend to fall in functional levels to more basic levels as socialized from family relationships.

In an increasingly agitated system, such as in a work department where anxieties rise over threatened layoffs, recession, demands for "production," members most undifferentiated become most anxiety-stricken and agitate those more differentiated to the point that some of the more differentiated in functional level fall to their lower basic levels. This provides a reservoir of greater anxiety for the less differentiated, in a circular process. It is hypothesized that in such an environment people may emotionally "get carried away" toward unethical behavior, subverting rational training on ethics and rational knowledge of consequences. This is one hypothesis to explain the Citicorp scandal discussed earlier, and another rich sociological and social psychological perspective to aid in understanding, analyzing, and improving social and personal functioning.

- Legacies and designations (Ulrich & Dunne, 1986).

Some people carry legacies from the family of origin. "The family's attitudes toward awards, prizes, trophies, and honor grades can shape the child's emerging view of what he or she should invest with meaning. The child will quickly sense and internalize, for example, a parent's attitude that nothing else counts compared to getting to the top" (Ulrich & Dunne, 1986, pp. 17–18). In later life when getting to the top is blocked, such a person may behave unethically to break the blockage, feeling disloyal to the parent if the top is not attained.

A legacy that mandates achievement may lead to success valued by family, self, and society and one attained by ethical means. However, such a legacy can lead to unethical behavior in a desperate attempt to meet the legacy when ethical means do not work. Some children are designed for parental purposes. They have "designations," such as "succeed like your parent" (possibly by unethical means as he or she did), "fail like him or her" (possibly by unethical means and making

certain to be discovered and punished), and many more designations. One can differentiate self (Bowen, 1985; Kerr & Bowen, 1988) and *integrate* legacies and designations into one's own creative and socially functional, honest self, or drop or change them. Others are fused to the legacies and designations which may operate as inner guides to fulfillment. Sometimes self, legacies, designations, and social order align. Sometimes self, legacies, designations, and social order do not match. Such people are drawn by "invisible hands" toward unhappiness. Some may subvert rational ethics training and understanding to meet the parental template.

- The internal, psychological "need" to fail, to be caught and punished. The losing gambler syndrome.
- Psychopathic and sociopathic people. Low superego development. Low internalization of norms. Poor or nonexistent ethical role models in childhood. Perversions.
- Innovation (Merton, 1957, chs. 4, 5).

Some people accept the societal goals of success. However, the doors to success as an end may be perceived closed through honest means. Such people may "innovate" dishonest means to reach the valued successful ends. The business and economic environment at Citicorp may have yielded limits to the valued goods of bonuses and salary raises. The employees discussed earlier may have "innovated," finding unethical means to reach the desired and socially validated ends of success.

Conclusions

Teachers at many educational levels can adapt and expand the Citicorp ethics training and discussion to fit the nature of the audience and subject area of the class. The clinical sociological point can be made here and in the classroom that the game format is one method to teach ethical responses. However, some people and groups need training, guidance, and in some cases therapy, on differentiation of self, as well as the other sociodynamic and psychodynamic reasons which subvert rational training on ethics. The game (and its manuals) and the case of the scandal offer many creative opportunities for clinical teaching in the classroom and in other settings.

Citicorp should be complimented for their sociological practice aims toward improving the employee and corporate ethical work environment. The failure of the training for some people should not, in my opinion, lead Citicorp or the university professor to consider the game as a failure. The Citicorp problem and resistance of other people can be reframed as opportunities to consider the need for teaching,

training, and clinical changes on deeper levels. The Citicorp problem can be used as a case for analysis of multidimensional factors which subvert ethics training and can itself yield more understanding of ethical issues.

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Women's Discussion Groups— Applications of Identity Empowerment Theory *

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During the past five years I organized two "women's empowerment" discussion groups in the Washington, DC, metropolitan area. At no stage of formation of these groups have I formally facilitated exchanges as a sociological practitioner, but rather I participate in the discussions as an equal group member. I communicate openly to interested parties that I work as a clinical sociologist, but I do not present my professional status as a rationale or credential for being a leader. By contrast, I emphasize the reality that I need a women's empowerment support group as much as the next person, and that my membership in the group—like everyone else's— is based on a mutual give and take.

Even though I resist assuming a professional leadership role in the two women's discussions groups I describe here, my clinical theoretical orientation is both a foundation and a direction for my group participation. Furthermore, by founding, developing, and sustaining these women's empowerment support groups for the purpose of cultivating support for myself and other women, I necessarily have increased opportunities to ground my identity empowerment theory in real-life data.

Women's Empowerment

The original idea to form a women's empowerment group developed out of my strong dual interests in the processes of women's consciousness raising and the social sources of identity (Hall, 1990). I wanted to participate in women's discussions which would go beyond enhancing awareness about behavior in society at large (Smith, 1987), and create an environment where participants could be solution-oriented and resourceful in assisting each other to deal with everyday hazards and make major life decisions (Bentz, 1992).

Although some of the furthest-reaching goals of women's empowerment seem remote and even improbable from the perspective of small group grass-roots organizations (Albrecht, & Brever, 1990; Bookman, & Morgen, 1988; Ruddick, 1989), sociological data suggest that women do survive more effectively and become more fulfilled when they are able to think about who they are in broad social contexts, and thereby move away from their idiosyncratic interpersonal definitions of situations into increasingly public arenas (Mills, 1959; Scott, 1991). It was in this spirit of an individual and social need to expand women's views of themselves, and to expedite their possibilities of identifying their personal troubles with social issues, that my initial plan for women's empowerment discussion groups was conceived.

Identity Empowerment Theory

Identity empowerment theory suggests that heightening individuals' aware-ness of patterns of interaction in their families, belief systems, social class, culture, and society/history as key social processes in defining themselves is a critical initial stage of their becoming more empowered (Hall, 1990). Subjective meanings are honored in this broadening of understanding, and at the same time individuals become increasingly objective about their own functioning. Clinical data suggest that we must be able to understand more fully how broad social influences impinge on our lives if we are to experience meaningful self-realizations with responsible social consequences (Glass, 1992).

Empowerment occurs in the women's discussion groups as women open and broaden their perspectives on their lives. Their behavior becomes increasingly responsible as they participate more deliberately in these critical spheres of social activity. As in all social conditions, identity is empowered as we become historical actors in our own right (Mills, 1959).

Historical Background

The first women's empowerment discussion group was formed in December 1987. This group was sponsored by the National Organization for Women. After 2 years the discussion group became independent, and after 3 years, a second women's empowerment group was formed.

The discussion meetings are held in public libraries in Bethesda, MD, and in Washington, DC. They are advertised regularly (once a month for each of the two groups) in the "support groups" section of *The Washington Post* "Health Calendar," which is published once a week. The women's discussions are held every third Saturday, 10:00 to 11:30 am, in Washington, DC, and every fourth Saturday, 10:00 to 11:30 am, in Bethesda, MD.

Attendance at the discussion meetings has been uneven over the 5-year period. The average number of participants during this time is around 6 women at any given meeting, and there has been a range from 2 to 20 participants. There is no admission or membership fee, and no commitment is required or requested as a condition for continuing attendance.

Although the outreach advertising reaches an extremely wide audience, mainly educated white middle class women have responded (by telephone) and participated. The age range of participants has been from 19 to 79 years, and the most regular attenders have been in a 30 to 50 age group.

Discussion Dynamics

Women's empowerment meetings do not include a formal presentation. The meeting time (1½ hours) is divided equally among the women who attend, and each participant is invited to give background information about themselves, describe any current concerns they have, and raise a central question with the group in order to receive specific feedback and suggestions. Topics discussed frequently include family matters, promotion, health, interpersonal conflicts, career plans, and parenting. When six women attend a meeting, each person has approximately 12 to 15 minutes in which to give information and receive suggestions. When one participant has completed her question and answer exchange, another woman continues with her background, concerns, and question for the group.

The loose, nonhierarchical organization of the discussion group allows all participants to either offer views or remain silent. A variety of "leaders" monitor the timing of each person's contribution, and participants are requested to keep the content of communications confidential.

The library meeting room is scheduled to include an additional ½ hour at the end of the 1½ hour meeting, to enable women to discuss matters informally after the end of the meeting if they wish. Also, telephone numbers are exchanged through a sign-in sheet, and contacts among participants outside the regular meeting schedule are encouraged.

The last few minutes of organized meeting time are used for planning future meetings and defining division of labor responsibilities. The free *Washington Post* advertising and low-cost public library meeting room reservation system generally work smoothly, but chores need to be rotated and differences of opinion resolved. Administrative matters are purposely raised only at the end of each meeting rather than earlier, so that optimum attention can be devoted to women's substantive concerns.

Outcomes

Lack of continuity in women's attendance at the empowerment discussion groups makes it difficult to give any scientific or quantitative evaluation of the effectiveness of this small group means toward achieving women's empowerment. However, for the women who attend regularly, and even for those who attended irregularly or for a few months only, participation seems to improve their ability to select constructive and meaningful options and make major decisions. These women are able to see themselves and society differently as a consequence of listening to each other's reports and concerns, and they are freer to act independently of the inevitable pressures they receive from families and significant others.

During the course of these 5 years, some women participants became interested in organizing new discussion groups in different geographical locations. Three similar meetings were started in this period—in Reston, VA, Wheaton, MD, and DC. However, these additional groups had difficulty maintaining themselves, and only the Bethesda and DC groups described persisted. Both of these latter discussion groups continue in part as a "principled" activity—participants feel strongly that their groups should exist as resources for any woman to turn to when in need.

Conclusions

Identity empowerment theory appears to be an effective foundation for community organization and intervention in some social change processes. This

clinical theory clarifies complexities in patterns of interaction, as well as provides direction for group participants. I believe that the discussion groups described could not have been effective without some indirect adherence and allegiance to these particular theoretical underpinnings.

Clinical sociology, and especially clinical sociological theory, are useful tools for community intervention and the promotion of constructive social changes, whether or not individuals recognize that broad social processes influence their behavior. Clinical sociologists are most effective when they are able to transform personal troubles into social issues (Mills, 1959), whatever the gender, ethnic, or racial groups of community members.

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Diversity Management: An Emerging Employment/Consulting Opportunity for Sociological Practitioners

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ABSTRACT

Diversity management is examined as an emerging employment and/or consulting role of possible interest to sociological practitioners. First, the general development of diversity management since the mid-1980s is traced. Demographic imperatives for diversity management as well as some definitions, emphases, procedures, and publications are identified. Second, the linkages between diversity management and sociology/sociologists are discussed, as to: (a) substantive connections, (b) special sociological insights, (c) training suggestions, and (d) corporate involvement issues.

In recent years a new role has been emerging that might be of interest to some sociological practitioners: diversity management. Conceived from a combination of demographic trends, business needs, and employee realities, it was identified as a "hot track" occupational field in *U.S. News and World Report*'s "1992 Career Guide" (Editors, 1991). This paper asks: What is diversity management and what is its relationship to sociology and the sociologist? In doing so, we continue our exploration of linkages between sociological practice and older and newer occupations (Friedman, 1987; Friedman & Friedman, 1987).

The Emergence of Diversity Management

In the mid-1980s, census and other demographic reports began to portray the coming of a more diverse American labor force by the year 2000. This labor force will contain a decreasing percentage of white males and increasing percentages of women, minorities, immigrants, the aged, and the disabled. By the year 2000, for instance, the labor force will contain an estimated 25% minority and 47% female workers (Ehrlich, 1988; Johnston & Packer, 1987). (More recent projections show whites making up 78.6% of the labor force in 1990 but only 73% by 2005, with percentage increases of entering workers from 1990 to 2005 higher among women, African-Americans, Hispanics, and Asian-Americans than among white males. See Kutscher, 1991, pp. 6–7.)

In the mid-1980s, various writers, organizers, and human resources and management specialists began to speak of the resulting growing need to "manage" this "culturally diverse workforce." For instance, the pioneering American Institute for Managing Diversity was founded in 1984 as a research and consulting center at Morehouse College in Atlanta.

Emerging definitions of and emphases in diversity management by the early 1990s somewhat varied, and were still multiple and in flux. They have usually included one or more of the following thrusts: (1) appreciate and value the plural cultural and other differences among diverse workers; (2) remove racism and sexism from the dominant corporate culture and practices, thus making diverse workers a more integral part of the total organizational effort; (3) follow up affirmative action recruits now working in the organization, to see that they are further understood and accepted, encouraged, motivated, and promoted; (4) recognize that the above and related company activities are "good for business," are business necessities that will help diverse workers to become more content, effective, successful, and productive participants in an increasingly competitive global economy.

Gradually, by the late 1980s and early 1990s, numerous major corporations had invited consultants in diversity management to assess their diversity workforce-related situations and practices. As a result, special programs and new or reassigned internal positions (cultural diversity management coordinators and directors) were sometimes established and set into motion.

Procedures of diversity management have ranged from 1-day workshops to elaborate 5-year company programs. Often there were initial visits and assessments by a consultant who provided a diagnosis of the organization's present condition.

Various subsequent management of diversity programs and remedies have included special presentations to workers (including seminars and videotapes) about culturally diverse groups, prejudice and discrimination, interpersonal and intergroup relations among workers, etc. Special workers' committees, focus group sessions, mentorships, and minority interest associations have sometimes been developed. Among the special company issues diversity management consultants and coordinators have grappled with have been child care and other family services, minority promotion rates, and special flexible plural ethnic, religious, and health needs of diverse workers. (For descriptions of numerous specific and concrete diversity management procedures, techniques, cases, presentations, programs, and emphases, that have involved various companies, see Dreyfus, 1990; Fernandez, 1991; Hanamura, 1989; Lewis, 1992; Loden & Rosener, 1991; Mabry, 1990; Seal, 1991; Thomas, 1991; White, 1992; Wolford, 1991.)

By 1990, diversity management activities had become widespread and noticeable enough to warrant feature stories about them in mass publications like *Newsweek* (Mabry, 1990) and *Fortune* (Dreyfus, 1990). And in 1991, at least three book-length treatments of diversity management were published: *Beyond Race and Gender: Unleashing the Power of Your Total Work Force by Managing Diversity* (Thomas 1991), *Workforce America! Managing Employee Diversity as a Vital Resource* (Loden & Rosener, 1991), and *Managing a Diverse Work Force: Regaining the Competitive Edge* (Fernandez, 1991). Clearly, diversity management had "arrived."

Nevertheless, the idea was still somewhat new and untried and evolving by 1991 and 1992. According to one estimate (Lawlor, 1992, p. 2B), about 75% of *Fortune* 1000 companies by 1992 recognized diversity as an issue that they felt they ought to address, but only about one third of them had undertaken any specific program activities.

To give some idea of how emerging diversity management still was in some places and companies, an interview we conducted in December 1991 with a human resources executive employed in the regional headquarters of one of the largest banking chains in southern California revealed that: (1) there was much buzz-word talk of workforce diversity in the region but not much action to date in the chain; (2) only one 1-shot seminar/workshop/consultation had taken place, given by an anti-defamation-type agency, and no diversity management employees had yet been hired, though one had been hired in the chain's northwestern United States region; (3) local top decision makers in the chain to date viewed affirmative action more approvingly (than diversity management), as a more quantitative and ac-

countable effort, while diversity management in turn was much less approvingly perceived thus far, as a less tangible, more qualitative, and too "touchy-feely" set of activities.

Recent events in 1992, though, seemed to underscore the need for more diversity management, especially the April riots in Los Angeles and other cities. One (nonsociologist) diversity management consulting firm in Los Angeles, for instance, subsequent to the riots wrote a piece titled "Rebuild L.A.!" in a local employment weekly (Gardenswartz & Rowe, 1992) that suggested to readers that they:

> Be open to and honestly value the diverse culture of Los Angeles. Even though some people are fed up and want to leave L.A. after the riots, far more citizens want to stay and make it work (p. 14).

That observation was then followed with the note that their firm "may be contacted to help your company deal with the issues surrounding cultural diversity in the workplace."

The Sociological Connection

Diversity management has mainly been defined and developed as a new area within personnel work/human resource management (HRM) since the mid-1980s. (Secondarily, it was a growing interest in general management; the American Academy of Management, for instance, featured it as a theme of its 1992 annual meeting.) A good case can be made that HRM is the most sociologically related and relevant of all the specialized areas of business. It is the most expressly people-oriented aspect, and has included the personnel subspecialties of employment recruiting and placement, training and development, compensation and benefits, employee and labor relations, and health/safety/security, among others. In more recent years, affirmative action and corporate child-care provisions have often been carried out by HRM departments. Many sociology graduates who have taken jobs in business (and the public sector) over the years have gravitated toward HRM personnel-work positions.

But the substantive emphases in diversity management appear to be even more centrally sociological than those of most other aspects of HRM (such as compensation or labor law). The knowledge needed in diversity management revolves

around culturally and socially diverse groups (minorities, women, the aged, the disabled, etc.) and around the dynamics of work and workers.

Aspects of these considerations are academically addressed extensively in college courses in sociology that are about diversity and work. Diversity topics are discussed in such courses as racial and ethnic relations/groups, sociology of gender, and sociology of aging. In regard to ethnic group and cultural "pluralism" (compared with assimilation), sociology has probably probed this topic longer and deeper than any other field of study (see, e.g., Friedman, 1985). Worker issues are considered in such courses as work and occupations, industrial sociology, complex organization, economic sociology, and demography. Within these courses such relevant subtopics as child care, racial discrimination, gender role conflict, worker satisfaction, and organizational change are customarily treated. Thus a good case can be made that sociology courses are highly pertinent ones for diversity management.

In regard to this sociology relevancy, one of the 1991 books cited about diversity management was *Managing the Diverse Work Force* by John F. Fernandez. Fernandez has a PhD in sociology and, among other topics, deals in his book with demographic and workplace changes, bureaucracy, racism, sexism, economic competition with other countries, profiles of various groups (women, African-Americans, Native Americans, Hispanics, Asian-Americans, the aged, etc.), work-place discrimination, white male responses, and how employers can attempt to make their workers more economically competitive through diversity management.

Sociological knowledge can bring some of its own special strengths to diversity management. One is caution about *overgeneralizing* about the cultural differences of groups. Sociologists know that there are often as many or more cultural/behavioral differences *within* large groups as there are differences *between* them. And these differences within a group are frequently more based on genera-tion, social class, time of arrival and degree of structural assimilation, political, and/ or individual experiential diversities than upon some oversimplified portrait of rigid and unchanging group cultural characteristics. Certainly this is true about such groups as African-Americans, Hispanics, and Asian-Americans. Sociological expertise about social structural and social psychological aspects of diverse groups and workers is a valuable special addition we have to our knowledge about more strictly cultural characteristics.

Sociology bachelor's, master's, and PhD degree programs, with the needed course areas, are therefore highly appropriate current and future academic prepa-

rations for various-level roles in diversity management employment (company coordinators, directors) and consulting. We assume, not rigidly, that PhDs would usually be consultants, bachelor's holders corporate employees, and master's recipients either or both. Ideally, supplementary interdisciplinary coursework in such fields as HRM, general management, and instructional design/training would be helpful as well. While minority and female sociology graduates would probably be in highest special demand for diversity management (as is the case with affirmative-action officer positions), there are no substantive or rational reasons why white males (who are also a part of the concept and reality of total workforce diversity) should not also serve in diversity management. In some cases a white male's presentations and recommendations about minority cultures and workers might even be less threatening and more persuasive to, and therefore perhaps more heeded by, largely white male employees and managers than those of a minority person or a woman.

Another sociological consideration is that some sociological practitioners might be reluctant to engage in employment or consulting that requires that they fit into a pre defined role in or on behalf of a corporation. Of course, those with a totally anti-business/capitalism orientation probably would not or should not pursue diversity management activities. In broad definition, the emerging role that has been defined *is* managerial in perspective rather than altruistic, that is, designed and intended primarily and ultimately to improve corporate smooth operations, productivity, and competitiveness. As one influential figure in the development of the field has written (Thomas, 1991):

> here was an unfilled need: to understand . . . the managerial experience of managers with blacks and women so that insights could be gained as to how white males might better manage them. I defined management as the use of various managerial tools to enable people to practice the behavior required for achieving corporate objectives. Here more was meant than race relations or interpersonal relations. Beyond these matters were the issues of creating an appropriate corporate culture and set of organizational systems (p. xiv).

It should be pointed out, however, that among business and management-based and defined roles, diversity management does include considerable implicit and indirect concern for a relative "underdog": the diverse worker. It asks that the organization consider some adaptations *to* (rather than only *from*) these workers in

regard to their plural values, behaviors, special needs, and opinions. In its goal of attempting continually to take into account and respond to the views of these workers, it is in the industrial democracy/participative management tradition of greater receptivity to non manager input and morale. (Also, most sociologists today probably ideologically agree with the working assumption in diversity management that it is a "good" thing to integrate minorities into the economic mainstream while also encouraging them, if they desire, to maintain some aspects of their plural ethnic heritages.) These characteristics of diversity management, in combination with its still embryonic, in-the-process-of-becoming state, should be attractive to many current and future sociological practitioners.

Conclusion

Diversity management, then, is an emerging role that will probably be growing in the foreseeable future. Since its core concerns about group and cultural diversity and workplace/workforce dynamics are also so substantively central to sociology, it ought to afford an increasing number of employment and consulting opportunities for sociological practitioners. And these sociologists, it is hoped, will in turn add some of their own special definitional nuances to this evolving field.

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Book Reviews

You and Your Clients: A Guide to a More Successful Law Practice Through Behavior Management, by Stanley S. Clawar. Chicago: American Bar Association, 1988. 88 pp.

Children Held Hostage: Dealing with Programmed and Brainwashed Children, by Stanley S. Clawar and Brynne V. Rivlin. Chicago: American Bar Association, 1991. 197 pp.
Gerald Horne
University of California, Santa Barbara

Stanley Clawar is a certified clinical sociologist, family mediator, and writer for popular and scholarly journals. He has participated as an expert witness and/or consultant in more than 1,000 cases involving domestic relations issues. His co-author in the second work, Brynne Rivlin, is a licensed clinical social worker who also has been quite active in domestic relations cases; she has been a Senior Family Conciliator for the Superior Court of Los Angeles. These two works provide useful insights, helpful to lawyers and nonlawyers alike, in matters of general and specific interest.

    You and Your Clients is more relevant to the practicing lawyer, though social scientists can read it profitably. Fundamentally, Clawar examines how lawyers often function as social psychologists, whether they realize it or not; it is not unfair to say that many of the best attorneys are well-aware of this function.

    When you advise clients of their rights and options, for example, you are an *advisor*. When you explain the risks of a certain tax shelter or custody decision, you serve as *educator*, moving on to *translator* when you explain the legal terminology of a petition or pleading. A fourth function is *negotiator*, used in settlement talks or arbitrated disputes; contrasted by the traditional role of *litigator*, encompassing your court time as well as trial preparation. (p. vii)

What Clawar seeks to do in this book is provide some predictability as to how "clients feel and react in the legal setting," and in detailing this he provides insights that the social scientist will find illuminating (p. vii).

He discusses the vulnerability and fear, the indecisiveness and mistrust, the avoidance, selective memory, fantasy, and hostility that often beset clients. More importantly, he provides useful tips for the practitioner on how to handle such dilemmas. His advice is so striking that a teacher, a physician, or anyone having to deal with students or patients or clients can glean nuggets of information.

The same holds true for his discussion of how to deal with staff. He gives guidelines concerning what to look for when hiring a secretary, other employees, and associates. Some readers will find the author's pointers concerning how to collect promised fees from "nopayers" and "slowpayers" the most beneficial section.

Nevertheless, despite the sterling qualities, the reader may close this book hungering for more. For example, even the most nontheoretical, practice-oriented lawyer may still desire some sort of overall perspective on this vast subject that the author's brief treatment does not provide. Dr. Clawar's exposition on the question of the forgetful client is of use, as noted, but there is little indication presented about what may motivate this syndrome or any indication that the author is familiar with the numerous lengthy treatises that have been penned on this crucial subject.

Children Held Hostage is a disturbing book. Drawing upon their immense experience in domestic relations cases, the authors present disturbing examples of how a parent may seek to "brainwash" or "program" a child against a targeted parent in the context of a divorce, separation, or the like. A purpose of such tactics is to turn a child against the targeted parent for purposes of gaining custody or seeking revenge. With some clarity and passion the authors tell of how such practices not only can backfire against the manipulative parent, but also can exact enormous damage against the children involved. From the point of view of lawyers, this book provides further evidence that domestic relations can be one of the most dangerous and painful areas of practice. Of late a trend has developed of angry parents attacking physically the lawyers in domestic relations cases, and a number of deaths have resulted.

Like *You and Your Clients*, this book is lightly footnoted, but that does not detract from the quite discerning treatment of the issues. Undoubtedly, one of the most controversial chapters in this book is the one entitled "The Female Factor: Why Women Programme More Than Men." They list a number of factors, including the subordinated economic role of women in this society that often makes

divorce more harmful to them, how society reinforces the idea that women gain identity from parenting and the related idea that the process of pregnancy gives women a closer connection to the child. Their clinical and research findings revealed that "between 4 to 85 percent of females compared with 2 to 25 percent of males were involved in programming/brainwashing of their own children. Furthermore, females were more likely to fit at the extreme end of the continuum in degree and type of programming/brainwashing" (p. 155). Though this is an extremely sensitive topic, the authors discuss it in a manner that most will find effective.

But, again, this chapter and others as well would have benefitted from drawing upon other studies ranging far beyond the authors' "clinical and research findings." This is far from being a fatal flaw but it is a flaw nonetheless.

Both of these books are well worth reading and make a signal contribution to clinical sociology. As one who has practiced law—including domestic relations law—I enjoyed both books immensely.

Teenage Wasteland: Suburbia's Dead End Kids, by Donna Gaines. New York: Pantheon, 1991. 262 pp., $23 cloth.
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Teenage Wasteland is about teenage subcultures. The book begins with a suicide pact among four teenagers. Although it takes place in urban New Jersey, it could be Anyplace, USA: It is a social-psychological case study of teenage lives. Gaines shows how "young people are still the only minority without formal representation. . . . [They] suffer more absolute structural regulation than anyone. . . . The larger societal system seems to set up to strip young people of their desire for self determination" (pp. 239-40).

The book is written in an experiential, journalistic mode. A certain group of teenagers called "dropouts," "troubled losers," "druggies," and "burnouts" are labeled and stigmatized by the larger order. Gaines hung out with them, got their confidence, and went into their lives and into their heads to know their experience and what it feels like to carry these labels. She shows the social psychological structure of their lives, and the importance of context in understanding their experiences and feelings. She goes into their experience in a way that leaves the reader identifying with the loneliness and hopelessness of their worlds.

Reading *Teenage Wasteland,* one begins to identify with these teens on an emotional level; the alienation they feel is overwhelming, with no one to turn to who understands their experience. No one seems to even try to understand. The "burnouts" see no future in what the world has to offer. This only touches the surface of their alienation, loneliness, and pain.

This book is valuable for anyone who wants to get into the mind and experience of our youths: social workers, probation officers, teachers, counselors, parents, almost anyone. Reading this book allowed me to appreciate in a new way not only teenagers taking deviant paths, but all young people of the 80s. It is a different generation than my own, and on the surface seems different. These young people do not have the same future opportunities as teens from the 60s had; there are fewer and fewer directions for young people to go. These young people are living in a more alienated world and are more alienated from the larger community—times are harder and chances for a better life have diminished. To outsiders they look "tough, scruffy, poor, wild. Uninvolved in and unimpressed by convention, they create an alternative world, a retreat, a refuge" (p. 9).

When we get below the surface, we can all relate to the experience of these people; the underlying emotions are the same for all of us—shame, humiliation, and anger. Often "dropouts, losers," and so on are condemned for not wanting to read, for going through the motions of getting an education, for being apathetic, for taking an alternative route. Condemnation only increases the abyss. Hopelessness, anger, shame, and fear remain.

For "burnouts" or gangs, alienation is the common bond—this is the way they survive the pain. But in some ways they are one step ahead of the adult world; at least they are aware of the alienation. They reject a dysfunctional society. Adults are simply alienated, and are oblivious to the lack of bonds; adults are frightened and annoyed by kids hanging out, by green hair and skin heads, earrings—without dealing with alienation or feelings.

After reading *Teenage Wasteland,* you will not blame the teenagers for moving away from the mainstream. Many ask the question, "What is wrong with the burnouts, the dropouts, the druggies?" But we seldom ask what is wrong with the conformists who tolerate the alienation, who buy the world as it is and accept injustice—who become adults who perpetuate the system. "They can easily live in their own world, sleepwalking through stale family life, boring school, and bad jobs. The dullest, most apathetic students will come alive when left to their own devices" (p. 99). "Their way of fighting back is to kill themselves before everything

else does" (p. 103). Some of the young people do not buy the alienation of the adult world, but there is no one to turn to, nowhere to go, fewer resources.

Viewing the anger and alienation of teenagers as simply a personal problem removes the event from the social context and insults the person further. Alienation continues. Gaines keeps the issue within its rightful context.

What I was left with from *Teenage Wasteland* is a system of unacknowledged emotion which leads to blame: adults blame the kids who blame the adults who blame Heavy Metal, ad infinitum. I see a system where everyone is oppressed, some worse than others, some more aware than others. We are all in the boat together: our name is Alienation. The fundamental question that I went away with from this book is about alienation on all levels, within and between persons and groups: How do we communicate to bridge the gap? How do we manage our human bonds?

Scheff and Retzinger, in *Emotions and Violence: Shame and Rage in Destructive Conflicts* (1991), discuss the nature of human bonds and how communication works to increase or decrease alienation. Braithwaite's *Crime, Shame and Reintegration* (1989), on reintegrative shame, may give law enforcement officers a new perspective on dealing with teenage subcultures in a way in which they will be heard. "The police would not release the suicide note . . . most young people watching thought this was the worst insult. Even in death, the parents won out. The dicks wouldn't even let them get their last word in. Denied to the bitter end" (p. 27). Alienation goes on, but it need not.

The Social Costs of Genetic Welfare, by Marque-Luisa Miringoff. New Brunswick, NJ: Rutgers University Press, 1991. 210 pp.
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Miringoff identifies an emerging viewpoint associated with genetic intervention and reproductive technological capacities in the medical arena and labels it "genetic welfare." For the most part, such gene tampering is viewed dysfunctionally. Disabilities will be identified and rectified before a person is born. The importance of the mother will be subordinated to the rights of the fetus. Biological determinism and eugenics once again become issues when the elite (physicians and scientists) make policy decisions as to who will and will not undergo genetic counseling and who will and will not benefit from genetic intervention. For those who do not—the poor, minorities, the disinherited—the old stigmas that the disabled have slowly been shedding may again be heaped upon them many-fold.

Although the author admits that a genetic welfare ideology is not yet pervasive in society, its seeds are sown and its possible future should frighten humanist sociologists. The book *Should the Baby Live?* by Helga Singer, Dobzhansky's cost analysis of genetic variants, and such possibilities as the invention of life via artificial insemination followed by its being aborted just to obtain fetal tissues for transplants provide examples used by Miringoff to demonstrate the increased acceptance of genetic welfare. There is a great indifference among the majority of us to this emerging world view, as we fail to see its social costs. The recent successes in destigmatizing genetically and environmentally produced deviants is threatened. Specialization routinizes these newly introduced technologies, thus isolating both the public and medical practitioners from the impact of this ideology.

After discussing the increased stigmatization, powerlessness, and alienation of those deemed "unfit" by genetic welfare, Miringoff turns to the second concern of her book: public policy making. Drawing from specific examples wherein regulatory boards and the general public participated in defining, delimiting, and/or encouraging genetic research, the author recommends an approach that questions the issues of medical access and high technology. When there is input from outside the medical industry, there is hope that a balance can be struck between the values of science and public concerns.

This book claims a social problems/social policy approach. It compartmentally by chapter appeals to labeling theory, Marxian theory, and a multitude of other quotable sources. There is no overarching viewpoint by which to fit the various chapters together. It is a warning as to what will occur if the author's view of genetic welfare becomes more pervasive. It is a worthwhile effort to raise our consciousness as past warnings concerning nuclear energy, creation of new species, global warming, etc. have done. It is yet to be proved whether Miringoff's assumptions are valid. There is no original data to test her "emergence" hypothesis that the public, medical practitioners, academicians, etc., really support this viewpoint. The outcry of today's pro- and anti-choice proponents suggest not. Have not historical overviews, structural theory, and Marxian sociology already predicted that social organization and ideology will be used primarily to the benefit of the rich? Genetic welfare may be more a product of supply and demand in a market system than some new emergent ideology. This book provokes the discussion of social problems, demonstrates its applications in policy making, but has not explained the structure of its evolution beyond an immediate present. It challenges the easy road: reductionism of disabilities to genes. It ignores an old sociological theory: cultural lag.

Good Days, Bad Days: The Self in Chronic Illness and Time, by Kathy Charmaz.
New Brunswick, NJ: Rutgers University Press, 1991. 311 pp., $24.95 cloth. ISBN
0-8135-1711-7.
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Syracuse, NY

Kathy Charmaz provides the reader with a well-written, thorough, and complete
rendition of the effects on the self of living with a chronic illness. We are led through
the lives of 55 people who have chronic illnesses such as arthritis, diabetes,
emphysema, Hodgkins' lymphoma, lupus erythematosus, multiple sclerosis, mixed
connective tissue disease, renal failure, and many others. These diseases are
characterized by periods of remission, when illness symptoms are quiescent and
may not interfere with life and are not apparent to others, and exacerbation, when
symptoms again demand attention and may leave the person incapacitated.

The author states several goals. She wants the reader to experience through her
interpretive sociology the "private face of a public problem" (p. 4), what illness and
disability mean to people who have a chronic disease. Further, she is interested in
the concepts of time and self, how people define and experience time and self and
how self changes because of illness. "Living with serious illness and disability can
catapult people into a separate reality—with its own rules, rhythm, and tempo" (p.
4). The literature in the sociology of health and illness is rich with ethnographies,
studies of emotions, and investigations into how medical students are socialized,
and is characterized by an interactionist perspective in the tradition of Mead
precisely because definitions of diseases and the meanings attached to illness are
changeable. Charmaz states that she has gone beyond these prior works by focusing
on the depth of the experiences portrayed, and on how the struggle for control over
time and illness is a "struggle to control the defining images of self" (p. viii).

Charmaz presents a well-documented and insightful telling of her interviewees'
stories following the Glaser and Strauss grounded theory method, which empha-
sizes refining and developing one's theoretical constructs from emergent catego-
ries. She not only conducted lengthy qualitative interviews once but reinterviewed
half her subjects and then followed 16 of them for 5 to 11 years, acting in effect as
a participant observer. She refers to her methodology as social constructionist and
phenomenological. Given the elusive nature of self and time, and the inevitable
change in her subjects over time because of the nature of their diseases, she is able
by reinterviewing to demonstrate how people construct and reconstruct their
identities.

The book is broken into three major sections plus an introduction, epilogue, methodological appendix, notes, and glossary of medical conditions. Part I focuses on "Experiencing Chronic Illness," including illness as interruption, intrusive illness, and immersion in illness. Each chapter is presented as a series of categories which can have subcategories. For example, in Chapter 2, "Chronic Illness as Interruption," she lists and illustrates from her interviews four ways in which a person might define illness as interruption. She then introduces the experience of time as elusive time, waiting time, or crisis time. For example, someone who believes illness will be temporary will experience waiting for recovery. In Chapter 4, "Immersion in Illness," time is categorized as unchanging time, dragging and drifting time, and immersion time in retrospect.

Part II deals with the practical problems of living with chronic illness. The chapter "Disclosing Illness" illustrates the many dilemmas disclosure can present with regard to employment, spouses, and other family members. Two categories, for example, which she examines in the chapter "Living with Chronic Illness" are simplifying life and reordering time and scheduling.

Part III contains four chapters: "Time Perspectives and Time Structures," "Timemakers and Turning Points," "The Self in Time," and "Lessons from the Experience of Illness." The first two of these chapters focus on such issues as living one day at a time, mapping a future, creating a chronology of one's illness, finding positive events, and looking at past selves and past emotions. Finally the book culminates with looking at the self in the past, present, and future. The last chapter is a brief excursion into social policy.

Although very well written, this book felt a bit tedious. Each category and subcategory is well-illustrated, but at times I felt as if I were reading only strings of excerpts from people's lives.

Stylistic points aside, Charmaz does not define social policy implications. Only four pages are devoted to this very large topic, which is far more complicated than she indicates. She essentially calls for the health care system to provide more services. She does "grant" that some hospitals might offer a rehabilitation program, but she glosses over that. At a time when the health care system is itself in a deep crisis, suggesting that more services be offered is not practical and, worse, trivializes the rest of her message. A challenge for Charmaz or other researchers in health care would be to document the many programs which do exist to support patients and to show their strengths and deficiencies for supporting a positive view of self. Also, how might Medicare and Medicaid be restructured to emphasize prevention, wellness, and positive views of self for the chronically ill which might have the spin-off of reducing health care costs?

Values in Health Care: Choices and Conflicts, by John Bruhn and George Henderson. Springfield, Ill.: C.C. Thomas, 1992. pp. 424 $59.75. ISBN 0-398057419.

A Question of Values: Six Ways We Make the Personal Choices that Shape our Lives, by Lewis Hunter. Scranton PA: Harper Scott Foresman, 1991. $9.95 ISBN 0-06-2505327.

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At first, sharing a term in the title appears to be the major commonality of these two very different books. *A Questions of Values* is in the mode of self-help and personal exploration with an easy-going style; *Values in Health Care* is decidedly academic and text-bookish. But a closer look finds more similarities such as a penchant for "say what you want to say, say it, and say what you said." On a more meaningful level, both have potential relevance for applied sociologists willing to pick and choose from the two different styles in order to answer practical questions.

In *A Question of Values*, the author's approach is appealing for a wide range of readers (with endorsement by Scott Peck) as it defines six basic types of value systems: authority, logic, sense experience, emotion, intuition, and "science" (quotation marks are those of Lewis). Each source of values and personal choices gets a chapter. Case studies of how well-known individuals (Barth, Einstein, Gandhi, Meir) have exemplified or combined a value system is helpful in modeling an analysis of values as played out in writing and action. The chapter on values in the classroom (all levels of moral education) is used as an example of how Lewis's paradigm can be applied to social issues. A "How to Read this Book" section is a useful way for readers to sample the issues without becoming bogged down in a search through the Index for a unified topic. There is a certain amount of science-bashing in which the author is heavy on psychological systems of authority. Sociologists will note that "scientific" attention to the larger perspective, as opposed to individually-based disciplines like psychology, is called "socio-demo-anthro-eco-techno model building" (no citation). Luckily, this discussion is brief.

For sociologists in a practice setting, introspection on personal values may clarify an individual practitioner's approach to applied problem-solving while the

use of value clarification to examine social issues also has relevance for academic sociology.

In contrast to Lewis's breadth and breeziness, Bruhn and Henderson are highly focused on values related to health care and the book is written specifically for teaching health care professionals. A sense of urgency pervades the well-documented chapters, evoking for *values* an importance to equal or rival the clinical chorus and treatment plans which dominate medical training. The chapters are carefully crafted in parallel presentations so that values related to health, prevention, normalcy, religious beliefs, pain, and choices each begins with a witty quotation, marches through definitions, classical references and scientific studies, current issues, and professional implications. Each chapter concludes with numerous and rich medical references and a list of suggested further reading. The chapter on pain and suffering carries a message of concern for patients as more than cases, using both scientific data and the popular press as justification.

Despite—or because of—the medical school orientation, the book does not idealize physicians or glorify new technologies. For example, although the treatment of health and religious values too-glibly summarizes American ethnic minority populations, it also urges respect for traditional beliefs and points out the pitfalls of ignoring ethnic differences in every-day medical care. "Healing" as a value, however, is carefully separated from "helping" in the medical model tradition of physicians as distinct from others.

Appendices, which include documents from the Hippocratic oath to Roe vs. Wade are themselves a fascinating revelation of contemporary medical practices and how a profession defines itself. A sociological distinction between sociology "in" and sociology "of" medicine can be seen in the chapters discussing real-life choices related to truth-telling to patients, health promotion and in the numerous times abortion, AIDs, and the "right to die" are examined. The weakness of such a densely written volume is that the reader is buffeted by an almost forced attention to "on the one hand . . . , and on the other. . . ." The authors' own values and opinions are reserved for exhortations on professional integrity rather than issues.

It is undoubtedly my training in academic and practice sociology that leads me to read these books looking for sociological applications (are we desperate?). None of the authors would accept the idea of a "value-free" science although they struggle objectively to identify assumptions that influence choices both scientific and personal. In that mode, the contribution of these works is not so much in exposure

to the possibility of narrow and rigid opinions that will result in unexamined choices
(we already know that) but in the "value" of solving problems through an analysis
that finds solutions from equally-weighted different approaches.

My advice? Grab Lewis for the next plane trip and keep Bruhn and Henderson
with its rich references on a nearby shelf!

How Different Religions View Death and Afterlife, edited by Christopher Jay
Johnson and Marsha G. McGee. Philadelphia: The Charles Press, 1991. 352 pp.,
$14.95 paper. ISBN 0-914783-55-6.
C. Margaret Hall
Georgetown University

This is a compendium of specialist surveys of varied religions—Assemblies of
God, Baha'i, Baptist, Buddhist, Churches of Christ, Mormon, Hindu, Islam,
Judaism, Lutheran, Presbyterian, Roman Catholic, Seventh-day Adventist, Unitar-
ian, and Methodist—with attention to their perspectives on death. The editors
describe their analytic interests in an introduction and conclusion.

The Library of Congress Cataloging-in-Publication Data show that *How
Different Religions View Death and Afterlife* is a reprint of *Encounters with Eternity*
(1986). As a consequence, this book is not as clearly focused as its title suggests.
Although each religion needs general description, in order to put views on death in
perspective, the end result is encyclopedic rather than thematic.

The arrangement of chapters also detracts from the central topic of contrasting
beliefs. The editors describe their selected religions as falling into three groups—
"America's most heavily populated organized Christian denominations; smaller
but rapidly growing or sociologically and theologically interesting Christian
groups; and the largest non-Christian denominations represented in American
society" (p. 12)—but arrange their chapters in alphabetical order. Although
objective, systematic orderliness may enhance quick-and-easy reference useful-
ness, it offers no substantive guide to readers. This book would have been more
comprehensible if the editors had grouped religions according to similarities or
contrasts in belief and practices, or had placed their chapters in thematic sections
with formal introductions.

How Different Religions View Death and Afterlife could be used as a resource
text for undergraduate, graduate, or professional courses which examine the
influence of religious beliefs on qualities of life and death. However, in spite of its

scope of study, and the inferences that clinical sociologists and sociological practitioners could make about specific religions and behavior, this book is essentially catalogued information. More substantive analysis by the editors (and others) is badly needed, and the introduction and conclusion are too sparse to give readers a firm grasp of issues raised. The appendix—key questions about death and afterlife, with answers from all fifteen religions—moves toward accomplishing the task, but an appendix cannot substitute for direct analysis and discussion.

The quality of specialist contributions is uneven, and their varied formats distract rather than aid the absorption of complex data. Although brevity is necessary and appropriate for analytic purposes, some distinctions must be maintained. For example, the editors note that a Reform perspective is used in the review of Judaism, but this author does not comment about substantive differences among Orthodox, Conservative, and Reform Jews, or identify himself with Reform Judaism. In addition, the editors should have assumed responsibility for the consistent use of inclusive language.

How Different Religions View Death and Afterlife provides some valuable information for making connections between beliefs and behavior, and may meet the editors' stated purpose of broadening readers' understanding and empathy by clarifying their own religious views. As religion is a significant clinical variable—at individual, family, community, and social levels—sociological practitioners can benefit from the substance of this book.

Timing the De-escalation of International Conflicts, by Louis Kriesberg and Stuart J. Thorson. Syracuse, New York: Syracuse University Press, 1991. 304 pp.
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The ancient aphorism reminds us that "To everything there is a season and a time to every purpose under the heaven." Applied to conflict resolution, it would suggest that there is a time to intervene in a conflict and a time to refrain from intervening. "This book offers assessments of when the time is actually right for a de-escalatory effort" (p. 1). The authors use an introduction and eleven major essays to speak to the issue of timing in international conflict de-escalation. The articles in the book were chosen to address three sets of issues in timing de-escalation: 1) the conditions conducive to de-escalation, 2) the effectiveness of various strategies in various conditions, and 3) the consequences of acting or failing to act at either the

appropriate or inappropriate time. Separate sections of the book are organized to address the first two of these issues; the third issue is discussed in readings throughout the book.

Part One of the book includes a collection of essays which address the issue of conditions conducive to de-escalation. The first chapter, by Terrence Hopmann, examines the role of external events in the negotiations to improve relations between countries that are in conflict. His review of empirical studies and cases concludes with specific, practical, policy-oriented suggestions for those doing negotiations within the context of the international environment. Indar Jit Rikhye writes a chapter on the types of conflict conditions that warrant involvement by the United Nations secretary general, and the role that the secretary should play once involved. Richard Haass examines the intrinsic and extrinsic conditions that led to a "ripe time" for cold war de-escalatory efforts. His chapter examines successful INF reduction negotiations between the United States and Soviet Union. Also addressing the issue of conditions, Jo Husband's chapter attempts to classify ways in which domestic factors affected timing and opportunities for efforts to reduce conflict between the United States and the Soviet Union.

Part Two of the book examines the issue of strategies for de-escalation. The first chapter in this part is an attempt to develop a theory of de-escalation which focuses on the way adversaries define their relationship to each other. In it, Roger Hurwitz points to the importance of relationship redefinition in successful de-escalatory efforts. The following chapter by I. William Zartman and Johannes Aurik examines the role that positive and negative power (promises and threats, respectively) play in de-escalation. Juergen Dedring's chapter on superpower strategies in the efforts to terminate the war in Beruit illustrates how de-escalation can be undermined by failing to include all of the primary parties (Israel in this case) in the de-escalation efforts, failing to synchronize timing of the actors who could effect the de-escalation efforts, and failing to match strategy to prevailing conditions. Two-track diplomacy, nongovernmental, informal and unofficial negotiations between parties from different countries is examined in a chapter by John McDonald. Two-track efforts are most likely to be used by parties who feel their interests are not being addressed in formal/official negotiation efforts. Such two-track systems are illustrated by the negotiations between scientists from different countries, or between business representatives and countries' representatives (for example, Armand Hammer and the Soviets) or participation in citizen exchange programs. Such multiple track programs are effective not only because they serve to generate dialogue between groups at conflict, but also because they destroy the

need for an enemy among selected consistent groups from both countries. Ralph Earle discusses the role that private negotiations (those done outside the purview of official government-to-government negotiations) can have in the de-escalation efforts. While such efforts often may help the movement toward de-escalation, they may not be entirely successful at reducing or resolving a conflict. If such efforts are made, they are best limited to minor disputes, undertaken by individuals with the facts necessary to negotiate effectively, and done with the approval and coordination of official parties.

The two chapters of Part Three provide closure on the many topics and perspectives discussed in previous chapters of the book. Jeffrey Z. Rubin emphasizes that the time is ripe to begin a systematic study of the role of timing in conflict resolution which moves beyond abstract, subjective assessments. The final chapter, by James P. Bennett, Goodwin Cooke, and Stuart J. Thorson, points to the importance of integrating theory and practice. One important application of theory to practice is in providing assistance, guidelines, and norms to the people who are doing the negotiations. Although contextual factors make direct applications from the past difficult, there still is something to be learned from the quote by George Santayana: "Those who cannot remember the past are condemned to repeat it."

The collection of essays in this book provides detailed historical examples combined with scientific generalizations on the issue of conflict resolution between nations at conflict. It illustrates that while conflict de-escalation can benefit from systematic scientific study, it cannot be completely understood without reference to the values of parties involved in the conflict de-escalation effort. This book on the role of timing and its relationship to conditions and strategies in de-escalation is a valuable contribution to theory on conflict resolution. Although aimed specifically at de-escalation of international conflicts, the generalizations about timing and intervention in the conflict process will be valuable to clinical and applied sociologists who deal with efforts to reduce conflict between other parties (individuals, groups, organizations, families).

Résumés en français

L'influence de la religion sur l'Ecole de Sociologie de Chicago

Luigi Tomasi

Cet exposé traite de l'influence de la religion sur l'Ecole de Sociologie de Chicago. Dans un premier temps, l'auteur insiste sur le rôle marginal que la religion a joué dans les premières études américaines de sociologie. L'auteur, par la suite, critique certaines interprétations qui tendent à passer sous silence le fait que l'Ecole de Chicago a continué à s'intéresser à la question de la religion même après s'être libérée de l'influence théologique, afin d'être en mesure de mieux se pencher sur les problèmes qui, à l'époque, se posaient en Amérique. Selon l'auteur, l'Ecole de Chicago aurait encouragé la recherche dans le domaine de la religion, non seulement à l'époque d'Albion W. Small et de Charles R. Henderson, époque à laquelle l'intérêt en matière de théologie était très prononcé, mais également plus tard, lorsque plusieurs études relatives aux problèmes de la ville de Chicago furent réalisées. Des études supplémentaires visant à une meilleure compréhension du facteur ethnique furent également effectuées à cette époque. Le but du présent article est d'essayer de définir le rôle que la religion a joué dans les différentes recherches réalisées par les sociologues à l'âge d'or de ladite Ecole.

Une application empirique du consensus interprofessionnel

Stephanie Amedeo Marquez et John Gartrell

L'établissement de la véracité en ce qui concerne l'incidence croissante d'enfants maltraités pose un problème aussi bien aux sociologues qu'aux

professioneels d'organismes divers. De plus, ceci représente également un problème pour toute étude dépendant de la validité et la fiabilité des comptes-rendus d'incidents, en particulier en ce qui concerne la sélection d'échantillons ou celle de sujets. Cette étude a pour but de tester la théorie de consensus interprofessionnel en ce qui concerne le mauvais traitement des enfants, à partir de rapports trouvés dans des fiches d'hôpital. La moyenne de conformité (consensus interpersonnel) de 10 rapports professionnels différents est très élevée (elle a été établie au moyen d'une analyse de corrélation). Deux dimensions spécifiques influencent le consensus. L'un des facteurs traite de la différence dans la manière dont les organismes sociaux ou légaux déterminent les mauvais traitements. Malgré le groupement de ces organismes en entités distinctes, aucune différence notoire entre les organismes n'a été relevée. Les critères de détermination qui sont communs aux deux groupes d'organismes incluent la maladie mentale et l'abus de médicaments chez le père ou la mère. L'utilisation de la théorie de consensus interprofessionnel fournit ainsi aux chercheurs et aux sociologues praticiens un index utile qui leur facilitera l'identification plus précise de cas ou d'échantillons en vue d'une étude ultérieure.

Comment faciliter, dans des circonstances moins que favorables, la formation d'un groupe de soutien animé par des enfants

Sarah Brabant

Dans cette étude, il s'agit d'un groupe d'enfants, issus de la même famille, qui s'organisent pour s'aider réciproquement. D'après l'auteur, le groupe prospère depuis trois ans. Le cadre, sobre, se compose au plus d'une table et de quelques chaises. L'espace de rangement se limite à un tiroir dans un classeur. Les enfants ont entre trois et vingt ans. Quelques-uns des participants assistent à une seule réunion; d'autres, au contraire, y assistent régulièrement. Malgré la différence d'âge des enfants, le manque de stabilité du groupe, un aménagement précaire et un cadre restreint, le programme réussit. Les hypothèses fondamentales, les objectifs, les techniques, ainsi que les ressources nécessaires au fonctionnement du projet sont présentés dans cet exposé; les problèmes fondamentaux y sont débattus.

La dimension subjective des groupes éducatifs de soutien créés pour les familles dont certains membres sont atteints de psychose maniaque dépressive bipolaire.

Beverley A. Cuthbertson et Richard J. Gagan

Cet exposé traite des émotions prévalentes ressenties par les membres d'un groupe formé dans le but d'éduquer et d'aider les familles et les partenaires d'individus souffrant de psychose maniaque dépressive bipolaire. Les auteurs cherchent à identifier les caractéristiques des émotions ressenties. Ils tentent également de définir les contextes de situation, de définition et de comportement qui ont suscité soit des émotions particulières, soit des combinaisons d'émotions. L'étude examine également la façon dont certaines émotions sont ressenties, interprétées, exprimées et confrontées. Une importance particulière est accordée à l'incertitude émotionnelle, à l'érosion des émotions positives par les émotions négatives et aux impasses émotionnelles. L'article esquisse aussi le contexte éducatif de soutien et les processus divers permettant aux membres du groupe de normaliser, modifier, ou réduire certaines émotions particulièrement angoissantes, tout en essayant d'encourager ou de renforcer les émotions positives.

La manière dont les expériences au travail influent sur la vie familiale: une étude préliminiare d'ouvriers dans des équipes de travail autogérées

Leslie Stanley-Stevens, Dale E. Yeatts et Mary Thibodeaux

Dans cet article, les auteurs décrivent les effets que l'aptitude au travail exerce sur la vie familiale. Les auteurs se sont servis des données d'une enquête provenant d'une étude en cours dans l'une des usines Boeing. Les corrélations se sont avérées fortement positives. Des études antérieures qui avaient fait ressortir la corrélation entre un chef prêt à soutenir ses ouvriers, d'une part, et les rapports harmonieux au sein de la famille, d'autre part, ont ainsi été validées. De plus, le concept "d'isomorphisme", c'est-à-dire, le concept de la similarité entre le comportement au travail et le comportement chez soi, a également été confirmé. Selon les auteurs, les différences de sexe relevées au cours de recherches antérieures n'ont pas été confirmées dans la présente étude.

Notification du décès d'un miltaire: une analyse dramaturgique

Russell J. Buento et C. Allen Haney

Le processus de notification du décès d'un militaire sert à expliquer les interactions entre les membres de la famille proche et les personnes notifiées. Cette étude présente une analyse dramaturgique du processus en question. L'utilisation d'accessoires divers ainsi que les performances des acteurs dans ce cadre y sont discutées afin de trouver une explication organisationnelle des contraintes auxquelles la famille proche est sujette. L'article tente également d'expliquer les attentes et les anticipations des membres de la famille du défunt lorsque cette dernière prévient d'autres personnes d'un décès survenu.

Le sociologue dans le rôle de l'expert cité comme témoin

Jean H. Thoresen

Le rôle de l'expert cité comme témoin dans les débats au tribunal constitue une partie importante du système judiciaire américain. En augmentant leur disponibilité ainsi que leur participation aux procédures légales, les sociologues sont à même de faire des contributions non négligeables à l'évolution du Droit en tant qu'institution. L'une des façons d'accomplir ceci est de servir en qualité d'expert cité comme témoin. Au tribunal, l'expert cité comme témoin peut parvenir à faire ce dont nul autre témoin ne serait capable: il peut émettre des *opinions* et proposer des *conclusions* fondées uniquement sur sa formation et ses connaissances techniques. Cela lui permet de jouer un rôle particulier et lui fournit l'occasion de *définir* certains domaines de la loi, comme par exemple, ce qui constitue une famille, comment protéger les "meilleurs intérêts de l'enfant" quand il s'agit de déterminer à qui incombera la garde de ce dernier, ou encore, dans quelles circonstances l'incarcération ou le placement en institution paraissent indiqués. Pour être compétent dans ce rôle, il est nécessaire que les sociologues comprennent 1) ce que les tribunaux recherchent dans l'expert cité comme témoin, 2) les limites des procédures légales, et 3) la meilleure manière de témoigner. Deux rôles supplémentaires que les sociologues peuvent assumer sont: a) le rôle d'"expert conseiller" auprès des avocats en ce qui concerne la préparation des dossiers judiciaires, et b) le rôle d'adjoint des magistrats où le sociologue fait fonction de praticien ou d'enquêteur

auprès des tribunaux. Le point de vue sociologique peut faire d'importantes contributions dans ce domaine-là. Pour les sociologues désireux d'étendre leur champ d'influence au-delà de la salle de classe, le rôle d'expert cité comme témoin peut être à la fois intéressant et approprié.

L'observation au tribunal et la recherche appliquée sur les litiges: les origines de la prise de décisions par les membres d'un jury

Harvey A. Moore et Jennifer Friedman

La recherche quantitative a dominé la recherche appliquée sur les litiges. Cependant il semble que l'une de ses lacunes principales est le manque de souplesse nécessaire servant à relier les recherches effectuées antérieurement à un procès aux événements ayant lieu au tribunal. Les observations faites par le participant constituent le point de départ d'une méthodologie qui semble mieux adaptée à l'étude de la dynamique du milieu dans lequel se déroule le procès. Un procès civil, d'une durée de six jours, sert à évaluer les comptes rendus d'observations faites par le participant au cours du procès. Par la suite, ces observations sont à la fois comparées à l'analyse des données recueillies avant le procès ainsi qu'aux simulations de ce dernier. Le but de cet article est de démontrer la manière dont différe ites approches convergent dans un cadre de référence qui reflète le verdict prononcé à l'issue du procès.

Le système de la santé publique: un profil des "sous-groupes" de ses défenseurs et de ses détracteurs

Bonnie L. Lewis et F. Dale Parent

Bien que nous disposions d'un bon nombre de données sur l'insatisfaction que nous éprouvons à l'égard de notre système de santé actuel, il est évident que nous manquons d'analyses détaillées sur les attitudes des individus susceptibles d'appuyer ou de rejeter ce système. Cet état de choses prend de plus en plus d'importance à mesure que les débats sur la politique de la santé sont centrés sur une mise en cause de la viabilité du système actuel, d'une part, et des modifications possibles de ce système, d'autre part. Les auteurs de cette étude se proposent de dégager le profil

des personnes en faveur et de celles qui se prononcent contre un système de santé public pour la population entière. A cette fin, les auteurs utilisent des méthodes d'analyse de "sous-groupes" à partir de données récoltées lors d'une enquête relative à l'opinion publique chez des habitants de la Louisiane. Ces profils sont ensuite utilisés pour mettre au point les stratégies appropriées à l'usage des sociologues afin de permettre à ces derniers d'influencer la politique de la santé.

Une partie importante de la littérature sur les attitudes de la population à l'égard des dépenses pour les services publics a été confirmée par les analyses à facteurs multiples utilisés par l'auteur. Cependant l'analyse de "sous-groupes" a permis de mettre en relief les divergences d'opinions. Bien souvent des rapports plutôt faibles ont tendance à être faussement catégorisés. C'est en essayant de dégager ces profils que l'analyse de "sous-groupes" nous permet de capter la diversité dans toute son ampleur. La présence de sous-groupes précis de défenseurs et de détracteurs peut ainsi être établie. Mais ce qu'il faut surtout retenir ici, c'est qu'il existe plus de similarité que de différence entre défenseurs et détracteurs.

Un exercice sur l'orientation de sexe, réalisé en salle de classe: l'inventaire BEM concernant le rôle des sexes

Martin A. Monto

Cet exposé décrit un exercice effectué en salle de classe, au cours duquel les étudiants sont initiés aux divers aspects de leur propre orientation en ce qui concerne le rôle des sexes. Les étudiants sont censés compléter l'inventaire BEM sur le rôle des sexes. Cet exercice représente l'une des manières dont les thèmes de la sociologie "clinique" peuvent contribuer à l'enseignement de cours supplémentaires de sociologie. L'exercice en question est à la fois 1) interventionniste, 2) pluridisciplinaire, 3) d'orientation humanitaire et 4), holistique. L'exercice met en relief les diverses possibilités susceptibles de mener à d'autres conceptions du sexe, sans pour autant, renforcer les clichés traditionnels. Le but de cet article est de présenter l'inventaire BEM, de décrire son application en salle de classe, et également de fournir des idées quant à l'incorporation de cet exercice à divers cours de sociologie. Une bibliographie annotée concernant les recherches les plus pertinentes dans ce domaine est jointe à l'article. L'article a été conçu de manière à fournir un instrument pratique aux enseignants afin de permettre à ces derniers, d'une part, d'incorporer cet exercice dans leurs propres cours, c'est-à-dire, ceux

qu'ils ont conçus eux-mêmes et, d'autre part, d'intégrer les thèmes de la sociologie "clinique" aux autres cours de sociologie qu'ils enseignent.

Jeu intéractif conçu par Citicorp relatif à l'éthique sur le lieu de tavail: la pratique de la sociologie dans la salle de classe

Harry Cohen

Citicorp a développé un programme de formation des employés sur le sujet de l'éthique professionnelle. Ce programme est présenté sous forme de jeu. Citicorp a fourni le jeu ainsi que les manuels à l'usage d'étudiants inscrits à des cours de sociologie. L'auteur de cet article enseigne lui-même ces cours. L'article décrit ce jeu et son objectif, la matière couverte dans le jeu, la manière dont ce dernier a été conçu et validé, ainsi que son adaptation à des cours universitaires. L'auteur décrit également un problème d'importance majeure, et apparemment d'ordre moral, qui existe chez Citicorp. Quand des barrières psychodynamiques et sociales entravent l'acte moral, certaines limites s'imposent quant à l'enseignement du code de l'éthique. Par exemple, suite au scandale qui a eu lieu chez Citicorp, l'intégration de l'enseignement de l'éthique dans les cours de sociologie s'est avéré plus malaisé.

La gestion de la diversité: pour les sociologues, un domaine qui offre des perspectives d'emploi et de conseil

Norman L. Friedman et Susan Schuller Friedman

La gestion de la diversité est examinée ici en tant que rôle émergent d'emploi ou de conseil susceptible d'être d'un certain intérêt pour les sociologues. Dans un premier temps, les auteurs tracent le développement général de ce rôle à partir des années 8O. Les impératifs démographiques qui ont favorisé la gestion de la diversité, ainsi que d'autres définitions, méthodes et publications, sont identifiés ici. L'article traite, par la suite, des rapports entre la gestion de la diversité et de la sociologie (et des sociologues) en particulier en ce qui concerne: a) les rapports significatifs, b) les aperçus sociologiques particuliers, c) les suggestions pour la formation des employés, et d) la question de la participation des entreprises.