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

Clinical Sociology Review publishes articles, essays, and research reports concerned with clinical uses of sociological theory, findings, or methods, which demonstrate how clinical practice at the individual, small group, large organization, or social system level contributes to the development of theory, or how theory may be may be used to bring about change. Articles may also be oriented to the teaching of clinical sociology. Shorter articles discussing teaching techniques or practice concepts may be submitted to the Teaching Notes Section or Practice Notes Section. Manuscripts will be reviewed both for merit and for relevance to the special interest of the *Review*. Full length manuscripts should be submitted to the Editor, W. David Watts, Vice President for Academic Affairs, Jacksonville State University, 700 Pelham Road N, Jacksonville, Alabama 36265; (205) 782-5540.

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Editor's Preface

W. David Watts
Jacksonville State University

Volume 13 of the Clinical Sociology Review represents a number of important changes in the life of the journal. First, the transition in publishers from Michigan State University Press, via the University of North Texas Press, to Kendall Hunt is complete. Contrary to rumor, the **Clinical Sociology Review** is alive and well. Additional copies of Volume 13 can be obtained from Kendall Hunt. Copies of back issues can be ordered from **The Clinical Sociology Review**, Department of Sociology, Jacksonville State University, Jacksonville, AL. 36265. Back issues are $16.50 for individuals, plus $3.00 postage and $25.50 for institutions, plus $3.00 postage.

Second, readers of the journal owe a debt of gratitude for the superhuman service that Susan Brown Eve, past editor of the **Review** has given. She took over the journal in 1992 and has done an outstanding job.

Third, this issue is a joint effort by the authors and Associate Editor, Hugh McCain, who is Professor of Sociology at Jacksonville State University. When Hugh agreed to serve as an Assistant Editor last year, he was not aware of the full range of responsibilities that were associated with the publication of the **Review**. He is now and has earned the promotion to Associate Editor. Special thanks are also due to Gail Childs and Sandra Walker for the generous giving of their time and skills for preparation of this issue for press.

The authors' contributions, like other issues of the **Review**, provide a high quality mixture of application of sociological theory and method to all levels of practice. These articles, which stand on their own merits, represent a further development of the practice of the discipline. While all the articles are worthy, I want to draw your attention to two in par-

ticular. The first article, by David J. Kallen, President of the Sociological Practice Association, adds to our insight about the history of both sociology and its less favored partner, clinical sociology. Kallen tells us that the adoption of a clinical approach was rejected in favor of what Mills has called abstract empiricism and grand theory. The second article, by Clarence C. Schultz, in the Practice Notes Section, tells us in metaphor of the consequences of the choices that the discipline has made. Like the secret garden of fiction, Schultz, like Kallen and all our authors, would have us reopen that garden and tend it. Volume 13 of the **Clinical Sociology Review** contributes to that tradition.

W. David Watts
Editor

About the Authors

Sarah Brabant is currently Professor of Sociology at the University of Southwestern Louisiana. She is a Certified Clinical Sociologist and holds additional certifications in Death Education, Grief Counseling, and Family Life Education. Her publications on grief, death, and related issues appear in *Omega, The Hospice Journal, ADEC Forum, Illness, Crisis & Loss, Teaching Sociology, International Journal of Addictions, Death Studies, Clinical Sociology Review,* and *Journal of Gerontological Social Work.*

John G. Bruhn is Provost, Dean and Professor of Sociology at Penn State Harrisburg. He has become interested in organizational behavior and has published several articles on this topic in the past few years. He received his PhD from Yale University in medical sociology in 1961.

Monica Budowski Ph.D. is an ethnologist, who has worked in various research projects funded by the Swiss National Science Foundation. Her work has included research and publications about women (single mothers, family formation), and cooperation and organization of health care in the community. She has conducted ethnological research in Bangladesh and Costa Rica.

Alan P. Chesney is Director, Human Resource Services and Lecturer in Marketing and Management at the University of Texas at El Paso. His interests are in diversity management, human resources management, and organizational behavior. He received his PhD from Case Western Reserve University in sociology in 1971.

Craig J. Forsyth is an Associate Professor of Sociology at the University of Southwestern Louisiana. He received his Ph.D from Louisiana State University. He is a Certified Clinical Sociologist and has worked as a mitigation expert in over forty capital murder cases. The

author of over eighty publications, his principal research interests are in the areas of family, crime, and deviance.

C. Margaret Hall is a professor and former chair of the Department of Sociology at Georgetown University, Washington, D.C. She is currently Director of Women's Studies and teaches service learning internship seminars. She has a private practice in individual and family therapy and is an organizational development consultant. Dr. Hall has organized women's empowerment discussion groups in the Washington metropolitan area for the last seven years. Her research and publications focus on the social sources and social consequences of identity and on theory construction in clinical sociology.

David J. Kallen is Professor of Pediatrics/Human Development at Michigan State University. A Ph.D. in social psychology from the University of Michigan, he has also worked as Research Director of the Health and Welfare Council of the Baltimore Area and as a Health Scientist Administrator in the National Institute of Mental Health and the National Institute of Child Health and Human Development. He has published in a variety of fields, including nutrition and development and sexual behavior of adolescents. He is currently President of the Sociological Practice Association.

Tracy X. Karner is an Assistant Research Professor in the Gerontology Center at the University of Kansas. Her current research focuses on the intersection of memory, narrative, and identity. She has published works concerning narrative with regard to qualitative methods, ethnic identity, and gender.

Glenda McFarlain received her BA with a major in Sociology and a minor in Psychology from the University of Southwestern Louisiana in 1991. A bereaved parent herself, she has been active for a number of years in promoting bereavement support groups in south Louisiana. She is presently employed as a Case Manager at Professional Resource Network, Inc. working with the developmentally disable population.

Peter C. Meyer Ph.D. is a sociologist and head of the division of health sociology at the department of Psychosocial Medicine (director: Prof.Dr.med. Claus Buddeberg), University Hospital of Zürich, Switzerland. He has been doing research in medical and health sociology and published several books and articles on topics like drug addiction, evaluation, social support, mental health, health care, lay help system.

Clarence C. Schultz is Professor Emeritus at Southwest Texas (SWT) State University, where he began as an undergraduate student in 1943. After graduate work and teaching at the University of Texas, teaching and administration at Lee College, Dr. Schultz returned to SWT to teach in the Sociology Department. Between 1971 and 1978, Professor Schultz served as Chair of the Department of Sociology/Anthropology and Social Work and Dean of the School of Liberal Arts. He is known to thousands of Texas college students as an outstanding teacher, the winner of numerous teaching awards, including the coveted Piper Professor Award for outstanding college teaching in Texas. He helped craft an applied undergraduate degree program in Sociology at SWT and the department's activities which led to the American Sociological Association's Distinguished Contributions to Teaching Award in 1990. Last year, Dr. Schultz addressed students, faculty and initiates at the induction ceremony for Alpha Kappa Delta. His speech is printed here as *The Secret Garden of Sociology.*

Clovis R. Sheperd received his Ph.D. at UCLA in 1958, taught at UC Santa Barbara from 1957-64, was with NTL Institute for Applied Behavioral Science, Washington, DC, 1964-67, Professor of Sociology and Psychiatry, University of Cincinnati, 1967-85, Professor Emeritus, UC, and Adjunct Professor, University of New Mexico, 1985 to present. He has published papers and books in social psychology, small groups, and organizational behavior. He currently is a consultant to the VA Medical Center, Albuquerque, NM, does some volunteer teaching at UNM, and is a research consultant to the Center on Aging, UNM.

Kathleen H. Sparrow is Associate Professor of Sociology and Director of Minority Affairs at the University of Southwestern Louisiana. Her areas of interest are Race Relations, Marriage and the Family and Social Problems. She has published in a range of sociological journals and recently completed a book chapter on African-American women.

Carol A.B. Warren is professor and chair of sociology at the University of Kansas. Her books include *Madwives: Schizophrenic Women in the 1950s* (Rutgers 1987) and *Gender Issues in Field Research* (Sage 1988). She has written extensively in the fields of mental illness and qualitative methodology. Currently, she is preparing a manuscript on the history of the psychiatric uses of electricity, entitled The Body Electric.

Some History of Clinical Sociology and Sociological Practice, Part I[1]

David J. Kallen, Ph.D., C.C.S.
Michigan State University

ABSTRACT

From the beginning of the discipline, sociologists have used their knowledge to bring about change. This paper reviews the early antecedents of sociological practice, and then concentrates on three areas of practice as illustrative of practice. These are: studies in intergroup relations, before and after World War II; the studies of the morale of soldiers conducted during the Second World War; and the juvenile delinquency and poverty programs. After the end of World War II the focus of sociology shifted from the outside world to disciplinary concerns, and theoretical development was seen as incompatible with the use of sociology. Sociological practice has emerged as a social movement within sociology in response to the problems created by this shift in focus. This article ends with a description of the paradigm shift; a later article will discuss the recent emergence of sociological practice.

Introduction

Clinical sociology is the use of sociological theory, methods, or findings to bring about change at the individual, small group, large organization, institutional or social system level. As such, it is part of the larger emphasis within sociology known as sociological practice. Practice includes the uses of sociology in a variety of settings for a variety of purposes. The uniqueness of clinical sociology is its focus on change, and

it is this focus on change which distinguishes clinical from other forms of sociological practice, including applied sociology.

This paper discusses some of the origins of sociological practice, with a particular emphasis on the aspects currently regarded as clinical. In the historical development of sociology, practice was a normal part of what the sociologist did. It is only in recent years that practice has become a separate sub-field and practitioners separately labeled within sociology. A paradigm shift which took place before and after World War II (Buxton and Turner, 1992) changed the emphasis in sociology to the development of theory without regard for how it was used. Later consequences of this paradigm shift led to (a perceived) decline within the field, and the emergence of the Practice Movement as a way of revitalizing the discipline.

This paper traces sociological practice from its beginnings in sociology to the time when sociological practice began to emerge as a social movement within sociology. Most of the important work cited in this paper was done by sociologists who did not have a separate label of clinical or applied or practicing sociologists; they were sociologists who were doing their work as sociologists.[2] A later paper will discuss this emergence of practice as a separate field within sociology.[3]

European Antecedents

Sociology had it intellectual roots in European philosophy and economics. There can be many arguments about when sociology really started, and which of the early scholars has a current influence on clinical sociology. Certainly Machiavelli (1988), although generally considered a political scientist, can be given credit for applying the systematic study of social relationships to individual and social change.

In his intellectual and social history of sociology, Coser (1977)[4] focuses on six of the early European scholars: August Comte, Karl Marx, Herbert Spencer, Emile Durkheim, Georg Simmel and Max Weber. Of these, it is probably Marx, Durkheim and Weber whose theories are most used today by clinical sociologists. Coser credits August Comte with being the first to use the term sociology. Comte himself "emphasized that theoretical work had to take precedence over reform activities, and that establishing the foundations of the scientific doctrine was more important for the time being than effecting any practical influence," (Coser, p. 16) a viewpoint that was to dominate much of American sociology for many years.

Karl Marx, of course, intended that his writings be the basis for planned change, and was disappointed that during his lifetime the revolution did not arise. Marx made his living outside of academia, when he made a living at all. It is ironic that his intellectual heirs in American sociology, the conflict theorists, are more content to analyze than they are to use their knowledge of social systems to bring about change.

Max Weber, on the other hand, although himself active in a number of political causes, called for a value neutrality in the social sciences, divorcing them from any thought of action. Coser points out that (p. xv), "his appeal for value neutrality was intended as a thoroughly liberating endeavor to free the social sciences from the stultifying embrace of the powers that be and to assert the right, indeed the duty, of the investigator to pursue the solution to his problem regardless of whether his results serve or hinder the affairs of the national state." This view that the sociologist should follow his own values and not be bound by those of the state became transformed by the discipline into the stance that acting on values was antithetical to scientific sociology.

Emile Durkheim, whose writings on social structure and anomie were to become a major influence on intervention programs in the United States, spent most of his career as an academic. While most of his work was primarily theoretical, his work on education was intended to influence the nature of French education in his time. He put his ideas to good use in the administration of the Sorbonne, and in his influence on the French Ministry of Education. "Nothing is so vain and sterile as that scientific puritanism which, under the pretext that science is not fully established, counsels abstention and recommends to men that they stand by as indifferent witnesses, or at least resigned ones, at the march of events" (Durkheim, 1956, p. 104, quoted by Coser, 1977, p. 170).

Early U.S. Sociologists

Early sociology in the United States reflected this conflict between scholarship and action. In Ann Arbor, Charles Horton Cooley, whose theories about the importance of the primary group had a major influence on the clinical sociology of later times, eschewed action, living a relatively secluded life in a quiet University town (Coser, 1977). Interestingly enough, it was Cooley's discussion of the relationship between theory and practice that Wirth (1931) quoted in support of Wirth's ideas of clinical sociology. On the other hand, George Herbert Mead, who taught at the University of Michigan at the same time as Cooley prior to

his move to Chicago, and whose ideas about the development of the self in social interaction became the basis for later theories of individual intervention, was more a person of action. He was involved with Jane Adams at Hull House, and with an association of Chicago businessmen working for social reform (Coser, 1977). The fact that Mead wrote little during his own lifetime, and that most of his major work has come down through the notes of his students, means that little is known of his thoughts on the relationship between theory and practice. However, as a member of the Chicago school, and as an active teacher and collaborator of Jane Adams, it seems likely that Mead was concerned about how his ideas were used in everyday life.

Much has been written about the Sociology Department at the University of Chicago during the first quarter of this century. Composed of men who formed a core group in American pragmatism, and who appear to have been conflicted about sociology's role in social reform, the Department had a lasting influence on sociology's involvement in real world activities. However, as described by Deegan (1986), social reform was primarily left to a group of women sociologists who did not receive academic recognition for their efforts. Centered around Jane Adams at Hull House, these women were left to 'do good' outside of academia, and without the peer recognition received by their male colleagues. According to Deegan (1988), many of the male faculty of the Sociology Department of the University of Chicago were involved with Hull House. These included Albion W. Small, the founding chair of the Department, reform leader Charles W. Henderson, Charles Zeublin, who made settlement work his own as well, William I. Thomas, George Herbert Mead, Ernest Burgess and Robert Park. Although, according to Deegan, Park was greatly involved with social reform movements, his ideological stance against sociology being involved with action is reflected in his influential writings.

Between the Wars

If many of the intellectual antecedents of clinical sociology were developed in the early days of sociology, the period between the first and second world wars saw the beginning of modern clinical sociology. The first known references to the concept of clinical sociology come in 1930 and 1931. In 1930, Dean Milton C. Winternitz of the School of Medicine at Yale University proposed the development of a Department of Clinical Sociology within the school. This department would have "the responsibility of acquainting the student with methods of ob-

taining a sociological history and of conducting a sociological examination . . . (the student will learn) to approach the social problems of the individual." This examination of the social life of the individual will enable the physician to "piece together the different facets of the many aspects of life that may contribute to the particular indisposition of the patient and that may require adjustment for his future well being" (Winternitz, 1930a, pp. 28-29).[5] This, of course, has not yet occurred. Waitzkin (1991) points out that even today physicians are reluctant to explore and attempt to deal with issues in the patient's life created by social problems, preferring to deal with strictly medical or psychological issues in which the physician can directly intervene.

At about the same time, Wirth (1931) described the role of clinical sociology within child guidance clinics. Quoting Cooley's support of the interconnection between theory and practice, Wirth calls for the sociologist to be involved in studying the social life of the child and in helping to design and implement changes which will bring about an improved life for the child. He also suggests that the training of physicians is deficient in sociology—an issue which Winternitz also addressed as Dean of the Yale Medical School (Winternitz, 1930b). Gordon (1989) suggests that Wirth and Winternitz must have known each other. She also suggests that it was the opposition of Abraham Flexner, who studied American medicine for the Carnegie Corporation, which led to the failure of the Yale proposal to receive funding.

The theme of sociological involvement in the study and change of individual lives has continued to be a major focus of clinical sociology. Among the early writers, Zorbaugh (1939), and Dunham (1972), discuss the appropriate role for sociologists in these endeavors, and recent writings in the *Clinical Sociology Review* suggest modern approaches to changes in individual lives.

For example, Ferguson and her colleagues (1992) demonstrate the need to integrate therapies in the treatment of mentally ill individuals.

Community development was also a major theme at this time. Perhaps the best known advocate of this was Saul Alinsky, (1934; 1984) whose work in the "Back of the Yards" community development organization in Chicago became a prototype for later efforts to involve 'indigenous' people in the war on poverty. The idea of neighborhood involvement was utilized by urban renewal planners in the fifties and sixties, perhaps in an effort to co-opt residents whose neighborhoods were being renewed into supporting these renewal efforts, and later by poverty programs as a way of empowering recipients of program efforts.

Intergroup Relations Before and After World War Two

In 1937 the Carnegie Corporation, whose support of the Flexner commission on Medical Education in 1910 served to exclude women and people of color from medical training (Brown, 1979), hired the Swedish sociologist, Gunnar Myrdal, to conduct a study of "The Negro Problem." Myrdal was chosen because he was a respected sociologist who came from a country without major minority groups; the Carnegie Corporation therefore felt that he would present an unbiased point of view. Myrdal himself perceived the issue as a moral dilemma,

> the ever raging conflict between, on the one hand, the valuations preserved on the general plane which we shall call the 'American Creed,', where the American thinks, talks, and acts under the influence of high national and Christian precepts, and, on the other hand, the valuations on specific planes of individual and group living, where personal and local interests; economic, social, and sexual jealousies; considerations of community prestige and conformity; group prejudice against particular persons or types of people; and all sorts of miscellaneous wants impulses, and habits dominate his outlook. (Myrdal, 1944, p. xvii.)

The sponsors of the study felt that it should "make the facts available and let them speak for themselves . . . (the foundation) does not undertake to instruct the public as to what to do about them" (Myrdal, p. v.). However, the study also contributed to "the need of the foundation itself for fuller light in the formation and development of its own program" (p. v).

Although the book had been completed in 1942, and hence the basic data had been collected prior to the United State's entry into World War II, the 1944 publication meant that its major impact would come after the war ended in 1945. It was remarkable both for its involvement of many African-American and white scholars of the day, and for its neglect of many other prominent African-American scholars. Although there are many references to the work of W.E.B. DuBois, there is no evidence that he was personally consulted about the study. DuBois was one of the first African-Americans to become a sociologist. As a sociologist and as an activist he made monumental contributions to race relations and to scholarship in the period from 1900 to the Second World War (DuBois, 1944; Aptheker, 1990). He moved from research in which he hoped the facts would speak for themselves to activism as one of the founders of the NAACP and back to scholarship again.

Another neglected black sociologist of the prewar era, George Edmund Haynes started as a scholar, and then for many years headed

the Commission on Race Relations of the Federal Council of Churches in America (Hunter, 1988). In this position, he developed a series of interracial and intercultural clinics to help communities deal with tensions arising from specific local problems (Haynes, 1946).

Although *An American Dilemma* was not intended as a blueprint for social action, it did serve to raise the consciousness of American sociologists about issues involving intergroup relations. But it was not alone in this. The temper of the times, which included the air of optimism which resulted from the end of the Second World War, the demands of veterans, both black and white, for more equal treatment, the desegregation of the Armed Forces by President Truman in 1948 (McCullough 1992), all led to an increase in concern about intergroup relations.

Although many of the leading social scientists of the day were involved with Myrdal's work, many others were not. Charles Gomillion, who taught for many years at Tuskeegee Institute, was actively involved in civic leadership as a teacher, citizen, and sociologist. It was Gomillion, who as President of the Tuskeegee Citizens Association, led the fight against the gerrymandering of the civic boundaries of Tuskeegee to deny effective voting rights to the Negro citizens of the area. The court fight led eventually to a victory in the United States Supreme Court, a decision which later was instrumental in the Court's 'one man one vote' rule (Gomillion, 1962; 1988). In "The Role of the Sociologist in Community Action in the Rural South" Gomillion (1988) discusses the ways in which the knowledge and perceptions of the sociologist can be used to help citizens define the issues to be worked on, the resources needed to change the situation, and the development of appropriate and acceptable solutions.

The concerns raised by *An American Dilemma* led both to an explosion in research, and to a focus on the uses of that research in solving some of the problems thus revealed. At the University of Minnesota, Arnold Rose, who had been one of the major contributors to *An American Dilemma,* embarked upon a program of research on race relations. His reader on *Race, Prejudice and Discrimination* (Rose, 1951) included a major section on "Proposed Techniques for Eliminating Minority Problems." At the Anti-Defamation League of B'Nai B'rith, Leo Srole headed a research department concerned with the development of action projects in which theory would be used as the basis for projects intended to reduce prejudice and discrimination.

At Cornell University a remarkable group of scholars coalesced in a department in which the uses of sociology was an underlying, although unstated theme.[6]

Robin Williams' 1947 *The Reduction of Intergroup Tensions,* commissioned by the Social Science Research Council, summarized what was known about techniques for reducing intergroup conflict or hostility. Its purpose was to codify existing knowledge in a way that it could be used to reduce tensions and hostility between groups, while at the same time advancing theory. *The Cornell Studies in Intergroup Relations,* a community study of the town of Elmira, New York, produced, in addition to its more scientific reports, a remarkable book by Dean and Rosen (1955). Their *Manual of Intergroup Relations* presents a number of propositions about how to improve relations among groups, and briefly reviews the data which support or modify that proposition. Edward A. Suchman, whose later research was in public health, was co-director of the Elmira projects and a sophisticated methodologist.

Also at Cornell, but in the New York State School of Industrial and Labor Relations, was William Foote Whyte, whose introduction of the spindle to solve communication problems between waitresses and cooks still stands as one of the great social inventions of this century (Porter, 1962). Whyte remained concerned with the application of sociological relationships to human problems throughout his career (Whyte, 1947; 1982). In 1982, he indicated that "This is a time for rethinking sociology . . . We must do better in the future to demonstrate the practical relevance of sociology. We can meet the challenge if we reorient the way we do sociology. I suggest that we conceptualize this focus in terms of the discovery, description, and analysis of *social inventions for solving human problems*" (Whyte, 1982, reprinted 1987, p45, emphasis in original).

Nelson Foote moved from Cornell to the University of Chicago where he became involved in family research, and then to the General Electric Company Division of Consumer Affairs. *Identity and Interpersonal Competence* (Foote and Cottrell, 1955) summarizes family studies into a series of hypotheses which family agencies could then use as the basis for their programs of helping families. In this volume he also suggests the characteristics of family agencies which make them more or less able to utilize the research findings in work with their clients.

Studies in Social Psychology in World War II: The American Soldier Series

The years 1949 and 1950 saw the publication of one of the most important and controversial reports of studies in which sociological and social psychological research was used as the basis for important policy

decisions which affected the lives of millions. The four volumes of *Studies in Social Psychology in World War II* (more familiarly known as *The American Soldier Series)* reported on the work of the Research Branch of the Information and Education Division of the United States Army. According to former Major General Frederick Osborn, wartime Director of the Information and Education Division,

> A major purpose of the Research Staff was to provide a base of factual knowledge which would help the Director of the Army Information and Education Division in his administrative and policy decisions. The Army gave little weight to personal opinions; but when these opinions were supported by factual studies, the Army took them seriously. For the first time on such a scale, the attempt to direct human behavior was, in part at least, based on scientific evidence. (Stouffer, et. al, 1949, Vol 1, p. ix)

Osborne had been President of the Carnegie Corporation, (Clausen, 1984) although apparently not at the time it sponsored Myrdal's study. However, his location in a pivotal position in social science enabled him to recruit a knowledgeable research staff of both military and civilian sociologists and psychologists.

The Branch conducted studies on morale and on the effectiveness of training materials. Among the important accomplishments were the studies which led to the development of the point system by which decisions as to who would be discharged from the army were made. The data gathered in worldwide studies indicated the factors which should be considered, the weight that should be given to each factor, and the acceptability of the system to the men involved. Important methodological contributions included the development of techniques for the analysis of paired comparisons, the development of Guttman scaling techniques and of latent structure analysis.

The four volumes were highly controversial. While many sociologists praised the work for its actual and potential contributions to theory, for its practical utility to the war effort, and for its demonstration of the utility of social research for policy analysis, many others criticized it as being nothing but rank empiricism with no theoretical value, adding nothing to sociologists' understanding of theory. A later symposium which reviewed the work, concluded that it indeed had many important theoretical contributions to make, particularly in the area of the effects of membership and reference groups. The concept of relative deprivation, which has both theoretical and practical utility in a variety of situations, arose from this work. (Merton and Lazarsfeld, 1950).

In truth, the work must be considered both outstanding and flawed. Perhaps what is most amazing is not the paucity of theory, but that a series of studies, constructed under pressure and conducted under field conditions during wartime for an Army which required immediate information which would be useful for practical policy decisions, was done with such a strong theoretical base and methodological sophistication.

If there is a major lack in the series, hindsight suggests that too little attention was paid in these volumes to how the Army took the research results and turned them into policy decisions. The chapter on the point system for determining who would be discharged from the Army first, indicates that there was some considerable opposition to it. This opposition came from some in the military who wanted to use a system which would maintain fighting units for the war against Japan. A number of studies were done in order to demonstrate the support the point system had among enlisted men and other Army personnel.

When the Army began to consider changes in the point system to be used following VJ Day, the Research Branch mobilized its forces to examine the effect that such changes might have on the soldiers' perception of the fairness of the system. This chapter states matter of factly, "On August 9, 1945, then, the report quoted below was given to General Marshall within a few days of the final decision as to the VJ point system" (Stouffer et. al, Vol II, p. 540). At the time, General George C. Marshall was Chief of Staff of the Army. The report does not provide any information on how the decision was made that the report would be given to General Marshall, what process had to be used to insure that it was brought to his attention, and so on.

To say that the work was controversial in sociology is a major understatement. While many sociologists praised it for its contribution to research and to sociology, many others vilified it as rank empiricism which should never have been published, and which did not belong within sociology.

In many ways, it seems possible that the dichotomy of response to this series was one of the major factors which led to the labeling of all applied and clinical sociology as inferior science and inferior sociology. Although some of the country's leading sociologists had been involved, most of them (with the exception of the Cornell group) moved on to more theoretical, sociological mainstream, activities. It may be also that the criticisms leveled at *The American Soldier Series* was at least in part responsible for the reluctance of most mainstream sociologists to become involved in the War on Poverty in the 1960s.[7]

It should be noted that even Samuel Stouffer, the major author of the volumes, was concerned about the effect of the studies on social science. Writing in the *Continuities* volume, (Merton and Lazarsfeld, 1950) he says,

> The greatest danger of applied social science lies in our reward system. In many respects, the most valuable people on our staff were those who could write quick, simple, lucid reports, who could make simple figures 'talk' so a general could understand them. This may be true in industry, too. The rewards are much more likely to go to the man who has the knack of seeing clearly, if superficially, the practical problem of the consumer and writing a report which appears to smack the problem on the nose, than to the reflective analyst. Sometimes, these skills are combined in one man and there lies the greatest threat. For the salesman in him will be rewarded far above the analyst in him. Yet the very gifts of clarity and lucidity, when combined with technical competence, integrity, and intellectual depth, are precious jewels for social science.
>
> That is why I have said, on several occasions, that the very success of social science in application is also a grave danger. I believe that the universities—and especially the foundations—have a social obligation to counteract the tendency to drain off into applied research so many of our best trained minds. (Stouffer, in Merton and Lazarsfeld, 1950, p. 202)

Stouffer then goes on to lament the sterile nature of academic research, in which theory is not studied empirically, and empirical studies are not sufficiently theoretical. He does not consider the possibility that sociological practice can lead to reformulation of research questions, the results of which will require a modification of dearly held theories.

Daniel Lerner, also writing in the *Continuities* volume, suggests on the basis of his informal content analysis of the first reviews of the series that most social scientists were favorable to the work, but many humanists were not. Furthermore, he suggests that much of the humanist dislike was tied to a concern over who would be given first choice of available research funds. Lerner also suggests that the "conception of 'social engineering' which in principle can serve any master (is) a useful one for American social scientists. Most (reviewers) seemed agreed that the profession has a job to do *for* democratic thought and practice. Yet there is no consensus on *how* to do the job." (Lerner, in Merton and Lazarsfeld, 1950, p. 245. Italics in original.)

Stouffer was not alone in his concern over 'social engineering' taking the best minds away from universities and basic research into the real world and useful activities. A major group of sociologists took the

position that the job of sociologists was to study the world and develop theory, and if the best minds are to be protected from applied and clinical activities, then those who are involved in them must be second rate.

Talcott Parsons, whose vehemence about the proper place of sociology being in basic research in academia, was highly influential in setting the direction of the profession after the Second World War, and was one of the major articulator's of this position. In his 1949 Presidential address to the American Sociological Association, Parsons discussed the "proper balance between fundamental research and applied engineering work" to the detriment of the latter. He noted that "It is not a question of whether to try to live up to our social responsibilities, but how." He took the position that while work on practical problems might do some good, it would be at the expense of greater usefulness to society in the future. He made an impassioned plea for "systematic work on problems where the probable scientific significance has priority over any immediate possibility of application" (Parsons, 1949). The implication is that attention paid to real world problems would not contribute to the science of sociology, and hence would be less valuable than work aimed at increasing theoretical sophistication, no matter how arcane the theory.

The Post War Years

At the same time, the discipline did not need to be concerned with practice. In the years immediately following the Second World War, universities were expanding at a rapid rate, in order to meet the demand for education created first by the returning citizen army, and then by the increased prosperity which permitted more and more young people to delay entry into the labor market through continued education. The G. I. Bill, which made it possible for hundreds of thousands of military veterans to attend college, was one of the great social inventions of its time. (Incidentally, the high demand for education supported by the G.I. Bill had been predicted by the *American Soldier* studies.) The explosion in the demand for college professors in all fields meant that there were academic jobs for most new Ph.D.s. in sociology, as well as in other fields. Practice was not needed as a way to make a living in sociology.

An additional barrier to the development of sociological practice, including 'applied' research was the relatively easy availability of research funds for basic research, first from the National Institute of Mental Health and then from the National Science Foundation. While NIMH funding needed to be 'relevant to mental health,' the emphasis was on

the development of theory, with the assumption that the theory might be relevant to practice, or at least to the understanding of mental health. The study of practice itself, or applied contributions to practice, if funded, were the domain of psychiatrists, psychologists, social workers, and nurses. The National Science Foundation was even more basic; anything that suggested a practical project was regarded as not relevant to the mission of the Foundation.

This stance was echoed by the major foundations. At the time of Brown vs. Board of Education, the Supreme Court decision which led to the desegregation of public schools in the United States, the Ford Foundation decided that it would not support studies of school desegregation programs, on the grounds that it was the role of the government and not private foundations to support such research. When the National Institute of Child Health and Human Development opened in 1962 as the Institute in NIH which would study normal behavior, it was difficult to get sociologists to apply for support because of the close relationship between NIMH and the discipline.

This is not to suggest that the support of NIMH and NSF was not enormously important to the discipline, or that a great deal of important knowledge was not gained through studies supported by them. Assistantships on NIMH research grants or training programs supported many graduate students in sociology while they obtained their degrees. But the clear focus of research and training on basic research led to the development of an ethic that other types of sociological work was inferior.

Graduate training was concentrated in a relatively small number of departments which had interlocking ties with each other. For the most part, the student was socialized into the belief that the only proper role for sociologists was research and teaching in a top ten or top twenty graduate department and publication in the *American Sociological Review.* If the young sociologist did not get his (or, more rarely, her) degree from a top twenty department, then he or she would not receive a faculty appointment in a top twenty department. Primarily teaching departments were regarded as second, or third or worse rank, someplace graduates ended up at if they were not quite good enough. Accepting an applied job was regarded as a clear sign of failure as a professional. Now, not all sociologists believed this, but the common norms held this to be true.

The discipline also became Balkanized in two important ways. First, the increasing number of specialties within sociology created separate career lines for specialists in the sociology of this or the sociology of that, all of whom had to demonstrate that their specialty was the true,

scientific sociology. Second, subgroups within the discipline split off and formed their own, independent specialties. Criminal Justice went from courses to divisions with departments to departments of their own to whole schools within universities. Family therapy, which had been developed by sociologists under the rubric of marriage counseling, became its own clinical profession. A new discipline of students of the family, known as famologists, developed research, intervention, family life education, and other divisions within the National Council of Family Relations. Survey research centers developed on campuses, with only indirect ties to sociology departments, and public opinion researchers formed their own organization. Schools of Business taught organizational analysis and organizational development to students who needed to use the knowledge in their jobs.

The result of these splits was that many of those who might have maintained a clinical or applied presence within sociology found friendlier environs in more specialized areas. The movement of sociological scholars who had a practice orientation to these more specialized subgroups further weakened the role of practice within traditional departments, and hence within graduate training as well as within the American Sociological Association.

The Control of Juvenile Delinquency and the War on Poverty

In 1960 Richard Cloward and Lloyd Ohlin published *Delinquency and Opportunity: A Theory of Delinquent Gangs.* Using a largely Durkheimian perspective, Cloward and Ohlin summarized their hypothesis as follows:

> The disparity between what lower class youth are led to want and what is actually available to them is the source of a major problem of adjustment. Adolescents who form delinquent subcultures, we suggest, have internalized an emphasis upon conventional goals. Faced with limitations on legitimate avenues of access to these goals, and unable to revise their aspirations downward, they experience intense frustrations; the exploration of nonconformist alternatives may be the result. (p. 86)

Although this formulation owes much to that of Robert Merton's (1957) statement on "Social Structure and Anomie," the specific application of the idea that juvenile delinquency may be the result of social structural opportunities and constraints had not been stated in this form

before. Clearly implied in their work was the idea that the solution to juvenile delinquency would be to provide more acceptable opportunities to participate in the rewards of American society to those young people who, for structural reasons, had chosen unacceptable pathways.

Lloyd Ohlin became the first director of President John F. Kennedy's Committee on Delinquency and Youth Crime. Ohlin and Cloward were involved in "the conceptualization of the action program for Mobilization for Youth; for the latter undertaking designed originally as a delinquency-prevention program effort in New York's lower East Side, was to become a youth-development and then community-development program as the opportunity concept was broadened and popularized" (Kahn, 1967, p. 483).

This office supported two types of activities: university research centers on juvenile delinquency, and demonstration programs intended to reduce juvenile delinquency through providing potential delinquents with legitimate opportunities to participate in the economic benefits of American life. These demonstration projects were well funded, frequently with a combination of Federal, local and foundation funds. The approach developed for Mobilization for Youth became the blueprint for demonstration projects in other cities, including ABCD (Action for Boston Community Development) in Boston.

Kahn summarizes the ambivalent stance of the discipline towards this effort:

> Sociologists and sociologically influenced foundation executives, officials, and social workers have wrought a major change in delinquency-treatment programs and have played a significant role in the shift in the prevention field to broad concern with poverty and urban community development. It seems clear, however, that their theory-oriented concepts ("opportunity structure") were quickly popularized and became vehicles for a variety of goals, derived out of other experiences and interests. Nevertheless, studies of youth gangs, delinquent subcultures, and the lives of the poor have influenced overall goals , program philosophy, and action strategy.
>
> While sociologists may deplore the ensuing imprecision and the conversion of concepts into slogans (one could write an essay about the reification of "community power structure"), a significant contribution has been made. To some observers American sociology has become *relevant* as never before. Others may regard all this as a departure from the responsibility to develop and test knowledge. Those who would make their contribution in this latter domain might now turn quite profitably to the as yet little addressed tasks of studying the choices which American society has been willing to make—and those which it has skirted—in noting, defin-

> ing, and coping with deviance. They might also seize the opportunity now around us for the conceptualization and study of a massive effort at planned social change." (p. 502)

The massive effort referred to by Kahn was, of course, the War on Poverty. The story of the discipline's involvement, or more correctly, lack of involvement in this major social experiment has yet to be written. It started with the general reluctance of most established sociologists to be involved with the juvenile delinquency demonstration programs—in contrast to the number of present and future leaders in the field who had been involved in the work on *The American Soldier.* The controversies over the *American Soldier* may have had a negative effect on sociologists' willingness to be involved in another major, controversial, messy endeavor. The relatively full employment within the field, and the easy availability of research support for purer, methodologically easier, research was certainly a factor, as was sociology's increasing self-conception as a theoretical and not a clinical or applied discipline.[8]

Certainly research associated with the poverty program was not 'pure'. Much of it was action oriented, as were many of the studies of the *American Soldier*, with the need to obtain quick results which would be immediately useful for program planning. Many of the evaluation studies were under some pressure to be 'success oriented,' in order to insure future funding for programs which people agreed were socially good, even if their effectiveness could not always be clearly demonstrated. But mainstream sociology also created a self-fulfilling prophecy; if the self-defined best minds in the field were not to be put to the tasks of the poverty program, then it is the not-best-minds who will do the research. But if it is the not-best-minds who are involved in the research, then the research is defined as second rate, and no best-mind wants to be involved in second-rate research. In truth, a great deal of excellent work was done by sociologists involved in poverty programs, and much of what was learned was eventually fed back to theory development. But the perception remained.

It seems possible that another major determinant of the discipline's reluctance to be involved in the War on Poverty was the war in Vietnam. Not only were the country's energies being absorbed by this war, but sociologists, and other intellectuals, became reluctant to become involved with a government which was pursuing this war. Involvement in applied and clinical research and activities associated with the War on Poverty became unacceptable because of the government's involvement in Vietnam. It is almost as if many sociologists thought, a war is a

war, and the victims may be Vietnamese or they may the poor, but in any event, involvement in the war is not the responsibility of sociology.

This is not to say that no sociologists were involved. Many were, including Irwin Deutcher, the past president of the Society for Applied Sociology, and S. M. Miller, currently of Boston College, who will appear on the program on the future of sociological practice in Washington this summer. James S. Coleman's (1966) study of *Equality of Educational Opportunity* provided a blueprint for programs of school desegregation, although Coleman never thought of himself as either a clinical or an applied sociologist.

Changing audiences and changing self perceptions of sociology

Buxton and Turner (1992) suggest that in response to changing definitions of its goals and responsibilities, sociology changed its audience and thus became more isolated within itself as a discipline. Although these trends had existed for many years, a major shift in the paradigm took place during and after the Second World War under the leadership of Talcott Parsons. They point out that the early American sociologists were dependent first on a book-buying and lecture-attending public and then on private foundations for the funding of their research. Efforts during the Second World War to make sociology relevant centered in part on Parson's efforts at Harvard to make the study of social institutions the centerpiece of education, training and intervention in occupied countries. Parsons did feel that the bringing of democracy to Germany after the War would depend on institutional changes in the country, This, in turn, would require support for the study of the social institutions of the to-be-occupied countries. Sociology should provide the studies and the information; others would do the applied work.

The audience of sociology thus changed from the knowledgeable public to sociology itself, and the rewards became those from within the discipline. The reward structure of universities supported this change; decisions about promotion and tenure were made by peers who shared the same conception of proper sociological activity. As Buxton and Turner point out, government and foundation grants and textbook publishers took the place of the lecture audience and the reading public.

Parsons was concerned with "the differentiation of sociology as a science from practice" and the emergence of a "proper relation" to "applied fields" (Buxton and Turner, p. 399). Social reform was no longer central to

the profession of sociology, and professional schools such as, law and medicine, would be left to consider the applications of what sociologists knew and studied. This effort failed, despite the funds which supported it. Buxton and Turner point out that one reason for this is as follows:

> Medical sociology was the product of grants; the 'experts' it produced needed to establish a stable relationship with an audience of professional practitioners. This never happened, at least to the extent that was originally envisioned, and as a consequence, funding ultimately diminished. The reasons physicians never took sociology seriously are many, but one that is of general significance in connection with the 'professional' model is this: the methodologies and explanatory paradigms that proved so successful in establishing a domain for sociology in medicine, for example, by showing that certain medical outcomes were statistically associated with 'social' variables, proved to be poorly adapted to the policy problems they revealed. The research paradigm of demonstrating a statistical relationship between some social attribute or socially distributed condition and some undesirable outcome, such as infant mortality, rarely pointed unambiguously to solutions. The solutions tried by well-meaning physicians and public health officials possessing this knowledge rarely were very effective: not only were the correlations between policy-mandated inputs and demonstrable outcomes often very low, but the character of the failures raised questions about the validity of the implicit causal reasoning that had motivated the policies. In most cases there was a great deal of redundancy or over-determination built into the 'social problems' that policies sought to eliminate: eliminating one 'cause' simply meant that another 'cause' would produce the same outcome. Sociologists never overcame this deficiency or successfully adapted their methods to the practical demands of the audience, and it is unclear how they could have done so—in any case, the bond between the 'experts' who were created by the grants to medical sociologists and their putative audience never gelled.

It is probably also true that medical sociology never accepted its task of providing concrete, clinical assistance to physicians. The subfield of medical sociology made a clear distinction between 'sociologists of medicine,' who studied, produced theoretical papers and books, conducted basic research about medicine, and remained pure, and 'sociologists in medicine' who attempted to apply sociological insights into the real problems which physicians and patients faced every day. Further-more, there were no training programs for clinical or applied sociologists; the learning of how to translate basic sociological knowledge into clinically useful activities was learned the hard way—by doing it

until either it was successful or the sociologists left the field and turned back to 'basic' research.

Thus the early seventies saw a discipline which was increasingly isolated from practical affairs, and in which its members wrote and spoke primarily to each other in a private language, the jargon of sociology which even the educated lay person had difficulty understanding. The members rewarded each other for these contributions, and the discipline began to go into decline. The paradigm which had been so successful in the 1950's and 1960's was no longer working. It was under these circumstances that sociological practice began to emerge as a new social movement within sociology.

Conclusions

This paper takes the position that the uses of sociological theory, knowledge and methods to bring about change has been a normal part of the sociological endeavor for most of its history. From its early beginnings in Europe through the early days in the United States, sociologists worked on practical as well as on theoretical issues. Some sociologists worked to improve the lives of individuals on an individual basis, while others focused more on social change, particularly in the area of race relations. Major efforts such as the study of the *"An American Dilemma"* by Gunnar Myrdal and the work of the Research Branch of the Information and Education Division of the United States Army were large and organized efforts to use sociology to bring about change. But sociology has always been ambivalent about practice; the controversial nature of the publications arising from the War Branch research led to a reluctance to be involved in the War on Poverty. Sociology shifted its focus from the general public to itself; its audience became other sociologists rather than the educated public. Specialties within sociology, such as criminology, marriage counseling, and organizational development moved into professional schools and out of sociology departments. The result was a discipline which became increasingly isolated, speaking to itself in language only it understood.

It was under these latter circumstances, when there was an apparent decline in sociology, that sociological practice re-emerged. The timing of the re-emergence seems to be related to the perceived decline in the field. The story of the development of the social movement of sociological practice will appear in another article. In the meantime, the events discussed in this paper should provide some background of the proud tradition which practice has in sociology.

NOTES

1. Parts of this paper were originally presented at the Annual Meeting of the Sociological Practice Association in Denver, Colorado in June, 1993; at the meeting of the Southwest Social Science Association in Dallas, Texas in March, 1995, and as the Presidential Address at the Annual Meeting of the Sociological Practice Association in Scottsdale, Arizona, June, 1995.

In this paper, I rely heavily on the work of others, as cited in the text, and on the historical section of the *Clinical Sociology Review*, edited by Jan Fritz. However, in many ways the paper reflects my own experience with sociology and my own viewpoint about the importance of certain events in sociology. Because my early experience with sociology made no distinction between sociology and practice, I present some of it in the following paragraphs.

I was an undergraduate sociology major at Cornell University from 1947 to 1951. At that time, I became acquainted with Myrdal's (1944) *An American Dilemma*, and with the four volume *Studies in Sociology in World War II* (Stouffer, et al, 1949, 1950), and with Robin M. Williams 1947 *The Reduction of Intergroup Tensions*. Equally important, I studied with Williams, (including an independent study reading course in which I read many of the early American Sociologists), and E. A. Suchman. I spent the summer of 1950 working on the Elmira Project, a community study of intergroup relations.

My advisor my freshman year was John Clausen. Leonard S. Cottrell Jr. was Dean of the College of Arts and Sciences. Williams, Suchman, Clausen and Cottrell had all been part of the *American Soldier* work. Nelson N. Foote was a faculty member in sociology, and William Foote Whyte was a faculty member in the School of Industrial and Labor Relations. Nelson Foote later went on to the University of Chicago, and from there to the Department of Consumer Affairs at the General Electric Corporation. Cottrell later became President of the Social Science Research Council; Clausen the founder of the Laboratory of Socio-Environmental Studies at NIMH and then Director of the Institute of Human Development at the University of California, Berkeley. Thus, my introduction to the field was to a sociology which made no distinction between the development of theory, the development of knowledge, and the uses of that knowledge for human betterment. As a graduate student at the University of Michigan I worked with Ronald Lippitt, whose whole research program combined the development of theory with the uses of knowledge.

My first job after getting my Ph.D. was as research director of the Health and Welfare Council of the Baltimore Area, where I had to learn to translate what I knew about sociology into language that community leaders and social workers would find useful. Later, while working at the National Institute of Mental Health and the National Institute of Child Health and Human Development I had a working relationship with the juvenile delinquency program and the poverty program. At Michigan State University I have spent my time in the Department of Pediatrics/Human Development, a clinical department within the College of Human Medicine, where I have been expected to take what I know as a sociologist and make it useful. The Department has been generous in providing me the freedom to do this, and supportive of my work with the Sociological Practice Association. These experiences clearly have shaped my understanding of the nature of sociology, and have informed my approach in this paper.

2. This was despite the fact that from its very beginning the American Sociological Association distinguished between 'pure' and 'applied' or 'practical' sociologists, (Clark, 1990) rather than the differential uses of sociology by people who called themselves sociologists. In 1965 the Association was still making a distinction between 'theoretical' and 'applied' sociologists, (Kallen, 1965) and it was not until some years after the formation of the ASA Section on Sociological Practice that the ASA employment census recognized Practice as a legitimate field within sociology. At the same time in the early days of the ASA there were many voices for the uses of sociology.

3. This history makes no pretense at completeness. There are many important events which deserve to be part of this history. However, I have chosen to focus on a limited number, which have influenced my own point of view.

4. In this section I rely heavily on the personal and intellectual biographies provided by Coser (1977). The interpretation of these biographies, and the parts emphasized are mine.

5. For further discussion of these events at Yale see Fritz, (1989) and Gordon (1989).

6. See footnote 1 for a discussion of this Department.

7. The psychologists who studied attitude change for the Branch went on to distinguished careers in academia, while maintaining their concern with ways of changing attitudes (Lumsdane, 1984). The sociologists also went on to distinguished careers, often in the same institution. Clausen (1984) notes that seven of the members of the Branch went on to become foundation executives, where they were in a position to influence research and teaching in the social sciences, although the foundations they worked for did not continue to support clinical and applied studies.

8. In response to this section, Jonathan Freedman pointed out that jobs in poverty program agencies were short term, and that most established sociologists were unwilling to leave secure university positions to work in them. Hence, the sociologists who did work in the program tended to be graduate students or recent Ph.D.s. However, although many established sociologists served as consultants to the Research Branch of the Information and Education Division of the United States Army, few were willing to serve as consultants to poverty program agencies.

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Feminism, God's Will, and Women's Empowerment*

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ABSTRACT

This study is based on clinical sociological principles derived from Durkheim's and Weber's theories, as well as from contemporary research findings which suggest that religion and feminism can be social sources of empowerment for women. The theoretical orientation therefore incorporates social and cultural influences on behavior, as well as the intrapsychic and interpersonal decision-making processes characteristic of other therapeutic modalities.

Two life histories show ways in which feminism and religion reinforce women's personal growth, and expand the scope of their contributions to society. Influences of feminism and religion on these women's beliefs are examined, as well as how redefining responsibilities during clinical sessions—by deepening and broadening understandings of "God's will"—changes their behavior. Sociological practitioners can benefit from understanding how feminism inspires some women to work for their individual and collective empowerment through engaging in religious practices (prayer and meditation) which give emotional support to their questioning of traditional beliefs defining patriarchy as God's will. Clinical outcomes suggest that feminism and religion can motivate women clients to redefine reality and change behavior by encouraging reassessments of their understandings of God's will and their individual and social responsibilities.

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Although many feminist scholars (Christ, 1983; Daly, 1968, 1973), especially Marxist feminists (Eisenstein, 1979), have concluded that religion exploits and oppresses women, some clinical, research, and community life history data suggest that religion may be a source of empowerment for women's interpersonal and collective struggles towards equality (Hall, 1992). Broad, social structural research has long documented that religion serves as a stabilizing influence during periods of rapid change (Durkheim, [1912] 1965), or as a meaningful source of motivation for bringing about change (Weber, [1905] 1958). More recently some feminist researchers have shown how women can empower themselves by employing religious beliefs and practices to add purpose and direction to their actions (Anderson & Hopkins, 1991).

Religion has undergone profound changes as a consequence of secularization in modern society (Bellah et al., 1985). Since the second wave of feminism in the 1970's, many women and men define God and their relationships to God differently (Reuther & McLaughlin, 1979; Steinem, 1992). When God is understood as a reflection of society as a whole (Durkheim, [1912] 1965), secular changes can be thought of as predictably precipitating religious changes.

Beliefs in "God's will" predispose men and women towards specific patterns of behavior, as moral values motivate much social action (Durkheim, [1906] 1961; Weber, [1905] 1958). Innovation results from new views of self and society, and new definitions of salvation and responsibility (Weber, [1905] 1958). For the purpose of making clinical reviews in this paper, "God's will" is defined as religious or moral beliefs—of any denomination or sect—which define personal and social responsibilities. Throughout the clinical exchanges reported, the clinician and client focussed on defining limits of responsibility, thereby discussing both under-responsibility and over-responsibility as irresponsibility. Clinical findings show how clients may base much of their decision-making, and hence their behavior, on their understandings of God's will as primary rationales for their own moral agencies.

In societies and cultural contexts where feminism has brought about increased life chances for women, new options may have special consequences for women who view themselves as instruments of God's will (Christ & Plaskow, 1979). Secular changes may encourage women to believe that they can now serve God more fully than before (Hall, 1992), which has clinical consequences that women's individual and social functioning are more effective.

Theoretical Orientation

For the purpose of these clinical analyses, feminism is conceptualized as a secular religion (Johnson, 1987). Durkheim's hypothesis that religious beliefs and practices are the core of cultural and social organization, with God as the symbolic representation of society itself, is used as a frame of reference for documenting the causes and outcomes of changes in women's definitions of God's will and their related secular responsibilities. A valuable aspect of applications of this perspective to clinical work is that Durkheim consistently emphasizes the significance of religious values for everyday thought and behavior (Durkheim, [1906] 1961, [1912] 1965; Berger & Luckmann, 1966).

Unlike Marx, who views religion as an instrument of oppression of the ruling class, and as part of false consciousness (Marx, [1844-1875] 1964; Caute, 1967), Weber concludes that religion—particularly the belief that salvation is attained through responsible action—promotes secular change (Weber, [1905] 1958). Continuing in Weber's train of thought, this study hypothesizes that secular religion (feminism) can change society as a whole, as well as serve as a source of motivation for women who want to change their understanding of God's will and their everyday responsibilities.

Methodology

More than five hundred life histories of women—which were collected from clinical, research, and community settings over a twenty year period—form the data base (for source material and comparative context) of this study. The data derive from private practice in individual and family therapy, interview research on women's identity and empowerment, and women's empowerment discussion groups.

Although objectivity is difficult to achieve by using data which are collected from varied sources and for different purposes, all the life histories recorded are primary data. The author personally interviewed each individual and family in the pool of life histories, rather than used data collected by others.

Approximately one half of the five hundred life histories are constructed from clinical sources. These clinical cases have a range of presenting problems which include: women who are dysfunctional due to work pressures, depression, marital conflict, divorce, parenting problems, loneliness, loss through death, stress due to geographical relocation, retirement, health concerns, aging, etc.

Approximately one quarter of the five hundred life histories are constructed from research sources. These profiles are largely descriptive of patterns of behavior during the span of a lifetime. Research subjects volunteered to answer questions about the scope of their decision-making in changing social contexts throughout their lives.

Approximately one quarter of the five hundred life histories are constructed from women's empowerment discussion group sources. Data from these discussion groups are influenced by the fact that these women's exchanges are directed towards a shared goal of strengthening the everyday functioning of participants over the long run, rather than towards solving particular acute clinical problems.

Formal and informal reviews of these data, as well as content analyses of repeated patterns and themes in the life histories, suggest that women who think of themselves as religious or spiritual can expand their understanding of God's will after experiencing secular changes precipitated by feminism. Clinical findings indicate that behavior shifts occur when feminism and religious or spiritual practices are questioned and discussed during a course of sociological practice. Clinical techniques include dialogues which heighten clients' abilities to connect their interpersonal behavior to social issues (Mills, 1959).

Life Histories: Susan and Evelyn

Two life histories were selected from the pool of five hundred life histories in order to illustrate ways in which some women's lives have been changed by feminism, redefinitions of God's will, and clinical interventions. The data described below derive from clinical settings, where individual therapy using a sociological frame of reference was conducted.

Susan's experiences show how feminism influenced her to move away from denominational Judaism, and at the same time to strengthen her cultural and domestic ties to Judaism. The changes that Evelyn made show how feminism supported her commitment to the Pentecostal church, and also broadened the scope of her contributions to the community. Both Susan and Evelyn were profoundly influenced by feminism, and through clinical explorations deepened their understandings of God's will and redefined their daily responsibilities.

Susan

Susan is a thirty-five year old Jewish woman who lives in a suburb of a small city. Until the last ten years, she led a highly conforming life-

style, particularly with respect to her religious beliefs and practices. She was raised as a Conservative Jew, and did not question the social expectations of her roles as a wife and the mother of two young children until she sought clinical guidance to reduce the acute boredom, restlessness and aimlessness she felt due to accommodating others' demands.

Through clinical discussions, everyday observations, reading, and reflection, Susan increased her awareness of feminist ideas and values. As she allowed herself to care more about her own needs, and about social conditions for women in general, she became less interested in participating regularly in synagogue rituals and activities.

After three months of sociological counseling Susan decided to continue the career in public service which she had started several years ago. She made many new women friends at work, including some of the disadvantaged women whose needs she served. Although Susan participated in religious ceremonies at home, where practices could easily be more flexible, she no longer derived meaning and direction from participating in traditional synagogue worship.

Susan's individualized prayers and meditations helped her to gain the emotional strength she needed to work towards her chosen social causes. Her deepened understanding of God's will changed her goals. She was promoted to the position of administrator in her non-profit organization, which represents the interests and concerns of homeless people, thereby gaining more opportunities to develop her professional skills in advocacy work. Susan's quest for increased meaning in her life—the reason she initiated sociological therapy—was richly fulfilled.

Evelyn

Evelyn is a fifty year old single Black woman who is an active member of a Pentecostal church in an urban residential area. Evelyn's religious life is of much greater emotional significance to her than her work life. She has been a clerk at a local post office for the last five years.

For most of her adult life Evelyn restricted her community contributions to supporting her church rather than reaching out to needy groups in the town where she lives. After suffering from depression for four months, and feeling worthless in spite of her religious activities, Evelyn decided to undertake a course of sociological therapy with the hope that this would relieve her symptoms of extreme listlessness and uneasiness.

Through discussions in clinical sessions and increased reflection about her everyday life, Evelyn became interested in the strengths of feminist values and the plight of poor Black women. In this critical pe-

riod of questioning what she had previously taken for granted, Evelyn redefined and broadened her understanding of God's will, and reassessed her individual and social responsibilities.

Through efforts to extend the scope of her social contacts, and to increase meaning in her life, Evelyn decided to give several hours each week to assist young single mothers in a nearby town. Although she continued to participate regularly in the Pentecostal services at her church, which give her much emotional support, Evelyn spent increasing amounts of time working in a non-profit organization which provides essential services for poor single mothers. For Evelyn, God's will now meant that she should put aside her customary church maintenance work, in order to be able to respond more fully to the urgent needs of single mothers.

After several months of participating in this service to the community, Evelyn designed an educational program which aimed to prevent or limit single mothers' economic hardships and social stresses. In order to implement her program, she gave up her clerical positions in the post office, and worked as a teacher's aide and lay counselor in several local schools.

Evelyn's continued church attendance and increased personal prayer and meditation maintained the energy and motivation she needed to meet her new social responsibilities. The changes she made in her emotional standpoint towards others, decreased her depressions, and she functioned much more satisfactorily than before. Thus Evelyn's selective acceptance of feminist values, and her new view of God's will, moved her out of confined church-related activities into broader spheres of community participation.

Discussion

The most distinctive pattern in the two life histories described, and in the content analyses of the five hundred life histories which document many different kinds of changes in women's behavior, is the increased range and scope of individual and social responsibilities that women assume as a result of effective clinical interventions, especially where individual responses and choices in relation to feminism and religion are examined and questioned. During their courses of sociological therapy, both Susan and Evelyn expanded their definitions of God's will and responsible behavior, rather than accepted God's will as a moral imperative to conform to others' demands and expectations (Hall, 1990).

Some research on women suggests that the ideology and internalized beliefs of feminism can provide rationales and justifications for

women to break through discerned rigidities in traditional patriarchal structures and processes (Lenz & Meyerhoff, 1985). Susan's and Evelyn's clinical discussions, reflections, and actions prompted them to think of egalitarian changes as manifestations of God's will, and to orient their actions towards achieving increased equality for all women and men.

Prayer and meditation helped both Susan and Evelyn to act decisively in directions which directly express their expanded understandings of God's will. Their behavior gradually modifies broad social assumptions about God's will, thereby precipitating additional secular and religious changes (Luckmann, 1967). It can also be speculated that for Susan and Evelyn, as for other women, applications of either feminist spirituality or feminist theology would further increase changes in religious and secular patriarchal forms (Reuther, 1974; Stanton, 1972).

Although interactive processes, with their characteristic patterns of retreat, resistance, and advance, may be imperceptible (Durkheim, [1893] 1984, [1912] 1965), microsociological changes can bring about some awakening or enlightenment in both secular and religious terms (Gray, 1988). For Susan and Evelyn, as for many other women, an ethic of feminism is a new reality (Rowbotham, 1989) which necessitates reinterpretations of God's will at both individual and collective levels (Haddad & Findly, 1985). Whether they are participants in clinical settings or not, both women and men must choose to accept, ignore, or reject feminism as a moving force of structural change (Lenz & Meyerhoff, 1985).

A feminist ethic includes modern independent and traditional supportive feminine values. Feminism is an important source of new beliefs (Berger & Luckmann, 1966), and a feminist ethic has the capacity to restore balance to social manifestations of overly dominant patriarchal values (Chafetz, 1990). However, when powerful interest groups resist feminism, traditional patriarchal beliefs become more firmly entrenched (Beauvoir, [1949] 1974; Faludi, 1991; Firestone, 1971). Only when societies or significant social groups are receptive to feminism can religious and secular forms incorporate more traditional feminine values or independent feminist values, with the effect that new feminist beliefs and theologies emerge and thrive (Anderson & Hopkins, 1991).

Life histories are microcosms of broad social processes (Bertaux, 1981). The life histories of Susan and Evelyn, for whom religion is salient, show that feminism and related secular changes deepen their understandings of God's will in basic areas of their lives. Thus it is meaningful to analyze some of the changes in Susan's and Evelyn's interpretations of daily responsibilities, which are substantiated by the majority

of the five hundred life histories, in terms of shifts in their orientations to families, religion, social classes, culture, and society or history. These social contexts are selected for review because they represent many of women's shared interests and life situations, typical assumptions women make about human nature, and representative world views.

Families and Family Expectations

Increasing numbers of families are influenced by modern feminist values. These more egalitarian families are characterized by increased flexibility in women's and men's gender roles, as well as by increased contacts with older generations (Chafetz, 1990). As families largely determine early religious recruitment and socialization, some feminist values have a direct impact on religions, especially with regard to definitions of family expectations and responsibilities.

Susan redefined some of the more conventional aspects of her roles as wife and mother through feminism and religion, and Evelyn worked towards strengthening new generations of families, even though she herself was unmarried and did not have children. Clinical work which is based on a recognition of the critical interplay of feminism, families, and religion in women's lives, and related decreases or increases in women's empowerment, can be especially effective.

Religion as Direction

Religions and secular ideologies of feminism give meaning, purpose, and direction to their believers (Bernard, 1981). Feminist theologies provide orientations for both religious and secular changes, and suggest new social orders (Gray, 1988). For many people, including both Susan and Evelyn, only religion could meet their deep-seated emotional needs to transcend the pain of their everyday realities. Indeed, it is the unique transcendental characteristics of religion which make prayer, meditation, and other devotional practices powerful sources of empowerment, and powerful means to increase motivation for achieving egalitarian changes during sociological interventions.

Social Class and Mobility

Feminism is a valuable frame of reference for demystifying and clarifying injustices in stratification systems based on sex, resources, age,

ethnicity, or religion (Davis, 1983). Deepened understanding of social classes promotes reassessments of individual and social responsibilities, thereby modifying interpretations of God's will. Increased knowledge about international class differences (Charles, 1990) also heightens clients' awareness of what it means to be an agent of God's will or an empowered woman.

Although conventional class mobility does not necessarily result from living according to feminist principles (Greer, 1971), sharing a goal of equal opportunity for all motivates some women to define responsibility or God's will as working towards the betterment of life conditions for all. Feminism increases women's autonomy and qualitatively changes women's world views (Friedan, 1981), which enables them to more accurately assess their contributions in national and international contexts beyond local milieus (Mills, 1959).

Sisterhood is powerful only when less privileged women benefit from privileged women's actions (Davis, 1983). Although neither Susan nor Evelyn were concerned about their own class mobility, Susan's work out of the home provided her with increased economic independence and social mobility, and Evelyn contributed directly towards improving the status of poor single mothers. It can be speculated that a more inclusive class consciousness among women could rectify some of the inequities between women and men and among women. This is a fruitful theme to pursue in clinical exchanges during sociological crisis interventions in individual therapy or community settings.

Cultural Contexts

In the United States, as in other highly industrialized nations, there is increasing conflict between traditional and modern cultural values. For example, the United States emphasizes individual achievement and acquisitiveness rather than collective contributions to community well-being (Bellah, 1985). Unless individuals' value and action choices become more deliberate and responsible, cultural conflicts will debilitate social institutions and weaken rather than strengthen society (Hall, 1990; Bellah, 1991).

Feminism emphasizes cooperative values which contrast with mainstream competitive values (Millett, 1970). Beliefs based on communal values necessitate examinations and redefinitions of individual and social responsibilities, as well as reworkings of assumptions about God and God's will (James, [1902] 1961; Hammond, 1988).

New understanding precipitates changes in community and cultural responses. Sociological practitioners can increase their clients' awareness of new options in value choices. Both Susan and Evelyn revised their assessments of their viability as actors contributing to the common good. Their life histories show how their community contributions brought maturation and increased life-satisfaction.

Society and History

Effective clinical interventions increase clients' awareness of the interplay between broad social influences and their individual deliberations. Both Susan and Evelyn became more able to see themselves in a societal context during the course of their sociological therapies, which changed the basis of their value choices. As feminism expands women's choices, both Susan and Evelyn were able to become historical actors who initiated change, rather than conformists to social expectations.

Feminism allows women to see many of their personal troubles as social issues (Mills, 1959), and to realize that God's will must necessarily include societal as well as personal concerns. Women's increased scope of responsibility is the essence of feminist enlightenment. Feminism provides a moral vision which redefines women's identity and their contributions to society (Mol, 1978; Turner, 1976).

Conclusion

Feminism introduces new values into mainstream culture, as well as suggests new definitions of women's individual and social responsibilities (Friedan, 1963; Rowbotham, 1974; Wollstonecraft, [1792] 1982). Susan and Evelyn exemplify how secular changes through feminism can change both religious observances and everyday behavior. Susan's and Evelyn's experiences also show how religion can provide meaningful support and inspiration during crises and rapid social change.

In the same way that feminist theologians within different religious denominations inspire some women to develop their own spirituality (Steinem, 1992), religion can be a means for women to attain freedom rather than a site of their oppression.

Sociological practice is enhanced when a feminist ethic is viewed as an important social source which brings about secular or spiritual enlightenment. As well as contributing towards the development of more humane religious institutions and improvements in the quality of secu-

lar life, feminism provides emotional standpoints and world views which open up the restrictions of orthodox views of God's will (Kemper, 1990; Oatley, 1992).

The life histories of Susan and Evelyn show that feminism can inspire meditations on God's will and galvanize women to work towards the elimination of social injustices. A feminist ethic extends boundaries of responsibility, and broadens horizons for enlightened social action. Both feminism and religion are important sources for women's empowerment through clinical or community interventions and everyday activities. Feminist and religious values or beliefs provide meaning, direction, and increased motivation to build a just society. When practitioners discuss feminism and beliefs with their clients, they can heighten awareness of responsibilities and empowerment possibilities, thereby increasing the effectiveness of their sociological interventions.

Sociological Practice Applications

In order to clarify priorities among the diverse applications to clinical practice suggested by these analyses of life history data and case studies, three summary points are made. One assumption underlying each of the three categories of applications is that discussions of ideas between clients and practitioners can change, or at least challenge, clients' thinking, their patterns of behavior, and their levels of functioning. Another assumption is that even though feminism as an ideology affects women more than men, feminism also ultimately affects men's sense of identity and their behavior—that is, men's definitions of God's will and their empowerment.

1. Ideological movements are powerful sources of innovative values, which can orient many different kinds of personal and public behavior. Practitioners' direct references to ideological substantive themes, such as belief in the equality of women and men, can precipitate deep levels of questioning by clients, as well as shifts in their behavior.

   E.g. Practitioners can precipitate constructive changes by asking such questions as, "How do you relate to feminism?" "In which ways do feminist values affect your life?" "Which feminist values have the strongest impact on your life?"
2. Participation in religious communities can provide meaningful support to clients, and the inclusion of key religious

concepts such as "God's will" in clinical discussions may orient clients' behavior differently, and have empowering consequences.

E.g. Practitioners can encourage clients' explorations of new world views by asking their clients direct questions such as, "Do you find religion meaningful?" "How do you pray or meditate?" "How do you apply religious ideals in your own life?" "How does feminism affect your understanding of God's will?"

3. Women's empowerment can be a clinical result of extending or deepening women's understanding of God's will. Clinicians are in a strategic position to help clients to articulate some of the connections they make between feminism, God's will and women's empowerment. By examining clients' families, religions, social class, culture and society with their clients, practitioners can broaden clients' views and life-styles.

   E.g. Questions which serve the purpose of broadening clients' perspectives on self and society include, "How has feminism affected your world view and your beliefs about human nature?" "Which of your values are most important to you and why?" "What is your strongest identity like?"

This summarization of sociological practice applications remains suggestive rather than prescriptive. A significant overall task of the sociological practitioner is to engage clients in thinking and decision-making which affects both their interpersonal and public actions. Clients empower their identities through synthesizing micro- and macro- considerations of their life situations, and sociological practitioners achieve such constructive outcomes when they direct clinical discussions in meaningful and influential directions.

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The Clinical Sociologist as a Boundary Manager: The Case of University Administration

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ABSTRACT

Managing conflicts at the interfaces or boundaries at the individual, group and organizational levels is an essential part of the job of a university administrator. As universities become subject to increasing external pressures, especially financial, administrators are called upon to reorganize, restructure and reallocate resources. These interventions substantially challenge academic administrators and the clinical sociologists who occupy these roles to utilize their skills as conflict and risk managers. This paper describes and discusses the experiences and observations of the authors as boundary managers in university settings.

Introduction

A few years ago, a symposium explored the careers of sociologists who had become university administrators (Dunlap, 1990). Sociologists who had become administrators were asked: why they had become administrators, what are the positive and negative aspects of administrative careers, what relevance sociology has to administration, and what relevance administration has to sociology.

The reasons the sociologists gave for becoming administrators varied widely, as did their experiences and degrees of success. Nevertheless, the sociologists who are or had been university administrators appeared to agree that they practiced sociology to bring about positive social change, and that their knowledge and skills as sociologists proved valuable when they were called upon to manage people; provide leadership and motivation; communicate goals, values and norms; achieve balance among competing interest groups; and facilitate understanding among members of diverse cultures and subcultures. (DeFleur, 1990; Garrity, 1990; Hill, 1990; Spanier, 1990; Zuiches, 1990). As Glass (1985) pointed out, whereas sociologists in the past have been more interested in studying organizations and organizational change than in facilitating them, clinical sociologists today increasingly are becoming organizational change agents.

The premise underlying the present paper is that university administration is sociological practice. The university is regarded as a social system, a natural laboratory in which the clinical sociologist is both a participant and an observer. Any social system has numerous boundaries or interfaces that must be managed for the system to maintain balance, vitality, and integrity. University administrators serve, to a great extent, as boundary managers. Sociologists in administrative positions in universities, particularly those who serve as division or department heads, deans, vice presidents, or presidents, spend the majority of their time managing boundaries. The purposes of this paper are to: examine the nature and role of the clinical sociologist as a boundary manager in a university; explore the types of boundaries to be managed; and suggest guidelines for managing boundary change and conflict.

The data for this paper come from the experiences, observations and reflections of the authors, the published literature regarding academic leadership and organizations, reports and symposia, and conversations with colleagues who are university administrators.

Boundaries Defined

Wilber (1981) points out that our lives are largely spent in drawing boundaries. Every decision, every action, every word is based on the construction, conscious or unconscious, of boundaries. Boundaries manufacture opposites, and the world of opposites is a world of conflict. Every boundary line is a battle line; the more entrenched the boundaries, the more entrenched the battles. Boundaries are perceptions; in actuality, the only boundaries are those we create.

Boundaries in organizations are difficult to define and locate because they are not visible. Often we know a boundary exists, only after we have inadvertently crossed it. Boundaries are important in an organization because they help separate its region of control and activities from that of the larger social environment as well as to circumscribe the roles and functions of people in the organization. Boundaries are a necessary part of life. It is not our intention to dispute their need or importance; rather, it is our intention to focus on the effective management of boundaries to minimize and prevent conflict that is unproductive.

Lawrence (1979:16) argued the case for "reasonable" boundaries effectively when he said, "both the wish for no boundaries and the desire to remain totally imprisoned within a boundary are expressions of 'madness' in that there is no desire to distinguish between fantasy and reality, to take authority for what one perceives, how one sees, and why one understands".

The University as a Social System

Organizational theory possesses many paradigms with which to provide conceptual frameworks, but these frameworks, when applied to universities, meet with mixed results. For example, universities have been compared with business corporations, government bureaucracies, and large foundations, and have been perceived as bureaucracies, normative organizations, organized anarchies, multiversities, loosely coupled systems, professional organizations, establishment organizations, and academic cultures (Harman, 1989). Getman (1992) suggested three special features of academic life: community, continuity, and polarization. Community is the bringing together of people in a common intellectual enterprise. Academic life is most rewarding when this capacity is realized. Students provide continuity in a university. The perpetual stream of consumers of knowledge provides the university with a purpose. So-

cial change helps to create polarization in a university. Diversity of opinion and open debate is encouraged and considered healthy for the organization. This facet of the university leads to polarization, conflict, and often, divisiveness and obstructionism. Yet, it is community, continuity, and polarization that make the university a protector of both change and the status quo.

The interplay between balancing change and stability provides the best rationale for viewing the university as a social system. Each of the interdependent parts of the system is sensitive to internal and external change, so that any perturbance affects the entire system. University administrators are both managers and instigators of change. Administrators are responsible for fairness and balance in the system. Most administrators encourage the management of change at the lowest level of the organization.

Problems common to the modern university involve disciplinary boundary crossings or violations of ethnicity, age, gender and disability. Straus (1984) states that boundary problems need a combination of interventions that cross different levels of the system. For example, a complaint of sex discrimination against a professor by a student or group of students requires a mixture of intervention strategies; counseling and legal advice for the students, an appeal process and legal advice for the professor, an investigation of the charges, a possible formal hearing, possible legal action, or other options, such as the option for the professor to retire. Sex discrimination is a university-wide issue although it ma involve only one professor in one department. University policies regarding student and faculty behavior, federal and state laws, and the rights of individuals affect all levels of the system. The university administrator in this example can act in many roles to both parties, i.e., advisor, counselor, arbitrator and guardian of due process. This example involves and has repercussions for all levels of administration: the EEO officer, department chair, dean, vice president, and president. A legal case, if it follows, can broaden administration's involvement to include the chancellor, board of regents, and attorney general's office.

Another type of boundary crossing is necessitated by the departmental form of organization in most universities. Students are clients of many departments; therefore, coordination is needed to manage cross-departmental linkages. This is achieved through standing faculty committees. Students must integrate the knowledge offered by each discipline, as well as manage the knowledge interfaces between related disciplines. Disciplinary boundaries often work against the interdependency

of faculty-student teaching-learning (Bell, 1982). The persistence of the academic department prevents faculty members from examining alternative ways of teaching that might jeopardize faculty specializations. Administrators often are the instigators and navigators of interdisciplinary degree programs and research efforts. In such cases, considerable debate often occurs regarding the primary home and department which will promote and tenure a faculty member.

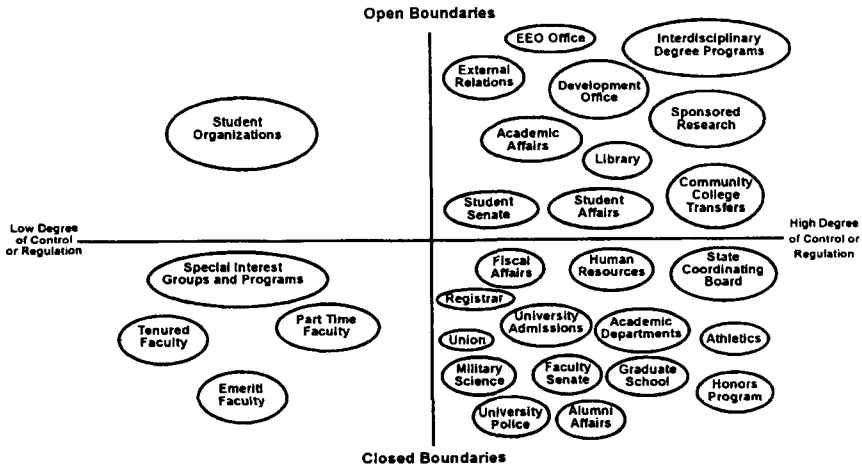
Managing Boundaries

Unlike hierarchical organizations, universities are communities in which authority is widely shared. Shared authority means that shared boundaries are a continual source of debate and possible change. For example, in difficult financial times, administrators and faculty may debate the combining of departments or colleges to save money; in more affluent times, debates may arise regarding the elevation of programs to departments, or the creation of new degree programs. Interdisciplinary degree programs are classic examples of the sharing of authority. Cohen and March (1974) point out the tendency for one issue to become intertwined with a variety of other issues, and refer to this as "garbage can decision-making."

Figure 1 shows the range of types of boundaries encountered in a university. The scheme may differ to some degree in public and private

Figure 1

Examples of Boundaries and Their Regulation in a University (adapted from Brown, L. David, Managing Conflict at Organizational Interfaces, Addison-Wesley, Menlo Park, CA, 1983, p. 26.)



colleges and universities, but typically, most boundaries in universities are highly controlled, and many are closed. This is why managing boundaries in a university is so challenging. Cohen and March (1974) have referred to the university as an organized anarchy. Many separate and distinct entities protect their individual turf and advocate many different opinions. The challenge for the administrator is to keep "some people and units apart and get others together" to maintain a viable "whole".

University administrators must "sort the garbage" and continually remind the various constituencies involved in issues that academic freedom is a virtue, which should not become an obstacle in solving problems. A key function of the university administrator is to serve as a traffic cop, directing constituencies in order to minimize collisions and keep the traffic moving.

Table 1 lists ten common types of boundaries that university administrators encounter and the types of conflicts that can arise from them. The increasing diversity of universities creates change as well as reaction to change. As a result, boundaries constantly change. Even a slight change in boundaries, such as a revision by a new dean of college criteria for faculty promotion and tenure, can cause significant faculty upheaval.

The role of the university administrator is to anticipate, moderate, and guide change as much as possible. However, because there are too many boundaries to monitor preventively, the management of boundaries usually is reactive.

Handy (1994) points out that administrators, increasingly are asked to manage paradoxes. Universities are experiencing severe budget constraints, yet strive to remain progressive and competitive by developing new programs. Infrastructure may be meager, but student enrollment is encouraged to obtain additional formula dollars from the state. Universities increasingly are seeking outside funding; faculty members are encouraged to solicit grants and engage in research in order to be promoted and tenured, yet administrators recognize that the faculty reward system does not match the full range of academic functions, and that professors are caught between the obligations to teach, carry out research, and actively engage in professional and community service. There is a call for universities to "return to teaching" (Boyer, 1990). This paradoxical balance between present demands and future hopes must result in compromise.

Managing Perceptions

University administrators spend a great deal of time managing faculty perceptions. It is important for administrators to conduct reality checks with faculty periodically by attending department, college and

Table 1
Common Types of Boundaries and Boundary Conflicts in Universities

Boundaries	Boundary Conflicts
Physical Space	a department obtains a grant and needs room for expansion—an area belonging to another department is vacant.
Personal	grievances alleging discrimination in promotion, tenure, salary, admission, etc. because of sex, age, ethnicity, or disability.
Professional preparation and experience	criteria for membership in graduate faculty; limitation of voting in aca demic departments to full-time tenure track faculty.
Ethics	cheating, plagiarism, theft, research fraud
Union/Administration	faculty salary increases and faculty productivity.
Faculty/Administration	need to teach larger classes due to financial constraints and concern for quality.
Student/Faculty	grades
Faculty/Faculty	"rights" of tenured faculty versus non-tenured faculty
Administration/Administration	where to cut budgets
Special Interest Groups	requests for space and resources by Women's, Afro-American, Chicano, Gay and other groups.

faculty senate meetings and engaging in informal chats with faculty. Faculty morale has been shown to be correlated with perceptions of university finances, governance and general change (Birnbaum, 1992). A lack of information or misinformation creates misperceptions and ru-

mors. Considerable time can be spent by administrators in checking the reality of faculty perceptions.

Faculty generally are suspicious of or distrust administrators, especially career administrators. Faculty often forget that administrators with doctorates have a discipline, and view them as having deserted their field for the increased salary, prestige and power of an administrative position. Administrators, in turn, often feel that faculty members do not appreciate the difficulties of administration, its frustrations and satisfactions. Administrators who serve specified terms, or retire and return to the faculty to teach, report differing receptions from colleagues, some are welcomed and others scorned. As the governance of academic institutions becomes more complex and legalistic, especially in institutions with unions and collective bargaining, "the administration" is considered an adversary (Getman, 1992). Mismanaged faculty efforts are channeled into increased collective bargaining, retreatism, self-protectionism, and regression (Bell, 1982). The authors' experiences have been entirely in non-union universities. We would suggest that an examination of boundary issues in union versus non-union institutions would warrant a study in itself.

Hirschhorn (1988) states that people set up boundaries to contain anxiety. Real boundaries separate administrators from faculty; imaginary boundaries are formed on the basis of perceptions. Boundaries help make the world more predictable and organized. Administrators who do not maintain and manage boundaries clearly and decisively can create considerable stress and anxiety. Boundaries are defined, in part, objectively, by job descriptions, yet, it is the subjective aspect of boundaries which feed people's perceptions, that they act on, rightly or wrongly. Therefore, an administrator must continually check faculty perceptions and help to adjust or correct them to reality. For example, administrators may indicate dissatisfaction with an academic unit by withholding resources. However, that is not the only way, or the only reason, for changing resource support. A departmental chair who does not obtain approval to fill vacant faculty lines may perceive this as an indication of a negative attitude or decreased support of the department by the administration. However, vacancies may not have been approved because of a substantial decline in enrollment in the courses in that department and the need to allocate additional faculty lines to a department with increasing enrollment.

One challenge for administrators is to "unfreeze" erroneous perceptions of faculty in order to create positive change. Change must be per-

ceived by those it affects as an opportunity, not as a threat. The administrator is the likely target of anger and criticism when the status quo is disrupted and boundaries are threatened. Organizational change that involves a large number of people appears to be the least disruptive and most accepted. An administrator must be able to perceive difficulties, to have insight into himself or herself, and the culture, and to manage disruptive elements. As Schein (1992) notes, administrators must be able to manage the unmanageable and explain the unexplainable. They must shift from a win-lose defensiveness to a willingness to collaborate and cooperate in matters of common interest. Administrators as boundary managers help to find and facilitate such interest. For example, many universities are confronted with the problem of differential pay between disciplines, e.g. engineering and business versus humanities and social sciences. It is important for the university administrator to broaden the perspective of humanities and social science faculty who feel they should receive salaries comparable to those of engineering and business. The way to change perceptions is to help faculty understand the market aspects of establishing salaries. Merely pointing this fact out, however, will not in itself change perceptions. Presenting data from a national perspective and from professional societies will assist in acquainting faculty about the issues related to establishing salaries.

Managing Ambiguity

Ambiguity is present in all organizations. Kets de Vries (1980) points out the need for administrators and managers to find a satisfying balance between management *of* ambiguity and management *by* ambiguity. The latter, which is often a power-keeping strategy, can create a great deal of stress, anger and hostility in organizations. Most universities tend to occupy a middle ground between a high degree of structure and a high degree of ambiguity. Yet, the threshold level of ambiguity for individuals differs, and it is individual ambiguity that administrators commonly are required to manage.

Management becomes the skill of balancing trade-offs. The administrator must continually attempt to modify or reduce ambiguity and stress for individual faculty members and administrative units. Ambiguity in an organization is related to the adequacy of information to do a job properly. This can be applied both to role definition and to accuracy of feedback. Ambiguity and helplessness often result when information is missing (Kets de Vries, 1980). The administrator must have

his or her "ear to the ground" and be aware of unspoken as well as spoken expressions of frustration, anger, and apathy and of other indicators of dissatisfaction. Rules and regulations are used to reduce ambiguity; however, it often is the "gray" areas of behavior, which are not covered by rules and regulations, that require clarification by an administrator.

Managing Socialization

University administrators not only manage boundary problems or issues, they also manage the process of socialization of faculty members. Universities have life cycles and experience issues of growth, development, transitions, and decline similar to those of individuals, families and other groups. New faculty members give the university vitality and, like infants, need to be nurtured and socialized into the family. Simultaneously, the university is at some point in its life cycle. The socialization of new faculty is an attempt to assist them in fitting into the organization's life cycle. Orientation sessions and peer mentors are formal ways in which new faculty become acquainted with departmental and college boundaries. In many cases informal socialization is handled within departments and is usually the most important in the process of socialization of new faculty.

Individual (intra and interpersonal) level

Faculty members have to establish themselves as members of the university community, members of a disciplinary group or department, and as somewhat autonomous competent teachers and scholars in particular areas of expertise within their disciplines. In other words, individual faculty members have to establish their identity and establish the boundaries that will differentiate them from other faculty members. The first one or two years of a faculty member's employment at a university are key in establishing the unique culture of colleagueship. A common difficulty in the early phases of the socialization of new faculty members often revolves around their not "getting" all of the resources promised to them at the time of their job offer. For example, they may not have received computers, research assistants, or start-up funds. Often, the resolution of these problems involves the college dean and/or vice president for academic affairs. The new faculty in essence have not received the tools or resources to fully establish their boundary of expertise.

Managing boundaries between faculty members in the university system is a major job. New faculty members recruited into a department at higher salaries than older faculty members and given resources, often are the target of criticism by faculty members who have been at an institution for many years, whose salaries are below market level and who have outdated computers. A new faculty member with expertise closely related to that of other faculty members in a department might be viewed as a threat. Boundaries related to discipline specialization are carefully guarded in universities. Successful interdisciplinary efforts in research and teaching are found among individual faculty members and units who are usually senior, tenured and therefore, feel more "secure." It is often difficult to involve young untenured faculty in interdisciplinary activities because the path to achieving promotion, tenure and merit raises is less clear than it is when working within disciplinary boundaries.

Group level

Group membership in a department or in a university-wide group, e.g., Women's Studies, Black Studies, requires negotiating boundaries within which individual faculty members assert autonomy by testing group rules and norms. Leadership is often challenged, and power struggles are frequent until a new balance of power is established. Group boundaries are established and continually negotiated when new members join and old members leave (Schneider, 1991). At the group level, another boundary exists between fantasy and reality. Groups often operate according to fantasies regarding the groups' tasks. Sometimes the fantasies of individual group members interfere with a group's task and the leader's abilities are questioned, leading to an internal power struggle.

Organizational level

The university administrator must manage the "niches" of numerous organizations and units within "the academic side" and between the academic side and the other aspects of the university organization such as student affairs. Innovations or changes in academic or student programs, for example, may impact a range of factors from parking to library hours. Perhaps the area of the university that creates the most widespread and continual source of boundary readjustment is that of computer technology and services. A university computer center director not only has the challenging job of keeping university computer technology current with a limited budget, but must be able to anticipate and

plan for long-term university computer needs, as well as respond to the immediate and growing service needs of the academic, financial and other administrative components of the university. Often, when boundary problems arise and persist, computer center directors are blamed either for causing, or for failing to resolve problems to the satisfaction of all parties. Often, a change in computer center directors results, and the cycle repeats itself. Reorganizations in universities are frequent: departments are renamed, administrators come and go, each with a different organizational plan, and state budgets require reorganization due to downsizing. The role of the university administrator is to manage changing boundaries to preserve the integrity and coherence of the system while the system is responding to change.

Managing Conflict

Conflict often is seen as the opposite or extreme of competition. Conflict is not always destructive, but it often is, and usually involves crossing boundaries. Conflict within organizations can be seen from several perspectives of level and form. From an organizational level, there is an interpersonal form; two or more individuals disagree on some matter or issue. Conflict also can occur within or between groups, e.g., within a department, or between departments within a college. A third level of conflict exists within an organization, e.g., the Faculty Senate may conflict with the administration on an issue, or the university may conflict with the community or the alumni on an issue (Bostock & Haig, 1992).

A potent source of conflict in universities is the threat of territorial invasion or loss. The perception of personal and disciplinary boundaries is shaped by personal experience and the expectations of colleagues in other disciplines or the university administration. The office and research space occupied by a faculty member in a department are deeply ingrained indicators of status, prestige and power. The usual goal is to gain more space through the acquisition of grants and contracts and new positions. To relinquish space for any reason often is perceived as a threat to a faculty member's or discipline's importance or changing value. This often is the case when enrollment in courses or a discipline's majors decreases.

The invasion of the "emotional territory" of an individual or group also may be a source of conflict. The most obvious example in a university is the hiring of a new faculty member with the same expertise as a

current faculty member, especially in the same department. If the current faculty member does not have tenure, tension, anger and the possibility for open conflict is real (Bostock & Haig, 1992).

The authors have noticed a recent trend in universities to employ social science approaches to manage conflict. The development of Dispute Resolution Centers and ombudspersons on university campuses are two examples of how universities are profiting from conflict management research. It is not our intent to conduct an exhaustive review of the literature on conflict resolution; however, some key concepts developed in the 1970's and 1980's are important for university administrators to keep in mind.

First, conflict has both positive and negative aspects, it is neither bad nor good, it just is. Brown (1983) has pointed out that organizations may suffer from too little conflict as well as too much. The old assumption that conflict should be avoided is no longer useful. University administrators must be skilled both in promoting and reducing conflict as the situation demands. For example, the Director of Human Resources in a university may propose to collect data which will demonstrate inequities within the staff pay plan. Upper level administration may choose to ignore this potential problem and thus avoid conflict, or administration may encourage the data collection and establish a review process which will generate conflict and thereby result in needed changes in salary. The point is, if you don't go through the conflict, you don't get to the solution.

Second, Thomas and Kilmann (1974) have developed a typology of conflict resolution strategies to assist administrators in deciding which resolution method to use in which situation. Thomas and Klimann have found that there are two dimensions of conflict management: assertiveness and cooperation, which produce five methods of managing conflict. Identification of the five conflict handling modes and a list of situations in which each is useful follows:

Competing (high assertiveness and low cooperation)

1. to be used when quick, decisive action is vital.
2. to be used on important issues where unpopular courses of action must be implemented.

Avoiding (low assertiveness and low cooperation)

1. to be used when the issue is trivial.
2. to be used when others can resolve the conflict more effectively.

Accommodating (low assertiveness and high cooperation)

1. to be used when you are wrong
2. to be used when continued confrontation would only damage your cause.

Compromising (moderate assertiveness and moderate cooperation)

1. to be used when goals are moderately important
2. to be used when two opponents with equal power are strongly committed to mutually exclusive goals.

Collaboration (high assertiveness and high cooperation)

1. to be used to find an integrative solution when concerns are too important to be compromised.
2. to be used to gain commitment by reaching a consensus.

Instructions regarding the appropriate use of these models have been developed by Fisher and Ury (1981) and Covey (1989). Fisher and Ury list four propositions for principled negotiation. 1) Separate the people from the problem. This proposition separates ventilation from problem solving and changes the focus of the conflict from people to issues. 2) Focus on interests, not positions. Positions usually state solutions to a problem. However, interests or needs are defined as the driving force behind positions. The most powerful interests are basic human needs: security, economic well-being, a sense of belonging, recognition, and control over one's life. 3) Generate a variety of possibilities before deciding what to do. Using a brain storming session to invent options may generate resolutions that are effective in reconciling differences. 4) Insist that the result be based on some objective standard. If the parties agree on standards and procedures, it is possible for either or both parties to change position without losing face.

Keeping these four principles in mind will help an administrator approach conflict from a perspective which is likely to resolve the conflict to the benefit of the parties and the institution as a whole.

Covey (1989) has also developed techniques for conflict resolution which are incorporated into his book, *The Seven Habits of Highly Effective People.* The habits which Covey identifies as involving interdependence are: think win-win; seek first to understand, then to be understood; and synergy. Think win-win encourages us to start from the premise that there is a solution to conflict which neither party has thought

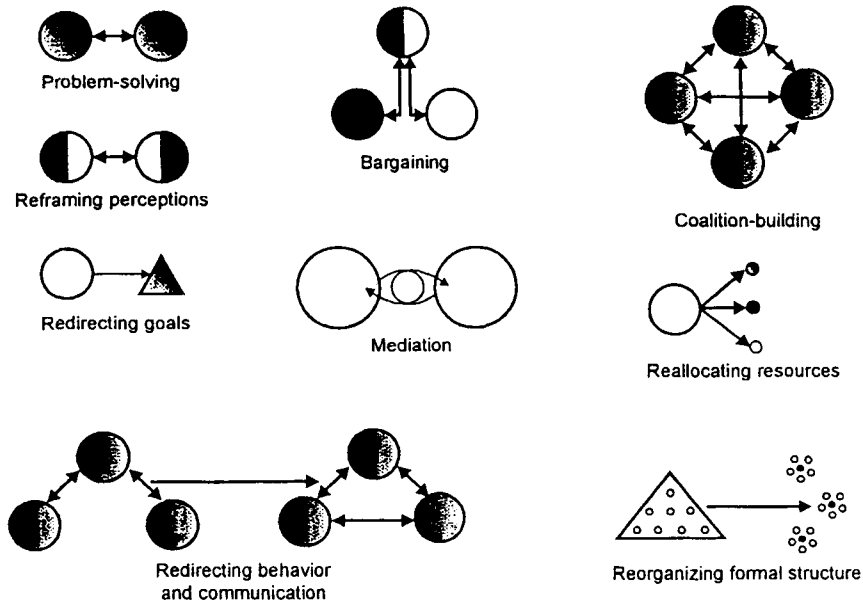
of and which will satisfy all parties. This premise grows out of an abundance mentality that encourages expanding solutions instead of limiting them. "Seek first to understand" involves a behavior change for many administrators. Start an interaction by listening to the other person. Just listen; after the person has stated his position, summarize accurately and then describe your position. The advantage of this process is it demonstrates concern and empathy for the other party. Synergy is the result. Synergy means that the whole is greater than the sum of its parts. In conflict management, synergy happens when the solution, which neither party started with, satisfies all parties. In many situations, synergy can be accomplished with less time and effort than other forms of conflict resolution.

Managing Change

One of the essential tasks of a boundary manager is to manage change. To manage change, the manager must anticipate and plan for risk—risk of conflict versus the risk of progress. Risk management is concerned with the identification, evaluation, resolution and prevention of problems that may cause loss, liability, or impairment to an organization and its members. As Stacey (1992) points out, not everything is knowable. Most administrative jobs are dominated by what we know. We know what outcomes we want to achieve, but we do not always know how to achieve them. In Stacey's words, we know the destination, but not the route. He calls for new mind-sets for managing the future ("frame-breaking" management). The long-term future of an innovative organization is unknowable, so Stacey suggests that administrators and managers intervene to draw boundaries around change, so that change can be directed, managed and used creatively to benefit the organization. Rather than help boundaries rebound from change and return to their former state, future administrators need to anticipate the opportunity of instability that change creates, to reshape boundaries to meet changing needs. Future change managers will need to be expert in the process of change, not the content of change. Therefore, it would be important for a change manager to have experience managing change at different levels of an organization.

There are many ways to manage risk, before or after a problem occurs. Common administrative interventions to manage risk include: reallocating resources, reorganizing formal structures, reframing perceptions, or redirecting the goals of units or jobs of individuals (Figure 2).

Figure 2
Some Risk Management Alternatives to Boundary Conflict



Interventions are interactions and usually more than one type of intervention is needed to correct or prevent a problem (Brown, 1983). Risk management may be targeted to specific issues, but it must be broader than the resolution of specific issues. Risk management involves articulating a definition of acceptable behavior or practice in an organization. Risk management is the management of boundaries, but the boundaries are explicit, agreed upon, and monitored by everyone in the organization, not only administrators.

Costs/Benefits of a Boundary Manager's Role

Why would anyone choose a career as a boundary manager? Boundary management is a part of everyday life. We are all boundary managers. Some are better at it than others. Some careers involve more boundaries than others. Institutions of higher education are comprised of islands of knowledge protected by disciplinary boundaries. While students can pick and choose, cafeteria style, what they wish to learn, the requirements for graduation or core curriculum seemingly ensures that

students will learn the basics and graduate with a well-rounded education. The job of administrators is to manage the interfaces between these islands of knowledge and encourage and facilitate inter-island collaboration in teaching and research. This can be a very challenging and rewarding role for a sociologist who possesses expertise in group behavior. A sociologist who is a university administrator functions as a manager, or broker of risk. The challenge is to minimize the risk of conflict and maximize the risk of innovation, creativity, and progress.

Every role of choice possesses costs and benefits. Table 2 lists those for a boundary manager. Much of the gratification and success of a boundary manager will depend upon the social and psychological climate of the organization, as set by the style and tone of its leadership. Boundary managers can police boundaries or manage them. If an organization chooses to be progressive and innovative, boundary management can be an exciting challenge. Conflict will be a part of even the most ideal work setting, but in a healthy organization, conflict is minimal because everyone works to prevent it (Bruhn & Chesney, 1994).

Table 2
Costs/Benefits of a Boundary Manager's Role

Costs	Boundary managers may become the victim in boundary conflicts, e.g. power struggle
	Boundary manager must try to be "neutral"; loyalty is to the organization and not to the constituents, hence a lonely role
	Behavior difficult to change; Problem people difficult to displace
Benefits	Can resolve or limit some boundary conflicts and prevent others
	Can have broad perspective of an organization and hence innovative ideas for change
	Can influence events at interface
	Can create coalitions, networks and influence the direction of groups and organizations

Implications of Sociological Practice for University Administration

University administrators are confronted with reduced resources, conflicting priorities, and increasing ambiguity. Given this situation administrators need to approach these problems with a perspective which includes a range of knowledge about individuals, small groups, and complex organizations. The ability to integrate levels, as one approaches a problem is necessary in arriving at successful solutions. The sociologist combines this broad perspective with specific skills of data synthesis, clinical intervention, conflict resolution, and change management which will be the hallmark of success in the future. Skills of the practicing sociologist will be more valuable in the management process of doing more with fewer resources. For example, expansion of university activities will require co-operative degree programs, reallocation of resources, and reorganization of both internal and external boundaries. These challenges fit the expertise of the clinical sociologist.

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Special Moments, Special Times: Problematic Occasions Following the Death of a Child[1]

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ABSTRACT

Using data obtained from 14 interviews representing 9 families and 10 child deaths, this paper examines moments in time that occasion or may occasion social encounters that are problematic for bereaved parent(s): 1) holidays in general, e.g., Christmas, New Years; 2) particular events, e.g., weddings, funerals, graduations; and 3) those occasions specifically associated with the deceased child, e.g., the child's birthday and/or death anniversary. For bereaved parents such occasions may be excruciating. In the case of holidays or special events, the absence of the deceased may be especially poignant since he or she would have been present had he/she lived. In the case of the birthday or death anniversary of the deceased, the failure of others to take note of the significance of the day accentuates the loneliness of loss. Such moments in time, however, are sociologically as well as psychologically important for they mark events that belong to the group as a whole as well as to individual members of the group. The bereaved parent, then, must contend not only with the members of the group but also with the group itself. Erving Goffman's conceptualization of the "social encounter" provides additional insight into why these occasions are so problematic for the bereaved parent. Implications for grief counseling are discussed.

Introduction

Although grief in general has long been defined as a normal response to loss, the point at which grieving becomes abnormal or pathological has been and is still being debated. Beginning with Freud's (1925) essay on mourning and melancholia, early researchers and clinicians (cf. Brabant (1989-90) relied on both intensity and duration of pain to differentiate between normal and abnormal grieving. Gradually, however, mitigating factors have been forwarded to explain, and thus, normalize continued and/or reoccurring pronounced pain. These factors include mode of death, e.g., sudden death as opposed to anticipated death, type of social support and/or predisposition of the bereaved (e.g., Parkes and Weiss 1983), and the relationship of the bereaved to the deceased (e.g., Raphael 1983). An additional factor, one that is particularly relevant to this paper, is any date or event that is associated with the deceased, e.g., the "anniversary phenomenon" (cf. Raphael, 1983; Brabant, 1989-90).

Regardless of extenuating circumstances, the death of a child is generally recognized as the most devastating loss of all (cf. Rando, 1986:6).The long term significance of the child in the parent's life, the need for primary role reorganization, and the response or lack of response from others are recognized factors that prolong and intensify the parental grief process. Holidays and anniversaries are conceded to be particularly traumatic for bereaved parents (cf. Rando, 1986). In the case of holidays or special events, the absence of the deceased child is especially poignant since he or she would have been present had he/she lived. In the case of the birthday or death anniversary of the deceased child, the failure of others to take note of a day that is important to the bereaved parent may accentuate the loneliness. Special moments and times, however, are sociologically as well as psychologically important if they mark events that belong to the group as a whole, not just to individual members of the group. Social occasions associated with these special moments and times are group phenomena.

Although factors such as type of social support, relationship to the deceased, and holiday gatherings take into account the impact of "others" on the grieving process, the primary focus of analysis is the individual (the bereaved person). This is largely due, we suggest, to the traditional use of a psychological frame of reference. The present paper uses a sociological frame of reference, specifically the work of Erving Goffman, to examine special times and the grief process. Goffman's

concept, the "social encounter," allows us to focus on the group as central to analysis, and provides additional insight into the complexity of "normal" grief.

This paper looks at the ways in which fourteen bereaved parents have dealt with three categories of special moments and times following the deaths of their children: 1) holidays in general, e.g., Christmas, New Years; 2) particular events, e.g., weddings, funerals, graduations; and 3) those occasions which are specifically associated with the deceased child, e.g., the child's birthday and/or death anniversary. Following a brief review of traditional (psychological) explanations for the pain identified with these days or events, a sociological interpretation of the trauma associated with these times is presented. Implications for grief counseling are discussed.

Data: Source and Findings

The data cited in this paper were obtained from a study conducted in 1990-91 on the social impact of the death of a child. Twenty letters were sent to members (a couple was sent only one letter addressed to both) of Compassionate Friends Inc., Acadiana Chapter, who had been bereaved for at least one year. Although the letters were prepared by the researchers, the recipients were selected by a member of the Board of Directors, thus assuring anonymity of those who did not wish to participate and complyingwith the policy of the organization. The letter explained the project and asked for permission to interview. Nine families who had experienced the death of a child (one family had lost two children) responded.

Four families were represented by one parent only: one father (Case 3) and three mothers (Cases 1, 2, 4). In five families both mother and father were interviewed (Cases 5-9). Interviews ranged from 1 1/2 to 2 1/2 hours. Age at which children died ranged from 15 hours to 29 years of age. The cause of death varied among these children: six died as a result of automobile or bicycle accidents; the other four children died as a result of AIDS, surgery, cancer, and Potter's Syndrome. Nine of the children who died were male and one was female. Bereaved parents were asked: 1) How would you have preferred to spend holidays? What did others expect of you at this time?; 2) Are you expected to attend social functions and events that were like those that your child participated in when living, e.g., weddings, graduations, sports events, baby

Table 1
Bereaved Families

Family Case Number	Parent	Child/ Age At Death	Years Bereaved	Cause of Death
1	Mother	Son/19 Son/29	9 years 2 years	Auto AIDS
2	Mother	Daughter/21	4 years	Auto
3	Father	Son/9	9 years	Bicycle
4	Mother	Son/15 hours	9 years	Potter's Syndrome
5	Mother Father	Son/18	6 years	Auto
6	Mother Father	Son/5	4 years	Cancer
7	Mother Father	Son/5	2 years	Surgery
8	Mother Father	Son/9	9 years	Bicycle
9	Mother Father	Son/23	6 years	Auto

showers, birthday parties, funerals, etc.? If so, how are you treated at these functions?; and, 3) How would you prefer to spend your child's birthday and death anniversary? What have others done that helped or hurt you on these days?

The responses of the bereaved parents provide poignant evidence that social occasions associated with holidays are particularly painful for bereaved parents, even those for whom several years have elapsed since the death of the child. All define the holidays as problematic. How they cope, however, differs. Some parents opt out of large gatherings: "I wanted to be here [home], by myself—I couldn't stand large family get-

togethers" (Case 1); "I never want to spend Christmas away from my home" (Case 2); "We try to remain as secluded as possible (Case 8); "We spend our Christmas quietly at home with our immediate family" (Case 9). One parent goes to family gatherings during the holidays because he wants to be with his family, but finds it "a very trying day" (Case 3). Others go because of family pressure. One parent "put[s] on a clown smile" (Case 4); one couple often plans trips to avoid going (Case 7), but go when they "have no choice." Two families have changed or added to the way things were done in the past in order to make the occasion more tolerable, e.g., send money to a special fund in their child's memory (Case 5) or burn a candle (Case 6).

The parents also find social occasions such as weddings, graduations, and funerals painful. Pressure to attend these types of functions, however, appears to be less than those occasions associated with holidays, particularly with respect to funerals. Which occasion a parent will find most problematic differs: "At weddings, everyone wants you to pretend like nothing has happened" (Case 1); "Weddings are out of the question" (Case 2); "The first baby shower was very difficult. My mother-in-law said we were depressing everyone . . . so I cut myself off from everyone" (Case 4); "Weddings are very painful; they treat us like nothing happened" (Case 5); "Events involving a particular cousin only five months older than my son are too painful to attend" (Case 6:father). One mother (Case 6) and one couple (Case 7) noted that there was no pressure to attend such events. Two mothers (Cases 8 and 9) attend events because they "have to do these things." The fathers in these two families avoid all social events. Several parents noted that funerals were, in fact, the least painful events to attend since they felt they could help those who were bereaved (Cases 3, 5:mother, 9).

All of the parents regard the deceased child's birth and death anniversaries as a time to be alone or with close family and friends. Several noted that they prefer to be alone (Cases 2, 4, 9:father). The responses from the other parents suggest that being alone is just the way it has turned out to be. One parent (Case 1) noted that "Sometimes friends call. That helps very much." A couple (Case 8) said that one of their child's friend's mother has a mass said every year on both the birth and death anniversaries. Two mothers (Cases 6 and 9) commented about how they wish others would remember these days, although one of these mothers (Case 6) said she also "needed her own space [on those days]."

Discussion

There is and has been general consensus in the grief literature that the death of a child is unique with respect to the complexity of the impact on survivors (e.g., Lindemann, 1963; Clayton, Desmaris, Winokur 1968; Kalish, 1985). Raphael (1983:281), suggests:

> "Whatever the age, the death of a child is seen as untimely by his parents. . . . In losing the child the parent loses not only the relationship but a part of the self and a hope for the future.

Similarly, Rando (1986:10-11) includes the loss of parts of oneself, loss of one's sense of immortality, loss of hopes, dreams, expectations, loss of identity as protectors and providers, and loss of role as parent to explain the complexity of parental grief. Additionally, she adds the loss of "family" as it was before the death. The impact of the loss of a child extends beyond the immediate family. Rando writes (1985:20):

> They [the parents] often complain that they feel like "social lepers." Frequently they are avoided by other parents or find themselves the object of anger when their premorbid levels of activity and humor do not return quickly enough. Social invitations may become nonexistent.

Several explanations for the social isolation of the bereaved parent have been suggested. Rando (1986:38) suggests that bereaved parents may be avoided since their presence may remind other parents that this "unnatural event could happen to them and their own children." Worden (1991:122) proposes that "friends and family may not know how to respond to such a loss and to be supportive." Either or both explain why parents may be avoided. There are, however, certain moments in time that are important to the collectivity as a whole. If the parents are part of that collectivity, their presence at the celebration is expected, e.g., holidays, wedding of a family member. There are also events associated with the deceased child that demand attention, at leastfrom the parents, e.g., the deceased child's birth and death anniversaries.

Although it is generally recognized that holidays and family celebrations as well as birth and death anniversaries are often particularly painful for the bereaved in general and particularly so for bereaved parents, explanations for this pain differ. Earlier researchers and clinicians suggested that the "anniversary phenomenon" was related to incomplete or regressed grief, i.e., pathological grief (cf. Raphael, 1983; Brabant, 1989-90). More recently, researchers and clinicians have introduced additional

explanations for the reemergence or intensification of pain associated with holidays and anniversaries. One explication is the failure on the part of the bereaved to meet expectations. Rando (1988:289) writes:

> One of the most painful issues for you to deal with is how to survive the holidays after the death of the person you loved. Because holidays are supposed to be family happy times, and because of the extraordinary (although unrealistic) expectation that you should feel close to everyone, this time of year can underscore the absence of your loved one more than any other time.

Another interpretation is the missing child. Rando (1986:313) writes:

> The marriage of a surviving sibling, the birth of grandchildren, each of [the deceased's] birthdays and anniversaries-these are all events during which the [parent] will try to imagine how life would have been different if [the] deceased child had lived.

Although the pain is prompted or exacerbated within the social context, the rationale for the pain centers on the bereaved person. Something has happened in the individual's life, i.e., the death of a child, which renders the individual less capable of responding or unable to respond than he or she might have been otherwise. Goffman's conceptualization of the social encounter, however, offers an additional explanation. He (1967:5) writes:

> Every person lives in a world of social encounters, involving him in face-to-face or mediated contact with other participants. In each of these contacts, he tends to act out what is sometimes called a line-that is, a pattern of verbal and nonverbal acts by which he expresses his view of the situation and through this his evaluation of the participants, especially himself.

A social encounter, then, is important in maintaining and/or redefining a concept of self. Goffman (p. 6) continues:

> If the encounter sustains an image of him that he has long taken for granted, he probably will have few feelings about the matter. If events establish a face for him that is better than he might have expected, he is likely to "feel good"; if his ordinary expectations are not fulfilled, one expects that he will "feel bad" or "feel hurt."

Failure to act out a line that other participants expect forces one to be "out of face," which in turn results in "bad" or "hurt" feelings. When "expressive events are being contributed to the encounter which cannot be readily woven into the expressive fabric of the occasion" (p.8) trauma

to self, over and above that which prompted the expressive events, results.

For the bereaved parent, then, social encounters are inevitably problematic. The ability to sustain an image of happy participant is limited. Indeed, if he or she presents such an image, the cost is the denial of himself/herself as parent of thedeceased child as well as the denial of the existence of the child itself (cf. Brabant et al. 1994). To present himself/herself as a bereaved parent, however, is to introduce "expressive events...[that] can not be readily woven into the expressive fabric of the occasion" (Goffman 1967:8).

Goffman provides another insight into social interaction that has relevance to this paper. What happens when an individual brings an unexpected or additional participant to a social encounter?

Goffman (1971:21) writes:

> It should be borne in mind that-at one level at least-social settings and social occasions are not organized in terms of individuals but in terms of participation units. Some places disallow unaccompanied guests but welcome the same persons when accompanied; and other places (albeit not many) enforce the reverse.

The bereaved parent's continued insistence that his or her loss be recognized is to demand that the child's symbolic presence be acknowledged. The child may come to be viewed as the disallowed guest. Failure to comply with the group rules, e.g., bringing an uninvited guest, results in additional "expressive events" that can not be "woven into the expressive fabric of the occasion" (Goffman 1967:8). This may result in even greater trauma for the parent.

Goffman, then, provides an additional insight into the complexity of parental grief. The social occasion is important for two reasons. First, it is within such a setting that an individual reaffirms his or her image of himself or herself as "good." Second, it is within such a setting that the group itself isaffirmed. Both the individual participant and the group, however, are dependent upon each other. In a real sense, the bereaved parent threatens the survival of the group, and concomitantly his or her own self image, when he or she cannot meet the group expectations. An individual may be able to accommodate the bereaved parent (although very few did in this study). The group as a whole, however, has less flexibility with respect to change since each participant is responding to group norms. It is the group as a whole, not an individual, that cannot absorb "expressive events." Put simply, a group can only acknowledge a loss; it is the individual who grieves.

Remembering the deceased child's birthday and death anniversaries appears to be best handled by making these private (the immediate family) or even individual occasions. One mother (Case 2) noted:

> I like to visit my daughter's grave on these days. She is buried in a pretty cemetery off the highway and I enjoy bringing a bouquet of flowers, sitting and thinking by her grave, changing the water and sweeping. On these days I like to be by myself! No husband to hurry me off. I like to take my time while at her grave.

Such behavior may well be encouraged by close family and friends. One couple (Case 7), for example, noted that none of their child's grandparents "want to have anything to do with the birthday anniversary."

There are, however, those special moments or times that evoke or occasion encounters that are so important, to the group as well as to the individual, that failure to participate takes on enormous meaning for both the individual and the group. For the parents in this study, holiday celebrations are apparently much more problematic than other social events. Traditional holiday celebrations may demand greater participation with little flexibility to permit "expressive events." Some parents opt out of large gatherings (Cases 1, 2, 8, and 9); others go and pretend (Case 4). For Cases 3, 5, 7, the parent(s) try to live up to expectations. In only one instance (Case 6) did a group change the traditional format in order to accommodate bereaved parents and this was due to the insistence of a group member who was also a counselor. This lack of accommodation to the bereaved parent(s) is particularly surprising given the locale in which the study was done. In the Acadian culture concern for individual family members is touted to be of singular importance. Even in this culture, however, the group need to maintain "normalcy" is apparent.

Occasions which mark events of importance to the collectivity, e.g., funerals, weddings, may be as or even more painful than holidays. These occasions are particularly traumatic if they signify unreached milestones in the child's life. In many instances, however, the parent is not pressured to attend. Indeed, the parent may not even know about the event. One couple (Case 6) noted that they were never expected to attend these type of functions. "There was no pressure put on us, [but] we felt like they were walking on egg-shells and handling us with white kid gloves." The father noted that, "They [their families] would schedule things around us; [they] have had parties sometimes wedidn't even know about." Is the group protecting the parent(s) or itself?

Clinical Implications

The similarity of the responses of the parents who participated in this study is striking. Is this typical of parental grief in general or are the responses associated with being a participant in a support group for bereaved parents? If the latter, it is possible the individuals who participated in this study were attracted to a support group because they had a particularly difficult time integrating the death into their social and personal lives. It is also possible that the responses are the result of membership in the support group, since grief support groups may define the nature of grieving for members and particularly for members who remain with the group for an extended period of time. Another question that begs to be asked is why are all but one of the children male? Is the death of a male child statistically more likely, more problematic, or is grieving the death of a male child more acceptable? Unfortunately, answers to these questions are not within the scope of this research.

As mentioned earlier, however, other researchers have noted the pain associated with social occasions. Thus, the diversity of the age of the child at time of death, the type of death, and the time since the death of the child lend support to the notion that the responses of these parents are not atypical and that social occasions constitute an important consideration in understandingparental grief.

It has long been recognized that the death of a child is not an isolated event. It occurs in the context of the child's as well as the parent's place in the family as well as the quality of the parent's relationship with other family members. Regardless of this recognition of the social component in grief, the focus usually centers on the individual, e.g., the absence of the child who would have been there had he/she not died, the parent's reliving of painful times, the inability of others to cope with the death and/or the grief, the expectations of others that the bereaved parent should return to whomever he or she once was. In contrast, this paper focuses on the interaction between the bereaved parent and "the group." Some of the parents in this study felt pressured to meet group expectations; others were "excused" from group functions. In only one family (Case 6) did "the group" make an effort to accommodate to the bereaved couple and this was only with respect to the holiday celebration.

Although painful, the birth and death anniversaries may well be the least problematic for the bereaved parent from a sociological perspective. For our respondents there was no pressure to meet group expectations at these times. Indeed, for the most part, "others" ignored these days. The bereaved parent was left to commemorate as best he or she

could. The respondents in this study are predominantly Catholic; seven of the nine families have a mass said on the child's birthday or the anniversary of its death. If the parents were Jewish they would perhaps be expected to participate in Mourners Kaddish during the Saturday service closest to the anniversary of the child's death every year, as a routine part of the Sabbath service. Since the religious beliefs of the parent(s) structure(s) to some degree the honoring of the memory of the dead, problems associated with these days may be quite different across ethnic and religious groups. Thus the clinician should affirm the parent's right to commemorate birth and death anniversaries and assist those parents, who lack structured ways to commemorate these days, in the creation of a ritual that will mark the significance of these moments in time.

Occasions which call for or demand the bereaved parent to participate in group activities may be more problematic from a sociological perspective. Earlier explanations for the trauma associated with such occasions places the responsibility for the trauma on the parent. You need to get on with your life; you need to put this loss behind you; your sad face is ruining the celebration. Such collective blame puts additional pressure on a person already overburdened. Using Goffman's framework, the clinician can help the bereaved parent recognize the social occasion as a "Catch 22" (Heller, 1961). The social encounter is important since it is within this encounter that an individual affirms his or her image ass "good." It is also important that the group itself be affirmed. Failure to attend may result in expulsion from the group. If the parent does go, however, there will also be problems. The parent must either deny his or her grief and "put on a happy face" (thus in effect abandoning his orher deceased child), or risk the introduction of "expressive events" that threaten the group as a whole. For the bereaved parent, the social encounter presents a no-win situation. Given this perspective, the parent's pain ceases to be the "fault;" the problem lies within the particular social context. The parent must make a choice. Will going to a holiday dinner or a wedding cause more pain than not going? Will not going cause more pain? The parent, then, assumes responsibility for making the choice, not for feeling the pain.

This is particularly the case with respect to holiday celebrations. The grief of the bereaved parent is not simply a feeling that is internal to himself/herself. His/her grief affects his/her social networks. The bereaved parent, then, is forced to contend with these "others." Some of these "others" may be accommodating; some may not. When members of this network constitute a group, the bereaved parent is forced to con-

tend with "the group" as well. Unlike individual "others," the group as an entity is less flexible. Does the parent "choose" to pretend happiness or remain at home? Does he or she take the deceased child (symbolically) to the gathering? The parent is now able to respond to the group as an entity, not just a collection of individuals.

All of the parents interviewed in this study had been involved in the grief process for over a year, many for a number of years. It is apparent that each had finally come to the conclusion that he or she had to make a personal choice. It is possible that thiswould have taken place regardless. Again, it is entirely possible that this perspective was gained through membership in Compassionate Friends. Older members repeatedly enjoin new members to "take care of yourself; don't go if it hurts too much, or, if you go, don't expect too much from yourself" (cf. Schiff, 1977). A sociological perspective affords the clinician an additional framework with which to help the bereaved parent consider self, others, and the group itself in making decisions about social encounters. Once the onus of self blame for continued grief is removed, the clinician can assist the bereaved parent to explore the consequences of either avoiding or participating in social occasions, affirm and support the parent's decision to go or not to go, and assist the parent in creating new ceremonies/activities that will enhance or at least render less painful those ceremonies/activities that belong to the group.

NOTES

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[2] We are indebted to an anonymous reviewer for this insight.

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Structural, Normative, and Communal Integration in Organizations*

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ABSTRACT

The concepts of structural, normative, and communal dimensions of organizational behavior are defined and described, and aspects of the integration of these dimensions are discussed. Some of the dynamics of consultation utilizing these dimensions are described, and some issues and problems are delineated. The behavioral descriptions come from the author's experiences as a consultant to a variety of organizations.

Introduction

Integration refers to the state of being unified, a state in which the parts are brought together into a whole. The concept of integration was utilized by Durkheim in Suicide in referring to the relationship between suicide and the degree of integration of religious society, domestic society, and political society. Mead discussed "the ideal of social integration" in *Mind, Self and Society,* where he defined the ideal as a state " . . . in which all human individuals would possess a perfected social intelligence, such that all social meanings would each be similarly re-

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flected in their respective individual consciousnesses." Durkheim stressed the idea that social integration varies in degree among social systems, and Mead stressed the idea that social meanings vary in the degree to which there is agreement among persons in social systems.

Although the concept of integration was utilized by Durkheim and Mead it has not become a major concept in the sociological literature. A recent search of the concept turned up few references, and most of those referred to racial and ethnic integration in society.

In sociological practice a focus on social integration can be an important way to explore some dimensions of an organization. In organizations where social integration is low, agreement on social meanings ought also to be low. Practitioners have generally found that when persons meet together and discuss their perceptions and understandings of their relations with each other, an increase in agreement on social meanings occurs. This is not automatic, but rather, the outcome of being able to focus the discussion on issues of importance to the members of the organization involved.

Organizational Integration

Differentiation and integration are two major processes in an open system. Generally speaking, as an organization increases in size and complexity, the need for differentiation of roles, functions, and units increases and, concomitantly, the need for integrative devices increases (Baker, 1973).

Bringing parts together into a whole is the process of integration. To provide a focus on integration for a client organization means identifying the parts and clarifying what one means as a whole. I have found it desirable to identify three "wholes" or dimensions as foci for intervening in an organization with the goal of increasing that organization's level of integration. The three dimensions may be identified as *structural, normative,* and *communal.* The parts may be *persons or groups.* In the following discussion the emphasis is on persons as the parts involved in seeking to increase social integration. Groups in organizations must also be focused on, in ways analogous to that of persons.

Structural refers to the positions of the members of the organization. Each members' position includes title, duties, responsibilities, to whom that person reports, who reports to that person, and related information. I find that it is common for members of an organization not to know this information about their colleagues and co-workers. I also find it common for members not to know all of the major tasks others engage

in regularly, nor to be in agreement with each other on the rank order of these tasks with regard to time devoted to tasks or importance of tasks. When members of an organization have very different conceptions of the structural system, it is not surprising that their agreement is low and that expectations of each others' position or role may be in conflict.

Normative dimension includes norms and expectations of self and others' behavior as a member of the organization not officially stated nor sanctioned (these latter are part of the structural dimension). Many norms are unstated and will probably not be known by newcomers and may not be known by oldtimers. Norms may include expectations about various formal properties of employment, such as utilization of sick leave, annual leave or vacation leave, or informal compensatory time for uncompensated overtime work. Norms may also include expectations about dress, courteous behavior of members toward each other, helping each other with work, and other aspects of interpersonal behavior. I find it typical for members not to know some of the norms of the organization, and, in some cases, to consider it inappropriate to identify such norms unless they are written into position descriptions. When perceptions of the norms are different and not shared, it is to be expected that people will be violating expectations of each other and attributing such behavior to all sorts of presumed motivations or attitudes.

Communal dimension refers to the strength of attachment of the member to the organization. This attachment may involve strong positive feelings about the social system and may mean that the member defends the social system against others who criticize or demean it. The attachment to the organization as a collectivity may be somewhat analogous to the individual's attachment to mother or father or significant other. If the attachment is strong it may mean the member never considers leaving the organization (i.e., seeking employment elsewhere, in the case of work). On the other hand the attachment may be weak and involve negative feelings, or the member may view membership in a given organization as a temporary involvement, a stepping stone to membership in another more valued organization. In cases where the communal attachment is strong one finds such phenomena as individual adornment of work or living spaces, periodic rituals or ceremonies (Turner, 1969) celebrating various events, symbols of the organization (i.e., pictures of the founder, trophies of members' sport teams), and frequent regular meetings of the total membership or of subgroups of members.

In summary the *structural* dimension directs attention to positions, statuses, roles, and their accompanying rights, duties, and rewards. The

normative dimension directs attention to informal perceptions and expectations that are embodied in a negotiated order that is developed, maintained, and modified primarily by small work groups (or teams) and informal groups of members. The *communal* dimension directs attention to the emotional and identity needs of members, validating self worth and organizational value.

Sociological Practice

Since the early 1980's the field of sociological practice seems to be developing more strongly than before. This may reflect the growing number of sociologists engaged in some kind of applied or clinical work as well as an increasing interest of potential clients in utilizing consultants who have a sociological perspective. I have found it useful in my sociological practice to focus on the dimensions of integration as described above, especially since this perspective is rarely encountered in the organizational development or change literature. Usually the social system involved is an organization engaged in production of some kind of material goods or one providing services of some kind to individuals or other organizations. Sometimes all members of the organization are involved in the consultation, especially if it is a small organization, and at other times (the more frequent case) one or more subgroups are involved.

Managers in organizations seek consultation for a variety of human problems, including communication difficulties, low morale, high use of sick leave, interdepartmental conflict, and low productivity. When managers seek consultation it often follows attempts on their parts to identify the problems and try as many solutions as they deem desirable. Having failed to achieve the level of solution they want, they seek outside help from a consultant. It is wise on the consultant's part to find out how the problems have been defined, what solutions have been tried, and what the outcomes have been (Fisch, 1982). There are at least two reasons for this: one, it helps the consultant understand the situation better and avoid suggesting things that have already been tried; and, two, it supports the idea that the consultant has respect for the client's attempts to cope with the situation.

It is also wise for the consultant to have in mind a variety of models or theories about interventions in organizations since he or she will have to conceptualize what they propose to do and be able to explain it clearly to the managers and other members involved.

Structural Integration

There are a number of ways of engaging members of one or more groups in an organization in describing and discussing the structural, normative, and/or communal dimensions of that organizations' social integration. I usually begin with the structural dimension, since that dimension is the most public and members will most likely agree that describing members' positions and associated activities (and/or groups' functions and activities) is an acceptable and important focus. Often members contend that such information is widespread, but as members are asked to provide information regarding a particular member's position, it soon becomes apparent that people have different and often mistaken notions about each others' activities. This leads into a discussion of priorities and provides an opportunity to clarify rights and privileges, duties and responsibilities, and supervision. It also means that members begin to see that they may not "possess a perfected social intelligence" and that periodic discussion of members' activities in their positions, or of groups' goals and activities, is highly desirable in order to increase the level of mutual understanding and agreement.

It is not unusual in this discussion to find that some members do not have, or claim not to have, a "position description." It is frequently the case that a member's conception of his or her "position description" is quite different from others conception, and also often different from what that person currently does in his or her position. Sometimes this is due to ambiguity in the position description, sometimes due to the lack of a written position description, and sometimes due to failure to change a position description to keep up with changes in duties and activities. People may be hired for or promoted into a position with verbal understandings only, and these verbal understandings may later lead to considerable disagreement and misunderstanding. This is especially true at managerial and professional levels since in the recruitment process the person being recruited may interpret statements of resources or potential resources for the recruit as ironclad promises, while the recruiter may intend the statements to be suggestions and enticements.

Organizations are regularly in some degree of flux and change, adapting to changes in the environment as well as to internal changes. Position descriptions need to be sufficiently detailed so that agreement on work activities can be reached easily, but also sufficiently ambiguous so that work activities can be modified and adapted to changing circumstances.

I think it is important to display the "table of organization" to the assembled members of the organization either on a blackboard or on newsprint sheets. For each position it is usually evident that even the title of that position is not widely known. By each position with its title it is useful to list the more important activities the position's occupant carries out and, from this beginning, further clarification and discussion may ensue as extensively as time and interest permit. For example, there will likely be differences of opinion regarding not only the activities engaged in, but also the time and energy devoted to those activities. This can become an important focus of discussion since in some cases a member at an upper management position may be devoting considerable time and energy to an activity he or she believes most members want, but most members may in fact not consider as important as some other activity that has a lower priority. With the table of organization displayed, it becomes the focus of attention and it is easier to maintain the members mutual understanding and agreement than when the focus is only on the person who occupies that position. This latter is often the case when a group is meeting assembled as an audience facing one person (the leader or chairperson) who is presenting information without handouts, blackboard, newsprint sheets, or slide projector. Various information about each position and the person occupying that position can be incorporated in this process, depending on the consultant's or the group's interests. For example, it is useful to include the number of years that person has been with the organization as a member, and the number of years that person has been in the specific position currently occupied.

Why is structural integration often less than is desirable? The most common reason I have encountered is failure to utilize written statements of mission and the rights and duties of persons in positions as a basis for performance expectations and assessment. A second frequent reason is failure to review and modify such policies and practices in response to external and internal changes. It is enticing to leave expectations unclear since it can give persons and groups greater freedom of action. The cost of this, however, is confusion and failure to meet conflicting expectations.

Normative Integration

The focus on normative integration is more difficult than that on structural integration. Some norms are written into the employment contract and the official policies and practices of an organization. Other norms are informally known, developed and maintained by the various

groups in which the organization's members participate. Some of these other norms are general social norms that are characteristic of human society. The norm of reciprocity, the norm of social responsibility, the norm of turn-taking, and the norm of equity and other norms of justice are four such norms (Krebs and Miller 1985:27). Other norms evolve in the course of organizational behavior and are learned and reinforced through interpersonal interaction and group processes. It is most effective to focus on norms and normative integration by meeting in small groups. In an organization it is useful to meet in small groups of persons who form an organizational unit (a family), or persons who crosscut organizational units (cousins), or persons who occupy similar positions (peers), or randomly selected persons from the organization (strangers). Groups may engage in free discussion or in discussion focused on "how people get along with each other" or some such statement of purpose which directs people's attention to the norms of interaction.

Norms governing dress and appearance are a common focus of discussion. Considerable variability may exist in an organization. If members are spread out across a rather large geographical area so that many members rarely see each other there may be considerable variation in dress and appearance. Similarly, the opinions of upper management regarding dress and appearance have considerable influence. Some organizations (i.e., the military) formalize norms of dress and appearance in official rules, some do not formalize such norms but normative expectations are made very clear by managers and supervisors, and in others these areas are left largely to individual or small group preferences.

Other norms that seem to be common areas of discussion involve the use of annual or vacation leave time, sick leave time, coming to work late (especially when shift changes are involved), and prejudice and discrimination. It is important to keep in mind that the primary issue involved in normative integration is mutual understanding and agreement, not necessarily uniformity of norms across groups and other units of the organization.

Why is normative integration often low? The most frequent reason I have seen is a fear by managers of organized collective action and anxiety over the threat of reciprocity, and fear by nonmanagers of reprisals. If people enter into an open and relatively frank discussion with each other, everyone involved is subject to public (within the group and setting) confrontation and accountability.

Communal Integration

Communal integration is the most difficult to focus on partly because it is the least formalized and partly because it may seem inappropriate in a rational and bureaucratic organizational system. Nevertheless organizations display a considerable variety of ways in which attachment and humanness are evident. One of the most common is to celebrate a member's birthday with a small party of refreshments and presents. Other events often provide a focus for a communal event, including promotions, retirement, transfers, weddings, births, etc. Regular meetings of units of an organization, or even of the entire organization, provide a sense of community (Almond, 1974), even though the meeting may be called for other purposes. Retreats for planning purposes often contribute a sense of bonding and commitment to the organization.

Knowledge about, and interest in, a members life outside employment by coworkers builds a sense of community. Attachment is also enhanced by response of members to crises persons may face, either with regard to accidents on the job or to other critical events in a person's life.

Attachment in a communal sense to an organization also represents a difficult area to discuss because variability in beliefs, values, and opinions is most likely to be present. Achieving mutual understanding of meanings and agreement on these meanings is the primary goal, and not consensus on the beliefs, values, and opinions. All organizations experience losses, burnout, and other stresses, and the periodic renegotiation of commitment is important.

Why is communal integration often so low? The major reason, I believe, is that communal integration addresses a more individual and personal dimension of organized life which, historically, has not been considered an essential part of "the work ethic." In some sense many people believe that "communal integration" may compromise objectivity at work, or may be antagonistic to labor/management conflict which some see as essential to the protection of workers rights. The cost of low communal integration is likely to be higher alienation and personnel turnover than may be desired.

Some Problems and Issues

The goal of interventions relevant to the dimensions of integration is to increase members' awareness of the dimensions, their agreement on the meanings of the dimensions, and consequently the strength of

integration of the organization. Where integration is strong the organization is likely to be viable, healthy, and able to achieve its goals.

In exploring these various aspects of organizational integration there are potential problems that arise. One, of course, is the presence of diversity and differences of perception. How much difference can or should be tolerated or encouraged is an issue to be negotiated among the members of the organization. With regard to communal integration, variations in commitment or attachment to the organization are to be expected. Variations in conformity to norms is common. Changes in the external environment and in internal processes may require structural modifications. These suggest that organizational integration is a fluctuating phenomenon, to be negotiated and renegotiated on an ongoing basis (Strauss, 1978).

Another problem is the level of analysis or focus of the intervention. Some interventions or activities are focused on the organization as a collectivity (i.e., some communal activities), whereas others are focused on a work unit or an individual in his or her status and role. In some instances both levels may be involved. The consultant needs to be clear on what level is involved and needs to encourage the members involved to clarify that level.

In pursuing interventions as suggested above, it becomes apparent that a lot of information typically not discussed, or possibly concealed, becomes public. Although it is not necessary that everything be open and public, much more information than is often thought, can be open and public. Members have a need to understand events in the organization and in this quest to understand, seek any information that may be available, whether rumor, misinformation, deliberate lies, or accurate reports. Knowing that a regular meeting is scheduled helps reduce the need to seek answers, since those can be discussed at such meetings. Achieving purposes and goals through concealment and innuendo becomes much more difficult as organization integration is strengthened. Increasing integration is a threat for managers who rely on concealment to strengthen their power and for members who rely on anonymity and hidden agendas to strengthen their power.

The optimal level of integration is problematical. If integration becomes too great it may result in rigidity, stifling of individuality, and inability to adapt to changing circumstances. On the other hand when integration is too weak the result is confusion, manipulation, and irresponsibility. The optimal level may vacillate in adaptive response to such factors as changes in the environment, personnel turnover, and

technological innovations. Thus negotiating, constructing, and reconstructing the social order is an ongoing process.

In the descriptions above of the dimensions of integration and activities and interventions relevant to the dimensions, it should be made clear that some descriptions are of phenomena that occur in the regular course of organizational life, whereas others may, at least initially, be introduced and guided by a consultant. Some activities and interventions may initially be introduced and carried out by a manager or other members of an organization, or, having been initially introduced and carried out by a consultant, may then become an ongoing aspect of the organization. Other activities and interventions may only be maintained through the presence and facilitation of a consultant.

Conclusion

Three dimensions of integration of an organization are described and some suggested interventions aimed at increasing organizational integration are discussed. A few problems and issues are presented. The focus on integration is a broad concept of organization of a social system. Structural integration directs attention to positions, statuses, roles, and their accompanying rights, duties, and rewards. Normative integration directs attention to the negotiated order that must be developed, maintained, and modified. Communal integration directs attention to the emotional and identity needs of members, validating their self worth and organizational value.

There are various ways in which a consultant can observe these dimensions of integration, describe them, and develop interventions to change them. Some level of integration along all three dimensions exists in any organization or social system.

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The Dangerous Listener: Unforeseen Perils in Intensive Interviewing

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ABSTRACT

We suggest that interviewers become dangerous by the simple act of listening. In dangerous listening, there is a looking-glass effect through which the listener deflects the new or repressing self and reveals the old. The heart of danger is the interviewee's self reflected back from the interviewer's relationship to the past self. The data are drawn from two sets of intensive interviews, one with female mental patients-to-expatients in the 1950s in California (see Warren, 1987), and one with ex-Vietnam veterans on a trauma ward at a Veterans' administration hospital (see Karner, 1994). In listening, the narrator and the interviewer become participants in witnessing a violation of a social or personal norm. After such an accounting, the listener is seen as the symbolic repository for the narrator's troubled past, constituting a threat of judgment or exposure. These dangers of listening are not only those special biomedical and social dangers involved in the rhetoric of human subjects regulations, they are dangers of an everyday life world in which selves change, and change again.

Human subjects legislation over the past ten years has framed social science research, like the biomedical, as potentially dangerous. What

such legislation frames as dangerous is the interview or questionnaire topic, or the way questions are posed, particularly for vulnerable respondents. What we propose is that in the intensive interview, the act of listening, thus the listener her- or himself, may become perceived as dangerous. The conditions under which this danger arises are those in which a past, suppressed or forgotten self emerges in the interview, and becomes associated with the listener. We suggest that mental patienthood, and the events and relationships that preceded and led to it, may be one such set of circumstances.

Our data are two sets of intensive interviews, one with female mental patients-to-expatients in the 1950s in California (Warren, 1987), and one with ex-Vietnam veterans on a trauma ward at a Veterans' administration hospital (Karner, 1994). In the first study, referred to as the "Bay Area" study, seventeen women were interviewed at intervals ranging from one week to three months for a period of 36 months between 1958 and 1961 (Sampson, Messinger and Towne, 1964). In the second, in the Midwest in the 1990s, 15 men were interviewed one to four times each, and were observed in a variety of hospital settings by Karner. In addition, Karner interviewed hospital staff, and had access to autobiographies written by the veterans as they entered the hospital.

We suggest that the interviewer becomes dangerous by the simple act of listening: when the speaker has put on the mantle of a new self seeking to bury the old self in an unmarked grave, yet must confront the presence of an interviewer who has knowledge of the past self. The listener is also dangerous as a participant in the retelling of the past by a respondent who feels unable to escape from that past and the self constituted by it. In both kinds of dangerous listening, there is a looking-glass effect through which the listener deflects the new or repressing self and reveals the old. The heart of danger is the interviewee's self reflected back from the interviewer's relationship to the past self.

"Narratives of the past inflect the construction of identity in the present" (Ganguly, 1992: 36). For both the Bay Area women and the veterans, narrating the past reintroduced a self that was what Herman (1992: 94) refers to as a "contaminated identity." It was one that they wanted to transcend or transform into the new self, untarnished by previous experiences. However, their personal history continued to constitute the present through both remembered and retold events and relationships.

Central to the Bay Area women's narrated experiences while they were in the hospital were relationships: their lives and identities and housewives and mothers in the 1950s. For the veterans, the Vietnam war was the one catalytic event that shattered their identity into frag-

ments of a past self, a combat self, and a post-war self. Of course the Bay Area women's lives were eventful and the veterans relational as well: the women experienced death, sickness, bankruptcy and childbirth (and some violence, see below), while the veterans struggled with issues of trust, intimacy, and friendship with their families of origin and their own wives, girlfriends and children. The themes of events and relationships, and the interrelationship of these to notions of identity and selfhood, wove through both these sets of narratives.

For both the women and the veterans, the medicalization of their experiences had become a salient part of their biography, affecting expressions of the self. The women were patients and then ex-patients, with diagnoses of schizophrenia; the veterans were current patients diagnosed with post traumatic stress disorder. The therapeutic milieu provided an assortment of social resources for constructing a new self and reinterpreting one's past. Medicalization has its own language: of schizophrenia, depression, anxiety, stressors, flashbacks, that gave names and understandings to their experiences. A medical diagnosis furnished both the Bay Area women and the veterans with a complete set of explanations legitimated within the broader psychological discipline. Most importantly perhaps, medicalization relieves the patient of blame, shame and immorality, and reconstructs him or her, through illness, as a blameless victim. Herman asserts that once the patients "recognize the origins of the psychological difficulties in an abusive childhood environment, they no longer need to attribute them to an inherent defect in the self" and thus she continues, a way is opened for the creation of "a new, unstigmatized identity" (1992: 127). Hence the constituting of the listener as dangerous demonstrates the limited triumph of the therapeutic in these people's lives.

The situation of the ex-patient, however, is different from that of the patient. Once medicalized, the self can be framed as cured, a new self, different and transformed from the old self. Or, alternatively, as returned to the old self prior to all the troubles that led up to hospitalization. Both self-views occurred among the Bay Area respondents, and both resulted in the listener's presence as dangerous. In contrast, the veterans were only interviewed during their current patienthood, which for many was not their first time in treatment. Thus some of the veterans had previously been through the "transformation" of therapy; finding that their "treated" self had remnants of the old "untreated" self, returned to the hospital. For these therapeutic veterans, the listener was not only dangerous, but suspect since their listening had not worked or "cured" them thoroughly before.

Listening As Witnessing

Listening to narratives of extreme pain and great emotional depth removes the passivity from the act of listening. In Hochschild's (1983) words, listening, as well as telling, becomes a form of emotional labor, although not a labor tied to the capitalist economy. As Laub (1991) explains, the "listener to trauma comes to be a participant and a co-owner of the traumatic event." Since often such memories are not held by the cognizant self, they unfold and become known during the acts of telling and listening. Thus Laub conceptualizes traumatic life memories as events that have yet to come into existence:

> The victim's narrative—the very process of bearing witness to massive trauma—does indeed begin with someone who testifies to an absence, to an event that has not yet come into existence, in spite of the overwhelming and compelling nature of the reality of its occurrence. . . . The emergence of the narrative which is being listened to—and heard—is, therefore, the process and the place wherein the cognizance, the "knowing" of the event is given birth to. The listener, therefore, is party to the creation of knowledge *de novo*. The testimony to the trauma thus includes its hearer, who is, so to speak, the blank screen on which the event comes to be inscribed for the first time (Laub 1991: 57).

As a blank screen, the listener becomes the symbolic repository for the narrator's problematic and traumatic past. The fact that the past situations have not been "known" prior to the telling is also testament to the current self's desire to repress and disassociate from the past self. Most of the recent literature on traumatic retelling and listening as witnessing is deeply influenced by Holocaust testimonies (e.g.; Langer 1991; Felman and Laub 1991). Such extreme experiences as those told by concentration camp survivors provide a conceptual model for understanding trauma and survival as well as their impact on issues of selfhood and identity.

Herman (1992) has expanded the models derived from the Holocaust studies to incorporate other contemporary traumatic experiences, such as rape, domestic violence, incest and combat atrocities, that many survivors find difficult to narrate. She contends that "certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*" (1992: 1). Herman posits that the desire to hide and escape from one's past "unspeakable" experience, which she labels "construction," is a symptom of post traumatic stress disorder. Individuals who have lived through such problematic experiences often

will "go to great lengths to avoid" remembering; the recollection of such memories is experienced as "reliving" the traumatic event (1992: 42). Indeed, Laub (1991: 67) goes so far as to state that "the price of speaking is *re-living*; not relief, but further re-traumatization." According to Herman (1992: 46), some people narrow their consciousness, attempting to "numb" themselves psychically—pushing all the pain and horror as far distant from themselves as possible, while others selectively lose problematic parts of their past resulting in a "truncated memory."

In his work on the debates over representing the Holocaust, LaCapra (1992) explores "transferential relations to the past" that vary according to the subject position one finds oneself in, be it victim, victimizer, or observer. He suggests that we "rework and invent" our subjectivity by denying certain features and enhancing "our own desires for self-confirming or identity-forming meaning[s]." Thus in the telling of our historical selves, individuals construct an appropriate self from a "selective schedule of preferences." Indeed, "the identity of an individual and the identity of a group consists of the construction of a narrative, internal and external: the narrative construed *by* and the narrative construed *about* the subject" (Funkenstein 1993: 23). Consequently, selves are constructed historically as well as narratively; the listener as "witness" functions as the blank screen upon which personal history is inscribed.

The Self As Listener

Before one can narrate a past, it must exist somewhere in one's psychological memory. The process of remembering traumatic experiences differs from the structure of regular memory. Memories of traumatic events are thought to be similar to childhood memories in that they are retained by the mind in pre-verbal imagery and bodily sensations that are both vivid and haunting. Nontraumatic experiences are encoded in a verbal, linear narrative sequence that is assimilated into one's ongoing life story. The absence of a verbal narrative in traumatic memory creates an inability to fully comprehend the event, or to integrate it into one's existing life narrative. Thus, a fragmentation of self occurs where the traumatic event is held separate from the nontraumatic life experiences (Herman, 1992: 37-42). This rupture of self is at the heart of the Bay Area womens' and veterans' life trials. And their inability to verbally recount their stories—locked in vivid, wordless images—maintains the emotional crevasse between life before the event and life after.

In the stories we tell about ourselves, we are also listeners. Ganguly (1992: 29) proposes that retellings and recollections serve as the "active ideological terrain on which people represent themselves to themselves" and consequently may be more about telling self-images to the self than to others. Self stories, Ganguly continues, are "fabrications" that focus on "shoring up of self-understanding" rather than historical "truths." If a recollection is a story we don't want to hear, we may "forget" about the past relationship or event, or bury it deeply under layers of other stories so that it rarely comes to mind. Repressed narratives do not have to be told to others nor forgotten ones to the self; there need be no dangerous listener. But the point of both psychiatric treatment and research interviews is the recalling and retelling of the past. Thus, in the inpatient phase of the moral career of the mental patient, the Bay Area patients and the Vietnam veterans were instructed to remember (and the Bay Area patients, as we shall see below, also to forget).

Traumatic Memory

Remembering can be further problematized when the event is perceived as being unique and far from the realm of ordinary experience, as traumatic memory often is. Langer (1991) in his study of Holocaust testimonies, discusses this in terms of two kinds of memory: deep and common.

> Deep memory tries to recall the Auschwitz [traumatized] self as it was then; common memory has a dual function: it restores the self to its normal pre- and post-camp routines but also offers detached portraits from the vantage point of today, of what it must have been like then (Langer, 1991: 6).

Langer is able to identify the binary dilemma of a contemporary self attempting to narrate a past, traumatized self that seems "too unbelievable" to have happened. In the safety of the hospital, participating in gratuitous violence in Vietnam or thinking of killing ones' children is indeed hard to acknowledge, especially within the context of "common memory" of normal routines and life situations.

Thus to narrate, to oneself or to another, there must be some expectation that the listener can accept the uniqueness of the story. "The absence of an empathic listener, or more radically, the absence of an *addressable other*, an other who can hear the anguish of one's memories and thus affirm and recognize their realness, annihilates the story" (Laub, 1991: 68). If the person is going to narrate, and undergo the "reliving"

of the horrific event, a listening witness is needed to affirm the story as believable so that the narrator can too believe what s/he is hearing. To narrate in the face of denial or disbelief adds to the confusion of the deep memory, but may also bolster the construction of the new self. Therapeutically, denial is seen as problematic as it does not allow for an integration of the old self with the new. For the research interviewer, disbelief will often curtail the narrative, thereby thwarting the quest to hear.

Contradicting Mythological Selves

What was forgotten or repressed in the lives of the Bay Area women were events related to their current marriages, and (often later in the inpatient career) their families of origin. The relation of these women's treatment to memory was, however, complicated by the use of electroconvulsive therapy with ten of the seventeen women; a treatment whose "side effects" involve memory loss. Thus, the recalling and retelling characteristic of verbal psychiatric treatment and intensive interviewing was interrupted and curtailed by ECT.

These 1950s wives and mothers were part of a culture in which family, womanhood and motherhood were shrouded in what we of the 1990s see as a genteel mythology. This mythology hid from view such supposed "anomalies" as child abuse, women's thwarted ambition, male violence toward their wives, and the possibility of things being different, relegating such tales to the realm of "unspeakability." Thus, the discontents that led up to their hospitalization, and formed the content of their delusions, hallucinations, and bizarre behavior, were seen even by the women as socially illegitimate, and appropriately medicalized. For some of these women, the possibility of forgetting their own deviation through the mechanism of electroshock therapy (which they thought was intended by benign psychiatrists to erase memory) had an enormous appeal. Reminders by family members, therapists or interviewers of their past behavior—their old self—were unwanted:

> I asked (respondent) if she was actually no longer depressed, since she had said so and requested that ECT be stopped. She laughed and said she was no longer able to remember the "things that she had been moaning and groaning about."

The Vietnam Veterans, prior to their entry into the hospital, had patches of forgetfulness about major events that occurred in Vietnam. They retained remnants of the experience—hazy images or pieces—or they might be able to remember the overall context of their experience

with some of the significant elements left out. One veteran said that he could not remember anything but seeing stars on an enemy lapel and he thought he had strangled him with his bare hands, but he could not remember any details.

It was common in these interviews for the veterans to allude to the scope of the event that occurred, but hesitate to tell crucial details. Since the core of experiencing an event as traumatic seems to be that it creates a rupture between the imagined and real self, there is a logic to keeping it hidden from others even if it is impossible to keep it forgotten or repressed. A unit psychologist who led groups devoted to combat traumas, or "war work" as some of the veterans called it, identified this pattern:

> Some of these fellahs were high functioning guys before going to Vietnam and being exposed to certain kinds of things or doing things that they were asked to do were so contrary to their way of looking at how life was supposed to be and what kind of person they were supposed to be that there was no place to put that. It didn't fit . . . The traumas usually have to do with one or two things—experiences where they felt tremendous guilt for having done something or experiences where there is tremendous shame for having done something . . . for the most part, those are the things that are remembered the most with some degree of bother by the veteran.

For example, Ramsey unfolded his story in opposites; he mentioned what had happened, then expressed his disbelief that he could have done that.

> I should've if I was like somebody else that was brought up different than me and didn't have any feelings about human life, then I would have come back bragging and said, "Oh I killed somebody today."

Ramsey recognized that he had repressed the past:

> What happened to me [was over] very quickly. Oh I blocked it out, because I didn't want to see myself doing what I did.

Ramsey illustrates the process by which the narrator comes to hear himself speak of a past 'truth' that takes shape only in the telling and becomes inscribed on the listening witness. Thus the spoken past is given to the witness; it is this role as a "keeper" of the "unspeakable" that constitutes danger. In a therapeutic context, this danger may be mediated in part by the promise of secrecy, whereas the researcher *will* retell the past promising the narrator only anonymity.

The Listener Who Knows The Past

Some mental patients are, or become, hyperaware rather than forgetful or repressive concerning the relationships or events that brought them into the hospital. They may, however, up to the moment of an interview have kept this information to themselves, and not shared it with others, particularly not significant others. As Bill said, "I mighta got drunk one night and told a girl" despite his overall strategy of not telling. Ironically, the themes of rapport and trust in the literature on interviewing, predicting and producing a closeness between respondent and interviewer, could also produce a sense of significance rather than strangeness, and thus a reluctance to tell.

What is it about past events or relationships that cannot be told without endangering the self through the looking glass—or, more aptly audio-tape—of the audience? The past events which were forgotten, repressed, or the subject of hyperawareness for veterans such as Bill were themselves hyperreal and unbelievable: the brutality, alienness and death of Vietnam. Their family of origin and marital relationships, while they might have been somewhat problematic prior to Vietnam were only ordinarily so; after Vietnam, hyperreal events of combat became inextricably intertwined with present and future relationships. Often the social stigma of the Vietnam war reinforced any fears of failed manhood that seemed to underlie their life troubles (Karner, 1994). Lack of employment, status, and satisfying relationships also bolstered a sense of inability to act and succeed as men which was often rooted in problematic combat situations where they had not measured up to their perceived masculine role.

The Unspeakable Self

The balance of events and relationships was slightly different for the Bay Area mental patients, whose hospitalization had been precipitated, in part, by failures in the ordinary roles and relationships of 1950s wives and mothers (Warren, 1987). These women did not have a social event like Vietnam to embody their troubles. They had episodic events anomically interspersed with daily routines, and were isolated from any structured community like the military. Approximately half of the Bay Area women had engaged in unconventional acts prior to hospitalization, such as fire setting, breaking household items, wandering around, and placing a wedding ring on the church altar. Two had made one or more suicide attempts, and three had tried to kill their children; one was

a suicide-murder attempt. Intake and subsequent descriptions of these women's mental status combined psychiatric with stigma rhetoric:

> Bizarre behavior, hallucinations, preoccupied. History of illicit love affair and conflict on attempting to terminate same (Certificate of Medical Examiners).
> . . . a history of frequent infidelities, hallucinations and illusions [sic]; she was described as having flattened aspect [sic] and being withdrawn. The final diagnosis was schizophrenic reaction, paranoid type (A summary sheet from another hospital).

During hospitalization, the women talked in general terms about the various episodes that precipitated hospitalization. There was, however, resistance to retelling the details of these events. The patient who had been admitted to the hospital for delusions, illusions, and marital infidelity initially answered the interviewer's questions as follows:

> I asked her why she was here in the hospital. After a pause she said, "Because I was mentally disturbed." "In what way?" She laughed weakly and said, "A good question—oh—I cried too much—that's about as much as I know about it."

But later she added: "I fell in love with my brother-in-law four years ago, and that's it."

An interviewer's notes on another patient, a woman who had set fire to her house reads as follows:

> Interviewer: You were talking a little earlier about sort of being here for correction . . .
> Respondent: Correction to me means like a child does. You correct it, you know, when he does something bad. I set a fire, so, and that house belonged to the state, so, here I am. . . . on the order of punishment. In other words, paying for what I did. Like I set the fire and it wasn't my house, it was a state house, so here I am.
> Interviewer: (Pt. resists retelling how she set fire)
> Respondent: It's not even fresh in my memory anymore except that I know I am paying for it.

One woman had tried to choke her daughter and commit suicide. At one point she said to the interviewer:

> . . . the burden I put on my little girl, she's not going to forget—she'll carry it the rest of her life. A person must be sick to do something I did . . . I was too scared to live, that is what prompted my action I guess.

This patient (who believed that the interviewer knew about the murder-suicide episode, which he did), was one of the few who did not, during the hospital phase of research and especially at the beginning, want to talk to the interviewer. The perception of knowledge denoted danger, even prior to her narration. She said,

> Why should I help you?—to be rude, and I'm not usually that way. . . . He (husband) wants a divorce. . . . How do I know he did not hire you to talk to me? Who do I trust and who don't I trust? Who's to say you are who you say you are?

The two women who had tried to kill their children without an associated suicide attempt did not at any point mention this event to the researchers, who knew about it only through the medical records. This ultimate social violation, a mother attacking her own children while leaving herself unscathed, could not be told. Their stories remained "unspeakable."

In order not to seem the self evoked by past behaviors and events, these female and male mental patients kept the past to themselves in front of any significant listener who did not already know about it. The Bay Area patient's volunteering her love affair with her brother-in-law was unusual, and may have been precipitated by her feeling that all the listeners around her knew her business. Among the veterans, Ramsey said that he "never did tell nobody," not his wife nor his friends, about his flashbacks until he went to therapy,

> I didn't want to lose no friends or anything, and I didn't want to lose no girl friends you know if I told somebody I was crazy.

Flashbacks signal craziness and a medical frame; Vietnam events signal an evil and a moral frame. Killing, in particular killing deemed gratuitous after the fact, was not to be told, because if told, it would bring with it an identity: murderer. Ramsey, who had forgotten events until he began telling them, said that

> I'm really starting to remember . . . it makes me want to cry . . . if you would call it murder or kill I don't know for sure, at times I call myself a murderer . . . underneath the face I am, I am someone—I know I'm a killer.

Ramsey viewed anyone who listened as a potential judge of his behavior and his murderous self, able to expose the past and likely to reprimand the narrator. Chris also sought to avoid a sense of judgement:

> I'm not going to bring myself out and just lay me out on the table for you to analyze who I am, because that's just not me, that's not the way I do things. . . . You wouldn't like what you saw.

Similarly, anticipating his turn to speak, Bill recounted his avoidance of the psychologist who led the therapy group in which the veterans recounted their combat experience:

> I evaded her in the hallways even because she was the factor that was going to hurt me. . . . She was going to hurt me so I stayed away from her.

Therapuetic Talking

The task of the therapeutic listener is to persuade the patient to talk about precisely that event or relationship that casts discredit upon the self. The VA hospital staff were well aware of their role as dangerous listener. One described the object of the therapy group:

> The object is they can talk about it. For the most part they will talk but they can't talk about it out there with other people because they would look at them like they are crazy. . . . We have had guys who could not talk through their experiences but they're the exception to the rule. A lot of times it takes a full three months just to get them talking.

Once talking, the therapeutic listener becomes dangerous; the research listener may do so also. Ramsey said of the research interviewer:

> I have to look at you every time I walk down this hallway and I know you'll be seeing me again . . . I don't even know if I'd want you to know what happened.

This listener was dangerous because not only did she know the past, her mere presence would evoke it as well.

The Listener Who Evokes The Past

Unlike the veterans who could focus their difficulties on Vietnam, the Bay Area women saw their dilemmas symbolized by their hospitalization. After their release from the mental hospital what could not be told was ex-patienthood, not only because of the stigma attached to it by society, but also because of its reflection of a self from which the ex-patient wanted to remove herself. While some of the Bay Area ex-pa-

tients regarded the interviewer as a type of therapist, and wanted her to continue interviewing as a therapeutic process, others had determined that the self exemplified by their stay in the mental hospital was to be erased. These women wanted to see themselves as their old prehospital selves, restored pristinely to the status quo ante, or as a new, reborn self: Phoenix rising from the ashes.

For the self who wishes to erase the past, the listener who evokes that past is dangerous. The researchers in the Bay Area study found that, for the most part, the women respondents welcomed the interview during the period of hospitalization. The interviewer represented contact with the outside world and with her family, a source of information to be tapped, and a listening ear when most of the professionals around her did not listen.

A few of the women continued to welcome the interviewer during the ex-patient phase of the interviews, generally in the context of continued feelings of trouble that the woman wanted and needed to communicate to someone. But most of the women sought, virtually immediately, to terminate the interviews or to turn them into something other than an interview. The techniques they used to accomplish interview-conversion included treating the interview as a social occasion (offering refreshments), role reversal (the respondent asking, "how are you?") and a sullen attitude of recalcitrance. In the first post-hospital interview, one ex-patient demonstrated the process by which the interviewer might be rendered less dangerous if he became simply a social other, un-privy to the past self:

> She repeated on several occasions, "How are you?" "What have you been doing?" These questions, I believe, were an attempt by her to establish an equalitarian relationship . . . For this reason . . . I commented on my own experience in neutral areas. . . . For example, when serving coffee [the respondent] commented that she does not like sugar in her coffee. I informed her that I also do not like sugar in my coffee.

The change in the respondents' treatment of the interviewer and feelings about the interview reflected her new sense of self and the danger of a former listener to this present sense of self. Most of the Bay Area respondents had left the mental hospital resolving that the mental patienthood episode and its self would be left behind, obliterated. Some resolved to be their old selves, the people they had been before hospitalization; the people they had been prior to the marital troubles that had precipitated hospitalization, such as the woman's dissatisfaction with the domestic role. Others resolved to be new selves, arisen from the

ashes of the old, pre- and hospital self, to begin anew in relation to husband, children, and the world. The interviewer was dangerous to these old and new selves as embodied reminders of the biography the women sought to bury.

Safeguarding the New Self

The Bay Area interviews both evoked the past—reminded the woman of Napa State Hospital—and knew about past events and actions that the woman now sought to disremember. One of the original interviewers said of a respondent that she felt

> an *entitlement to normality*. Probably her evident desire to desire to decrease the frequency of interviews . . . should be so headed. She has indicated that she has to talk about many things that trouble her in the interviews.

The interviewer characterized this same patient as "reaching out to a new life" by attending Alcoholics Anonymous. In fact this was an old life and an old self, since throughout hospitalization this patient had insisted that she "really was" an alcoholic and not a mentally ill person after all. This patient said to the interviewer toward the end of the series that (presumably despite his continued attendance on her) "the hospital is beginning to seem 'unreal.'"

Similarly, the veterans had attempted to distance themselves from their troubles by denying their veteran status and combat experience after returning from Vietnam. Larry reported having his first conversation about Vietnam in 1986 when he went into therapy for PTSD. He was silent for almost twenty years. Larry's attitude is common among the veterans. Kurt explained, "the only time I ever mention Vietnam in here is when I'm in trauma [group]." Like Kurt, Larry only speaks of Vietnam when he is in treatment. Larry has one veteran friend at home that came back with him, "he's my brother-in-law now, but we don't talk about it." David also says he has never spoken of his tour. "I mean I never talked about nothing until I came here, to nobody," David revealed. Chris spoke further about trying to avoid his experience:

> I wouldn't wear anything that said I was a Vietnam veteran. I never wore a hat that said anything about Vietnam, I never had a tee-shirt that said anything about Vietnam and I just found myself avoiding anything that had anything to do—Everything that had anything to do with Vietnam.

Chris adds, "I'm protecting me." By not identifying with veterans he has tried to erase his former self through avoidance and silence. Tommy had Vietnam symbolically inscribed on his body with multiple flesh wounds. He took steps to hide these markers of war from others.

> I never talked to nobody about Vietnam for God knows how long. I'd just keep it bottled up inside me . . . I'd always wear long sleeve shirts. . . . I never go shirtless 'cause I didn't want nobody asking me.

Tommy's scars are continuous reminders of his actions and experiences. At times he is prompted to disbelieve that Vietnam could have been real—"I look at my body and I know different." His physical wounds maintain Vietnam as a constant presence that at times he can erase from his emotional memory—"And then I look at myself in the mirror and see my body, and then I think about how I've treated people, we were cold, you know." By keeping this from others, he protects them from the confusion of his actions and any moral ambiguity they may feel, but also, like Chris, he is protecting himself from further external judgements. In general, these veterans had remained silent about their combat tour—not talking or displaying any remembrance. Like the Bay Area women attempting to dissociate from their hospitalized selves, the veterans endeavor to evade the symbol of their previous selves, Vietnam.

Therapies Of Forgetting And Remembering

The importance of memory and of the listener in the construction and maintenance of the self is recognized as important in the practice of psychotherapeutic treatment. What is interesting about these 1950s-1960s, and 1980s-1990s approaches to patients and their past is the importance of therapy in forgetting, on the one hand, and remembering, on the other.

Talk therapies of various kinds are, par excellence, the therapies of memory, while electroshock or other convulsive therapies are the therapies of forgetfulness. Those psychotherapists who espouse remembering and thus "dealing with" repressed memories have both theory and practice on their side: a whole set of theories which relate repression to ungovernable behavior and uncontainable feelings. Those therapists who practice ECT operate without much theory. They do, however, consign the memory loss associated by many with ECT to the disclaimed category of "side effects," thereby distancing themselves from the patients' belief that memory loss was the purpose of the treatment.

The VA hospital therapists believed that the resumption and retelling of memory, the facing of the old self, was crucial to the reconstitution of a new, healed self. One staff psychologist said that the veterans had to remember and retell in order to

> go through a forgiveness process. Number one they need to let themselves have the awareness that they did it and then come to terms with the fact.

Coming to awareness, retelling, and coming to terms with the fact involves the therapist as a dangerous listener, as these VA therapists well knew. Thus part of the therapeutic discourse is a reframing that shifts the danger from telling to secrecy. Staff try to persuade the veterans to remember and to tell, and to see danger not in the listener but in the consequences of not telling. This same staff psychologist said that

> What we encourage them to understand is that by trying to stay away from people and trying to stuff your feelings when you have them, you actually make it more likely that at some point some little thing will happen and there'll be enough powder stored, that something is going to blow.

The Bay Area psychiatrists of the 1950s and 1960s also attempted to persuade their patients to retell the troubles in their past in order to overcome them. But they also provided the therapy of forgetfulness, ECT. While memory loss was generally framed by psychiatrists as a side effect of the treatment, some ECT adherents did value the brain- or intelligence-damaging effects of ECT in altering the behavior of mental patients.

> One of America's most respected psychiatrists, Abraham Myerson, wrote in 1942 "these people have for the time being at any rate more intelligence than they can handle and...the reduction of intelligence is an important factor in the curative process. The fact is that some of the very best cures one gets are in those individuals whom one reduces almost to amentia" (Farber, 1991: 95).

Certainly the Bay Area patients themselves believed that ECT was intended to make them forget their troubles; indeed, one woman wondered why she was being required in psychotherapy to remember and deal with her past while with ECT she was being forced to forget. In forgetting the troubles that had brought them to the mental hospital in the first place, the women were enabled to forget the selves responsible for the troubles. They did not then want to be reminded by the presence of the interviewer of that old, inpatient self.

Therapeutic remembering also delves further into biography than those troubles that eventuated in mental hospitalization: further back than Vietnam and its post-trauma, and further back than marital troubles and the burning of houses. Therapists encourage patients to recall and retell—often to reconstitute—their pasts within the family of origin. For both populations of hospital patients, therapists associated their present troubles not only with the recent past, but with the far past. For both the Vietnam veterans and the madwives, tales of childhood physical and sexual abuse, alcoholic fathers and mothers, took their place alongside stories of killing innocent children in Vietnam or attempting to kill one's own in the kitchen.

Separating Selves

For those patients whose pasts did not generate retold selves and families, the danger inherent in the more recent past was all the greater. For some of the veterans, the contrast between the self that killed in Vietnam and the Christian, virtuous self that went to Vietnam was intolerable. This complete disjunction was at the root of many of the veterans' crisis of the self. Like John's statement below, Ramsey expressed the impossibility of reconciling radically different selves. Ramsey also mentioned during the initial interview that he had "kind of went off the deep end, the extreme opposite of being a very sheltered Christian—I went to the extreme opposite!" Expressing his disorientation, he gave closure to each problematic event narrated by withdrawing from the aggression and willfulness of the event. He would mention what happened and then conclude with "I feel so guilty." In a later interview, Ramsey mused, "I didn't perceive myself as being someone who could kill somebody and then laugh about it and feel good about it." He paused briefly, then added, "I didn't." Still later, he admitted to his enjoyment and euphoria in Vietnam, being able to kill at will. Ramsey's narration was much more convoluted than John's, yet they both contain the same moral dilemmas of integrating experienced with idealized selves. John, a Vietnam veteran, expresses the dilemmas of past and present that constitute the self endangered by being listened to:

> I had my life as a kid growing up in (Midwest) and then I had my experiences in Vietnam which was totally out of character with the John (1) that grew up, okay? And due to my experiences in Vietnam I am now the John (3) that is here today, okay? Now them other two Johns (1, 2) is back in the past and every now and again, one of them will flare up. . . . The John (3) today has trouble com-

> prehending what the John (2) in Vietnam has done . . . [And] at the time, that John (2)—the one that's in Vietnam, has a hard time understanding where he's at and doing the things that he's doing, according to the upbringing (1) that he had. You know I mean religious beliefs and everything else. And the John (3) today is still having trouble comprehending what these other two Johns (1, 2) have done. And while I was growing up and in Vietnam and how to come to grips with that and accept that being part of my life . . . Basically because it goes against my beliefs, like my Christian upbringing, 'thou shalt not kill' and all this. And it conflicts with the fact that the John (3) today is sorry for the things that he's done in the past. The John (2) that was in Vietnam kinds of feels like he's unpardonable for the sins that he's committed over there are not forgiving type sins. Am I making any sense? 'Cause I don't know how to live with myself because of my actions in Vietnam and [I] have that guilt and I can't seem to shake it to get on with my life. I'm still hung up, still basically and mentality . . . at the war in Vietnam in my own mind, and I don't know how to get it out, you know? [the numbers have been added for clarity].

It is not an easy task for therapists to persuade the injured self to remember and retell a time of even greater injury. For one thing, therapists may be dangerous listeners if they listen and thus constitute a witness, but patients are often not sure that their voices are heard at all. One of the Bay Area patients, awaiting the outcome of a conference on her case in which staff were deciding whether or not to release her, was faced with her physician's forgetfulness:

> Dr. H emerged from the conference room and a patient who had been seen earlier yelled, "Am I going home?" He stopped to think, and then said, "I don't remember." The patient, with what was supposed to be mock indignation, exclaimed, "you doctor! you doctor! And after I've been sitting here since one o'clock. You know, I only saw you once and I remembered your name." The patient turned to me and said, "We're just like ants in a hill to him."

But if the therapist and the interviewer do listen, and persuade the patient to talk about the past, the self is in danger of being witnessed or misunderstood—Can the listener truly understand? Many of the veterans believed that only another Vietnam veteran could appreciate their stories.

> I could talk about being in a firefight or someone getting blown away but you don't experience [it] unless you been there. I mean like the effect it has on you and people just don't know or realize, so I never really [would] talk about it unless its another vet.

This doubt may in part be due to the lack of social support for the telling of war stories. These tales are "unspeakable" to the broader society and their narration is usually segregated by gender and historical era (Norman 1989:139-141). In actuality, veterans may have difficulty talking among themselves too. Mangum explains,

> There's two other guys, only time we talk about Vietnam is when we get together drinking and its just one phase we talk about that [is] when we got in a firefight that we turned around, our boats turned around and went off and left them, now that's as far as it go right there.

He says he can only talk with other veterans about general things like where he was stationed or his job assignment. "I can deal with that, but when you start to get too close," Mangum warns, "I'm gone." There are some stories that can not be told, even to others who "should" understand.

Thus there are several levels of resistance to the retelling demanded in therapy. Bill said that he "never told nobody till I got here," and objected to the demand to tell by the ward staff. He said,

> They want you to remember it where you're trying to forget about it. . . . I ain't going to open up all the way 'cause it's none of their business. . . . I don't know if anybody needs to know . . . some of the real hardcore stuff I can't get out. I haven't even been able to get it out with you.

Chris, similarly, said of trauma group that he has

> . . . told people what they wanted to hear, I've told them what I wanted to give them, but I haven't told. I'm not going back into that pain again.

But sometimes the veterans found that speaking helped. Mangum said, "Remembering it brings a lot of pain and talking about it, like I said, it feels good to get it out. . . . It's something that I've had to let go inside of me and you just can't discuss with anyone." Others, like Marty, had been in therapy before and returned with a specific agenda of telling more.

> I got two things that I still haven't told those people, I lied. I told them, but I didn't tell them it was me, you know, [in] my autobiography. The story's there. . . . They're there, but I didn't tell them. . . . That's the main reason I'm up here—to get rid of those two things, to tell somebody.

For Marty and Mangum, the listeners may still be dangerous, but they are also these veterans' confessors. When the past becomes inscribed on the listener, the narrator no longer owns it by him or herself.

Living In Between Selves

In the aftermath of the war in Vietnam, the reception afforded the returning veterans reframed them as perpetrators of violence, as murderers, rather than as the heroes they had anticipated. Therapy, and the 1980s sociocultural recastings of Vietnam, have enabled them to redefine themselves (should they choose to tell this story) as victims (of the government, of the antiwar movement, of their own tormented childhoods). Many of them, however, may—like Frank[1], of documentary fame—remain poised uneasily, as Lutz (1995) puts it, between pride and shame, "caught between two ideologies, two moralities, two emotions." (p. 14). Whichever path is chosen, memories and feelings must be shaped and reshaped to fit the emerging self.

For the madwives of Napa, there were neither dramatic events nor feminist cultural discourses to shape and frame their feelings about themselves. All they had (most of them did) was a "golden age" of youth when they were active, vigorous, and, above all, equal to the boys. The processes of mental hospitalization and therapy contained the cultural ideologies of both patriarchy—of self-abnegation in motherhood and wifehood—and therapy—self-discovery and fulfillment. Some of the Napa women remained caught between these two ideologies, two moralities, and two emotions. Others chose to bury their old self, and its golden age, within a renewal of wife- and motherhood. Two women strove toward a new self, free of the old bonds.

For those stuck between two moralities, emotions and identities were the object of continual shuffling and reshuffling, consideration and reconsideration. For those who sought a new identity, the emotional and cognitive work of redefinition involved the repression of memory. But a sociological, rather than a psychological repression: the repression of memories in talk, together with a vivid awareness of those same memories within the mind and imagination. Our study tells us that for those who seek to escape the past, what is best forgotten is least forgotten.

Listening And Social Relationships

Danger in listening is part of everyday life. There are times in which we forget what we have done, repress something else, or tell something to someone which we then regret. We are henceforth embarrassed to see or be with that person because we know that the self they now see us as, is not the self we prefer to present.

The implications of listening are different, however, depending upon the presence, degree, and type of relationship between speaker and lis-

tener as well as the self and event being narrated. The main audiences for self-revelation are strangers, intimates (and every gradation in between), and the professional audiences of therapist or interviewer. Like Bill who told the "girl in the bar" about some of his Vietnam experiences, the stranger whom we will never see again may be the least dangerous listener. The self revealed to them is immaterial, one with which we will have no future relationship. By contrast, the self revealed to the intimate—wife, husband, lover, friend—is part of a social relationship of some permanence, and a revelation can affect it permanently.

For the Vietnam veterans, retelling Vietnam among intimates was confined to those who already knew—fellow veterans. The intense—if sporadic and superficial—relationship between Vietnam veterans, based upon getting drunk and loosening repression, fostered the closed retelling of combat tales. By contrast, many veterans did not tell the same stories to their wives, children, or workmates. Although Marty had told his wife some details of Vietnam, he had refrained from telling other associates about:

> . . . war work—things that you never told anybody your whole life, you know, for twenty something years, you never told.

Not only could the horror of Vietnam not be told, it did not suit a Christian self, but also the terror and fear could not be told, because it did not suit a real man, as Walter explained,

> I don't have no John Wayne story or nothing you know. And you know, I tell the fear, about scared.

One of the functions of the trauma and therapy groups at the veterans' hospital was to enable the veterans to admit to fear as well as horror, something that was certainly unmanly to do with their veteran buddies. However, the VA did try to capitalize on the "shared fantasy" that often develops between combatants that "their mutual loyalty and devotion can protect them from harm" (Herman 1992: 62). Speaking of his squad, Chris illustrates how the context of combat brought men closer, and yet maintained stereotypic rules about not sharing one's emotional life.

> Oh, we told each other everything, everything. I mean they were my buds, you know. I could tell them anything and know that they wouldn't be judgmental and know that if I had a problem that I had to work through that I could value what input they had, but as it turned out you know they were my sounding post just as I was their

> sounding post and it was, one or the other of them would come to me and be upset, or boohooing about a girlfriend calling and I'd tell him all shut up and go to work. I mean you know I don't want to hear this shit. . . . Yeah, but then again if I did the same thing, they would tell me the same thing. I told them leave that shit back here because I don't want you to try to cover my ass thinking about your girlfriend back in Ohio.

Thus Chris began by expressing closeness in the totality of their communication, but then illustrated that emotional topics were not appropriate because they might interfere with one's ability in combat. Larry also recalled similar "talking rules".

> When you was over there you was a macho figure, that was all you was taught to be a macho figure, you know, nothing can hurt you, you're scared of nothing, no feelings, no pain, you know, just kill okay? And everybody has got that feeling so you don't relate to the next guy. 'Hey man, you know I'm really scared that this is happening,' you know what I'm saying, that this is happening, you know. You don't say that to the next guy because in return he would probably laugh at you, you know, or call you a wimp or puss or whatever and then it gets around and everybody points a finger at this guy, you know, well he's a wimp or he's a puss or queer or whatever . . .

Interviewers and Therapists

Therapists, as professional listeners whose purpose is to relieve suffering by listening, are in a different position than that of buddy. They are not strangers seen once on a plane, and they are not intimates whose lives are enmeshed with that of the mental patient. They are listeners to whom a tale unfolds over time; the speaker may feel relieved by speech, or endangered, and may come and go from therapy (if voluntary) according to these feelings.

The interviewer is also in a different position, and one which depends upon whether the interview is (like the encounter with a stranger) one shot, or (like the encounters with a therapist) continuing over time. The embarrassment occasioned by a revelation during a one-shot interview may cause a momentary pause to the self, but it is not relived by subsequent encounters and can be short-lived. Both the studies we refer to, however, involved more than one interview occurring over time, making them more similar to the encounter with a therapist than with a stranger.

The fact that an interviewer's professional interest in the respondent is based on the interviewer's disciplinary rather than the respondent's

emotional interests is generally lost on the respondent; both therapist and interviewer can evoke both danger and catharsis. One Bay Area respondent said to the interviewer:

> I was depending on you all those months, even though you told me, you know, that wasn't your function . . . yet I used it for what I wanted to and I really did depend on you . . . going to the [outpatient] clinic now, I feel like I transferred. . . . if that study hadn't come in there, I really don't know if I would have found my way back, you know that.

An interviewer of another patient commented from his perspective that:

> I had intended to cut down the frequency of my interviews, but decided to postpone doing it . . . it seems to be her feeling that she must not complain if she is to avoid the risk of being rejected and disapproved of by other people, and I didn't wish her to interpret reduced frequency in this way.

In the VA study, the distinction between the therapist and interviewer was even more confused by the lack of individual attention afforded the veterans. The majority of veteran contacts with staff members was in groups: the only private audiences they had were five to ten minute medicine checks with the psychiatrist. This was a stark contrast to having the interviewer's undivided attention for one to two hours. Ramsey made this overlap between roles of therapist and researcher most pointedly with a request to be reassigned to the interviewer for therapy. This "therapeutic misconception" seems to arise from both the respondents misunderstanding and the interviewers' lack of communication (Warren and Karner 1990). Bensen et al. (1987: 182) assert that the absence of cultural familiarity with the role of researcher and a knowledge of patient role also enhance this confusion of roles.

Professional Listening

Intensive interviews done as a series with the same respondent over time reveal the constructed nature of the interaction: it is a social negotiation that can only be understood in social and historical contexts, not only of the broader environment, but also of the selves involved as well. Most people have some memories which when narrated evoke powerful emotions. Certain kinds of these recollections will fall into the category of the shame or guilt filled "unspeakable" trauma or horrific event. These are the tales that beget danger.

In listening, the narrator and the interviewer merge into a dual witnessing of a violation of a social or personal norm. After such an accounting, the listener is seen as the symbolic repository for the narrator's troubled past, constituting a threat of judgment or exposure. These dangers of listening are not only those special biomedical and social dangers involved in the rhetoric of human subjects regulations, they are dangers of an everyday life world in which selves change, and change again. Even after a one-shot interview, the rhetoric of human subjects can be marshalled to neutralize what has been to the respondent an unseemly display of an unwanted self. A colleague of ours, engaged in interviews concerned with ethnic identity, had two respondents withdraw as respondents after the interview had been completed; one said, "this was not an interview. It was just a conversation."

In Practice

The historian, Paul Thompson (1988: 159), admonishes interviewers that certain "memories are as threatening as they are important, and demand very special skills in the listener." He suggests that interviewers can learn from a sensitivity to psychoanalytic theories in exploration of the diversity of ordinary experience. The psychoanalytic is not without its own problems and debates; however, Thompson's call for a increased awareness of the power of emotional memories and process of trauma seems fitting for social scientists venturing into the dangerous terrain of listening.

Listening, therapy, and interviewing are all aspects of everyday life; therapy and interviewing are, however, set apart from listening heuristically by their disciplinary, professional, temporal, or financial characteristics. They are not separable epistemologically, however; therapy and research share the interactional features of everyday listening and speaking. Retelling Vietnam violence to a stranger in a bar or to a one-shot interviewer, or hiding a culturally unmaternal past from a therapist, fiance, or repeat interviewer share similar structural and emotional characteristics. What they all share is different dimensions of danger and safety to the self that the speaker wishes to present, maintain, and preserve within the social context. This interactive dynamic warrants further discussion in relation to practitioners as well as interviewers.

Interviewers, surrounded by the ethical and institutional warnings of human subjects regulations, are only too well aware of danger, although they might not be quite so sure what precisely it is that is danger-

ous. In the traditional human subjects text, what is dangerous to the respondent is not so much the listener, but the questions asked by the listener. Our research shows that the listener her- or himself may pose a danger quite apart from that of the questions, or of the risk of public exposure.

For the therapist in practice, no one warns of danger, except perhaps within the counter-transference process. The therapist-client relationship is posed as one of benign, healing talking and listening, together with a process of trust-development (and even transference) over time. Our research indicates that there are pitfalls within these assumptions, pitfalls recognized by Goffman (1963) in his discussions of "exs" (ex-mental patients, ex-addicts, and so on) and their identities. First, an "ex" may wish to repudiate all reminders of what s/he once was, including the interviewer or therapist who has heard too much about the old self. Second, the development of trust and intimacy over time may curtail, rather than liberate, personal revelations. If an old self is painful and a new one covers that pain, the listener—the therapist as well as the interviewer—may become dangerous. And may have to go. The ultimate power of the new self is to take itself away, into new contexts, and away from the dangerous listener.

ENDNOTE

1. *Frank: A Vietnam Veteran*, produced for public television and oroginally broadcast in May of 1981.

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Effects of Organizing Voluntary Help on Social Support, Stress and Health of Elderly People*

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ABSTRACT

In a district of an urban community an agency arranging for voluntary help was built up within an action research project. Data from a longitudinal study are used to evaluate the effects this agency has on elderly people. The hypothesis formulated is that organized voluntary help is a means to improve social support and reduce social stress. These effects are expected to have indirect positive effects on health. In the first survey a representative, weighted random sample (total N=907, of which 303 were eld-

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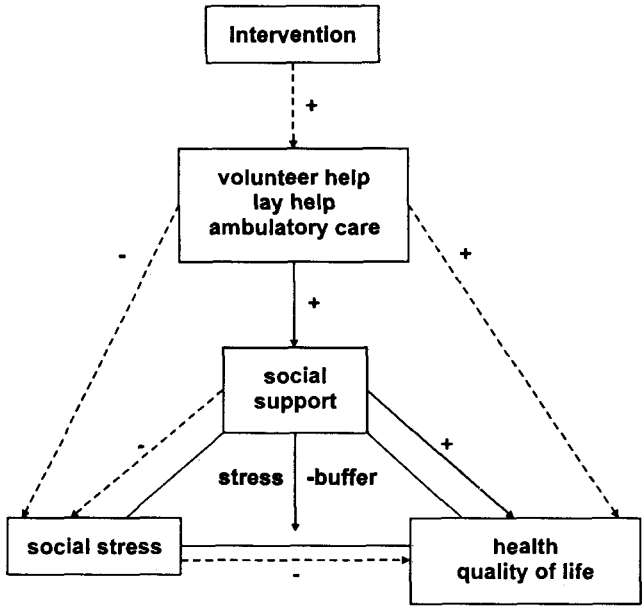
erly, i.e. older than 64 years old) was asked about social stress, social support, health, demand for help in general and use of professional medical help. Thereafter an agency arranging for voluntary neighborhood help was built up and observed. Three years later, the follow-up survey was carried out. An effect-evaluation of the above mentioned program is determined by comparing the panel data of the elderly living in the district where the agency was built up with the data of a control group of elderly living in another district of the same city, where no such action had taken place. Results show unexpected negative effects on social support and on the informal help-system of the elderly people in the district, where voluntary neighborhood help had been organized. At the same time, though, organized voluntary help did reduce social stress and minor health disorders as well as the use of professional medical services. These results demand further analysis and discussion of means able to reduce the negative effect on social support without weakening the relief effect on stress and the positive effect on health.

Theoretical Model

Figure 1 shows the general theoretical model of our action research project. The lower triangle contains the interdependent variables "social stress", "social support" and "health". The causal relationships between these 3 variables have been analyzed for individuals in many studies (Cohen & Syme 1985; Veiel & Baumann 1992). As the arrows demonstrate, **health** is the dependent variable and **social stress** has a negative effect on health. In this diagram all arrows with interrupted lines symbolize negative effects, whereas uninterrupted lines symbolize positive effects. **Social support** has a direct as well as an indirect positive effect on health. The indirect effect of social support is a stress-buffer effect. This means that good social support can reduce negative effects of stress.

In this paper we take the empirical evidence of negative effects of stress as well as positive effects of social support on health for granted (Aneshensel 1992; Cohen & Syme 1985; Dohrenwend & Dohrenwend 1981; Gottlieb 1983; Kaplan 1983; Lin, Dean & Ensel 1986; Meyer & Suter 1993; Pearlin 1989; Veiel & Baumann 1992). Our focus is directed towards the effects of **organized voluntary help** as an **intervention** to improve social support. The basic idea is, that health and the quality of life can be influenced in a positive way by organized and institutional help. This help can be either lay or professional help. In our study the founding of an agency arranging for help among neighbors is

Figure 1
Theoretical Model

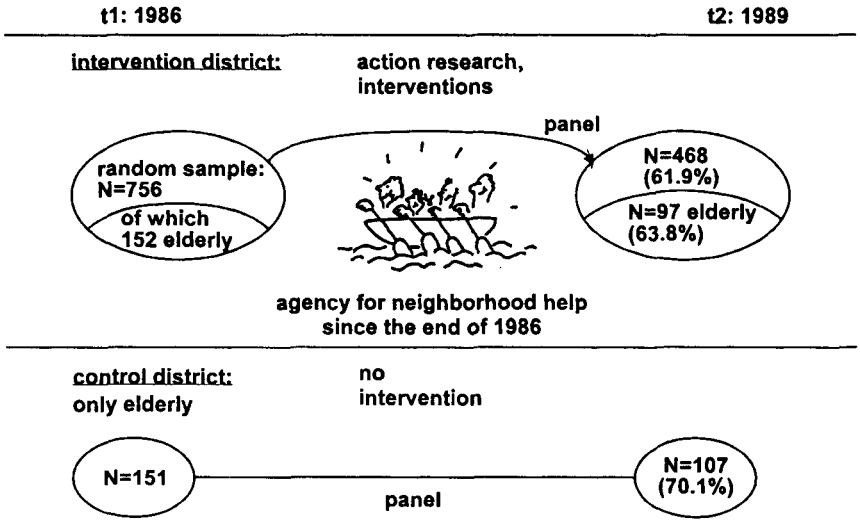


taken as the intervention (Meyer & Budowski 1993; Meyer-Fehr et al. 1990). Expected effects of good voluntary and lay help are shown with the arrows (in figure 1): (1) Organized voluntary help is expected to improve the social support of the target population thereby having indirect positive effects on maintenance of good health as well as on recovery. (2) An organized supply of help is expected to reduce social stress for the target population and to improve its health. Such improvement in health should result from providing relief of stress (through the knowledge that help is available and can be asked for in case of need), and by advice (counseling) for adequate coping and for good health behavior. The goals of the intervention were those theoretically expected beneficial effects. The implementation of these goals will be evaluated in this article.

Design of the Study

Figure 2 shows the design of the study. We carried out a two-wave panel study in the city of Zürich in two similar districts. In one district, the so-called **intervention** district, we initiated interventions to improve

Figure 2
Design of the Study



neighborhood help and we surveyed a representative, weighted random sample of the adult population. In the other district, the so-called **control** district, no interventions took place and a control group was interviewed. The total sample size of the survey in the intervention district consists of n = 756 completed oral interviews. Of the total sample, 152 interviews were carried out with elderly persons, defined as persons older than 64 years old. To save costs the group interviewed in the control district was restricted to a random sample of n = 151 elderly so that the effect-evaluation of the intervention refers only to this target group.

After completing the first survey (t1) in the intervention district in 1986 an agency arranging for neighborhood help was built up and observed within an action research program (Meyer & Budowski, 1993). Three years later, the follow-up survey (t2) was carried out. The effect-evaluation is determined by comparingthe data of elderly living in the intervention district with the data of the control group living in the district, where no such action had taken place.

The sample size of the elderly in the intervention district is reduced to n = 97 at t2 (the follow-up survey), 63.8% of the original n = 152 interviews at t1. The control group consists of n = 107 persons at t2, 70.1% of t1. In the statistical analysis the intervention group is reduced to n = 89 and the control group to n = 102 due to missing values in the main variables.

The agency arranging for neighborhood help actually reached the target group, i.e. persons in need of help, and can therefore be considered successful. During the first two years, 122 persons were helped by 56 volunteers who dedicated an average of eight hours monthly per beneficiary for five months. In 1989 (t2), three years after the agency had taken up its activities, 67% of the survey sample of elderly in the intervention district knew or had heard about the newly founded agency for neighborhood help, though only 4 of them had actually become voluntary helpers or beneficiaries. Ninety-six percent of the whole survey population, though, had not had personal contact with the agency (Meyer-Fehr & Suter, 1992).

Questions and Hypothesis

The general question is: What effects does the institutionalization of an agency for voluntary neighborhood help have on the population of elderly? The following 4 points will be considered:

1. What are the effects (of the existence of such an agency) on social support, informal help and participation in the community? Two contradictory hypotheses are formulated. One hypothesis assumes an **activation** of informal social support received and of informal help given by elderly people. This would mean that neighborhood help becomes more popular in the population, and spreads out informally, too. The contradicting hypothesis assumes a **disactivating effect** on informal help. It is generally argued, that the institutionalization of human activities in formal organizations can have a **devastating effect** on the corresponding **informal** activities, since what had been done informally, can thereafter be delegated to an organization.
2. What are the effects on social stress? According to the theoretical model (figure 1) it is assumed that the availability of help relieves stress.
3. We expect to find a positive effect on health.
4. If lay help is available, we assume that the elderly make less use of professional help, because the lay system takes over some of its functions.

Results

Table 1
Description of control group and intervention group
(Sample size means resp. proportions)

Sample	N	Age	% women	Education	Income Swiss Fr.
Control group	102	72.4	57.8%	2.42	1844
Intervention group	89	72.8	69.7%	2.46	2007
Significance		0	(*)	0	0

Notes:

Age and income measured in the first survey (t1); samples for longitudinal analysis

Tests of significance: (l) diffrence of means: T-test, 2-tailed;
(2) difference of proportions: chi-square

Level of significance: 0: not significant ($p > .10$); (*): .10

Education: highest level of educaiton reached, 5 levels

Income: household-income taking into account the size of the household by using an equivalence scale (scale Leu: Suter & Meyer 1989:532)

In the first survey there were no significant socio-demographic differences between the two samples, that is between the intervention group and the control group, except for the proportion of women (Table 1). In the control group there are 58% women, in the intervention group 68%. However, this difference is only significant at the .10 level.

Besides the variables shown in table 1, the two groups were compared with regard to the central variables of the project. These variables are social support, social stress, health, and helping behavior. These variables do not differ significantly between the two samples in the first survey, either.

To measure the effect of the intervention, changes in values of relevant variables from t1 to t2 in the intervention group were compared with those in the control group. Two tests of significance are applied. One is the T-Test, which tests the difference of means between the in-

tervention and the control group. As mentioned above, no difference was significant at t1. By contrast, at t2 several significant differences can be seen. The second test used is the Wilcoxon test indicating the significance of the change from t1 to t2. Value differences of most variables are greater as well as significant more often for the intervention group than for the control group. An effect of the intervention is considered significant if there is either a significant difference between the two groups at t2 or if there is a significant change from t1 to t2 in one group but not in the other.

In table 2 the measurement of change is shown with 3 variables: The size of the **personal social network** is measured with the amount of contacts in several segments of the network (friends, relatives, colleagues at work, neighbors, activities in associations). There is no significant change from the first to the second survey, neither in the control group nor in the intervention group. The effect size of the change is measured by Cohen's (1988) effect size d used for the difference of means in dependent samples. The formula for d is shown in the notes to table 2. The value of d for the change in network size, -.10 in both samples, is very small. The value d= .2 is considered a "small" effect size, d = .5 is a "medium" effect size and d = .8 is a "large" one (Cohen 1988: 25f.). As expected, the size of the social network is rather stable over time (no change in means, high intercorrelation of r = .67 between t1 and t2). It is not affected by the intervention.

Social support is measured with an adapted version of the "Social Support Questionnaire" (Schaefer, Coyne & Lazarus, 1981). Our scale of social support is the sum of practical and emotional support, which can be provided, when needed, by six social networks (partner, relatives, adult children, friends, colleagues at work, neighbors). Social support shows remarkable changes between the first and the follow-up survey. There is no change at all in the control group, but there is a significant decrease in the intervention group (d = -.30). This finding is interpreted as a negative effect of the intervention on social support. Aninterpretation is given below.

The variable "**help given**" measures the amount of informal help given to neighbors during the last 12 months. This variable diminished to a larger extent in the intervention group than in the control group. The decrease is significant only in the intervention group. At t2 the mean amount of help given is slightly lower in the intervention group than in the control group (significant at the .10 level), whereas at t1 the mean values are almost identical in both groups.

Table 2
Changes from t1 to t2 in network size, social support and help given (Difference of means: (1) t1 to t2; (2) control group vs. intervention group)

	m1	m2	s1	r	sig.Wil	d
Size of social network:						
Control group	7.284	7.118	2.802	0.672	0	-0.103
Intervention group	6.933	6.764	2.965	0.666	0	-0.099
Social support:						
Control group	17.970	17.970	6.582	0.554	0	0.000
Intervention group	18.472	16.773	9.295	0.634	*	-0.302
Help given:						
Control group	3.768	3.126	4.345	0.228	0	-0.168
Intervention group	3.831	2.229	4.406	0.311	**	-0.438
sig T-Test 0 (*)						

Notes:

m1: mean at t1 (first survey); m2: mean at t2 (2nd survey); sl: standard deviation at t1

r: pearson correlation t1 with t2

sig. Wil.: significance according to Wilcoxon Matched Pairs Test, 2-tailed
Levels of sig: 0: not significant (p > .10); (*): .10; *: .05; **: .01; ***: .001

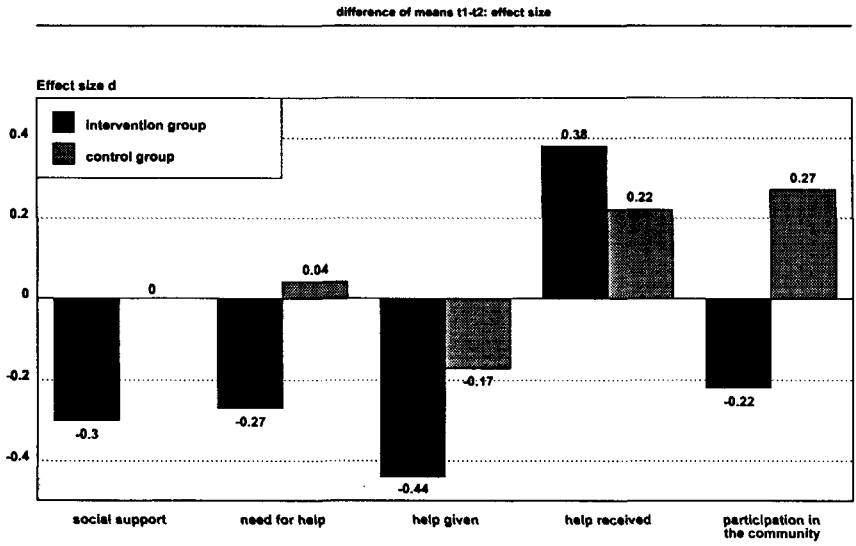
d: effect-size (Cohen 1988:49), d=(m2-m1)/s1*sqroot(1-r))

sig. T-test: cross-section comparison of control group and intervention group, only indicated, if level of significance at t1 or t2 at least .10

In order to reduce the unnecessary complexity of data, the following analysis is based simply on the comparison of the effect size d and limited to variables in which the effect of the intervention is significant according to the criterions mentioned above.

In figure 3 the effects on social support, informal help and participation in the community are shown. The diagram shows the effect size d. All variables are measured by scales that combine several items. The effects in the intervention group are represented by black bars, in the control group by bars with diagonal lines. The results for the variables

Figure 3
Effects on Social Support, Informal Help and Participation in the Community



"social support" and "help given" are identical with those shown in table 2.

Three of the five significant effects are consistent with the hypothesis of **disactivation**:

1. The first disactivating effect pertains to **social support**. As mentioned before, in the intervention group the perceived social support decreased with an effect size of -.30, whereas in the control group there was no change at all. It seems as if the intervention had a medium negative effect on the notion of the elderly to be able to get informal support if they were in need of it. Possibly at the time of the follow-up survey (t2) they rely more on formally organized help than at the time of the first survey (t1), three years earlier.
2. As shown above, a second disactivating effect is linked to the decrease of the amount of informal **help given** to neighbors during the last 12 months. A possible explanation could be that the elderly in the intervention district might have felt less obliged to help after the agency arranging for neighborhood help had been established. A beneficial aspect of this

otherwise rather undesirable disactivation effect is that those elderly feeling stressed due to the obligation to help, now can feel relieved due to the existence of this agency.

3. Thirdly we consider **participation in** public life of the **community**. There was a decrease in the intervention group but an increase in the control group. The result is a rather strong negative net effect of the intervention. It seems to be an age-specific effect among elderly, because no such decrease was found among younger people from the intervention district. Possibly the elderly looked at the founding of the agency arranging for neighborhood help as something modern and new from younger people, so they were rather skeptical towards it. The interviewers (qualitative and personal) observations in the field support this interpretation. The elderly often seemed to have an ambiguous attitude towards the new agency, often remarking that neighborhood help was a good thing on the one hand, but that they had doubts about it being organized on the other. By contrast, younger adults rather accepted the idea.

The effect on the variable **help received** is consistent with the hypothesis of **activation**. This variable is measured by the amount of informal help that someone received in the last 12 months, excluding the help of persons living in the same household. For elderly people this kind of help consists mainly in the help from younger relatives, most often from a daughter. This means that younger people were activated to help elderly, usually elder relatives.

It could be argued that some of the presented disactivating effects pertain more to elderly than to younger people. Since we have no control group for the younger people this cannot be evaluated empirically. However most changes among the group of younger people from the intervention district are quite the same as those among the elderly so that it can be considered rather unlikely, that effects are valid only for the elderly (Meyer-Fehr & Suter 1992).

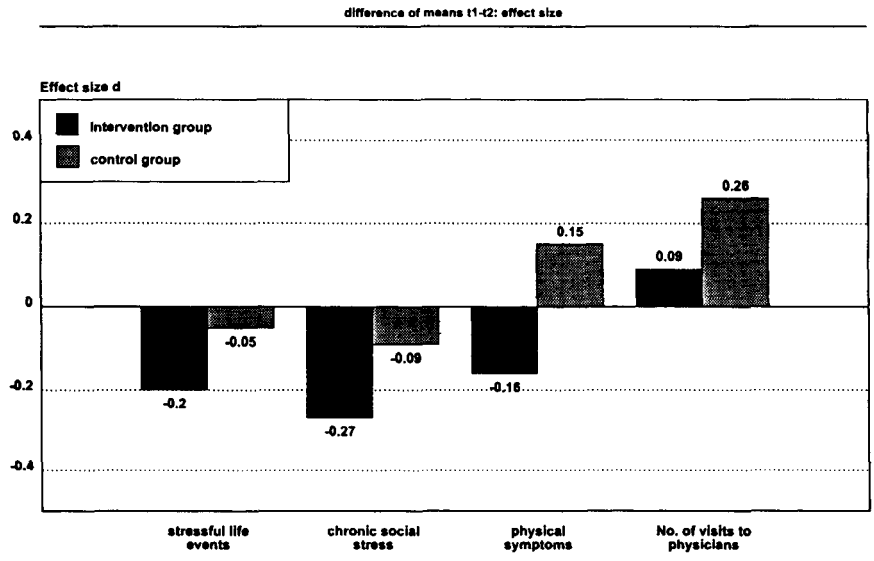
The variable **need for help** has significantly diminished in the intervention group but not in the control group. There are different possible interpretations for this result. One interpretation is that needs are better satisfied as more help is available. This interpretation is consistent with the increase of received help and therefore with the **activation** hypothesis. Another interpretation assumes that more elderly have grown resigned and are frustrated and therefore renounce their expectation for

informal neighborhood help. With this fatalistic attitude they do not articulate their needs for informal help any more. This second interpretation is consistent with the negative effect on social support and with the **disactivation** hypothesis.

Figure 4 shows the effects on social stress, health and the use of physicians. Two aspects of **social stress** have been surveyed: stressful life events and chronic, social stress. To measure **stressful life events** we used a short and modified version of the German life event scale "Inventar zur Erfassung lebensverändernder Ereignisse (ILE)" (Siegrist & Dittmann, 1983) which measures not only the incidence of such events during the last two years but also their subjective significance. **Chronic social stress** is measured with eight items on the daily stress originating from five social networks (partner, relatives, children, friends, neighbors) and from three areas of life (home, work, health).

According to our hypothesis there is a weak but consistent and significant effect of **relief of social stress** among the intervention group. According to both indicators a larger reduction of stress can be observed for the intervention group than for the control group. The intervention with the goal to improve the helping network might have reduced social stress for the elderly because they feel less obliged to help others. This

Figure 4
Effects on Social Stress, Health and the Use of Physicians



interpretation is consistent with the already discussed finding, that the amount of help given and the need for help were reduced.

Two **health-indicators** are used to measure the amount or the intensity of symptoms during the last 12 months. The indicator "psychological symptoms" consists of seven items, e.g. "Was it difficult for you to concentrate?". The indicator "physical symptoms" consists of the frequencies of 19 different symptoms like cough, headache, lack of appetite, back pain, fever, stomachache.

Only one of two indicators was significantly affected by the intervention. The indicator "**physical symptoms**" increased in the control group but decreased in the intervention group. At t1 the elderly of our two samples are on an average 72 years old and at t2 75. The **increase** of physical symptoms in the control group is plausible according to the natural aging process. The **reduction** of symptoms in the intervention group, however small it is, though, is remarkable. The changes in **psychological symptoms**, the other health indicator, were smaller and not significant but point at the same direction as the physical symptoms.

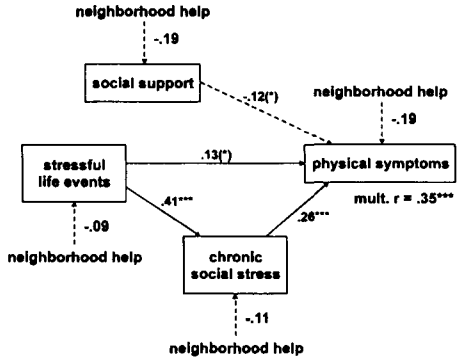
The path analysis of social support and stress indicators on physical symptoms allows the conclusion that part of the beneficial health effect of the intervention can be explained by the relief on social stress.

Finally we examine the **use of physicians**. The number of visits to physicians has significantly increased in the control group in contrast to the intervention group where almost no change can be observed. It is plausible that 75 year old persons visit a physician more often than 72 year old ones. Besides having better health than the control group, possibly the improvement of the lay help system as a result of the intervention could stop the increased use of physicians within the intervention group.

The multiple regression and the path analysis of the number of visits to physicians on social stress, physical symptoms and on other variables allows the conclusion that part of the relative reduction of the use of physicians can be explained by the reduction of physical symptoms. It is trivial that healthier people visit physicians less often than ill people. But even if the health indicators are controlled, strongly stressed people go to physicians more often than weakly stressed people. Their visit to the doctor can be interpreted as a resource for coping with stress. This psychosocial function physicians have might in part be replaceable by a good lay help system. In our analysis, part of the relative reduction of the use of physicians in the intervention group can be explained by the decrease of social stress.

Figure 5
The Effects of Social Support and Social Stress on Physical Symptoms: A Path Analysis

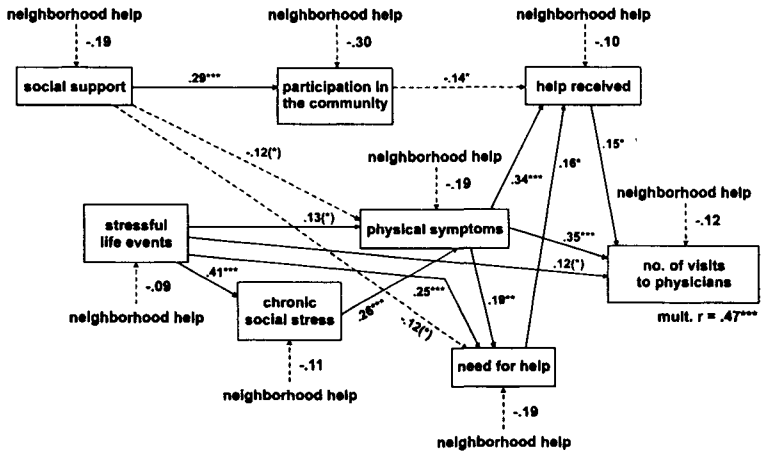
The effects of organized neighborhood help are not included in the path analysis; elderly (t2), N=184



path coefficient with a significance under .10 are omitted
level of sig.: (*) = .10 * = .05 ** = .01 *** = .001
——→ : positive effect - - - - - → : negative effect

Figure 6
Predictors of Number of Visits to Physicians: A Path Analysis

The effects of organized neighborhood help are not included in the path analysis; elderly (t2), N=184



Summary

The intervention of organizing neighborhood help had **negative effects** on social support and on informal helping among elderly people. At the same time, though, organized neighborhood help had the **beneficial** effect of **reducing** social stress and minor health disorders as well as the use of physicians. These results demand further analysis and discussion of an overall desirability of organized neighborhood help and of means able to reduce the **disactivating effect** without weakening the **relief effect.**

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Adapting A Parenting Skill Program For Blacks In Southern Louisiana: A Sociological Perspective

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ABSTRACT

This paper focuses on the Effective Black Parenting Program developed by the Center for the Improvement of Child Caring. The present inquiry was an attempt to present the adaptation of this program to Black families in a non-urban setting. The author is certified as a facilitator of the program. The study focuses on the use of role analysis and group dynamics as teaching tools. Effective parenting programs are very important in the survival and socialization of Black children.

Introduction

Although parenthood involves some of the most important challenges an individual will ever experience, many people assume they will acquire the necessary parenting skills after they become parents. A quick glance at any newspaper, however, provides ample evidence that for many, this is not, in fact, the case. In recent years a number of efforts have been made to remedy the apparent lack of parenting skills by providing parenting programs. One approach that has received widespread acceptance is Parent Effectiveness Training (P.E.T.) (Gordon, 1975).

The focus of P.E.T. is on improving the communication between parent and child, reducing family conflict, and increasing family cohe-

sion. There are, however, basic cultural differences in child rearing practices, and these differences impact on the successful outcome of such a program. Stinnett (1991), for example, argues that Black families place a higher value on achievement in both sports and school than do white families; Black children spend more time watching television than white children do; and, Black families are more likely to use physical punishment than white families.

The Effective Black Parenting Program (Alvy and Marigna, 1985) was developed by the Center for the Improvement of Child Caring, Studio City, California, to provide a program more relevant and sensitive to the Black experience in the United States than existing programs. Despite the merits of this program, the focus is on urban families. This report presents the adaptation of this program to Black families in a non-urban setting and focuses on the use of role analysis and group dynamics as teaching tools.

The Effective Black Parenting Program

Parent training is based on the assumption that parents have a major and predictable impact on the lives of their children and that there are certain conditions that tend to foster healthy psycho/social development in most children. Such conditions include providing love and acceptance, supplying structure and discipline, encouraging competence and self-confidence, presenting appropriate role models, and creating a stimulating and responsive environment (Coleman, 1988). The Black community, however, faces a number of unique social problems that complicate the ability to provide these necessary conditions. These include:

1. Black parents must cope with racism;
2. Black parents have often had to rear their children in conditions of poverty;
3. Black parents have historically had to deal with an unusual generation gap; and,
4. Black parents have to deal with the problem of self- identity and cultural identity.

The Effective Black Parenting Program, developed by the Center for the Improvement of Child Caring is unique in that it emphasizes the role of Black culture in parenting. The central theme of the program is to stay on the "Path to the Pyramid." The base of the pyramid consists of those behaviors parents should model for and teach to their children,

such as good health habits, love and understanding, pride in Blackness, self-discipline, and good school skills. The second level of the pyramid includes the necessary characteristics children should have in order to reach the life goals at the top of the pyramid, e.g., high self-esteem, self-discipline, pride in Blackness, etc. At the top of the pyramid are education, good jobs, and loving relationships. The program includes approved disciplinary techniques, such as time out, ignoring, mild social disapproval, and effective praise. In addition, unique sessions in the program include Pride in Blackness, Traditional Black Discipline vs Modern Black Discipline, Single Parenting, and Drugs.

There are fifteen training sessions, each of which includes a curriculum outline, the curriculum, instructional summary, technical aids, charts, and handouts. Each session lasts for three hours. The basic structure for each session is similar. The session begins with an icebreaker followed by a presentation of a specific topic and discussion on a set of skills. Teaching methods include lecture, skill demonstrations, role playing, use of transparencies, structured group elicitation, and pyramid pep talks. A fifteen minute refreshment break is included in each session, followed by additional ideas and skills. The session ends with each parent receiving a homework assignment, usually charting a child's behavior and implementing the specific skill taught during the previous session.

Throughout the program parents are encouraged to stay on the path to the pyramid. They are encouraged to model and teach love and understanding, pride in Blackness and good health and study habits, and to always praise their children in order to help them achieve their life goals.

The Roman Catholic Diocese of Lafayette (Louisiana) recognized the need for such a program for Black parents in southern Louisiana. In the summer of 1991, twenty persons representing a variety of occupations, were invited to participate in the first training session to be held in Louisiana. The intensive week-long training, sponsored by the Office of Justice and Peace, Diocese of Lafayette, included learning the theories and concepts of the program as well as role playing the actual skill and techniques taught in the workshops. Approximately fourteen workshops have been conducted with approximately 193 Black parents. I have served as facilitator for five of these workshops.

Adapting The Program To A Non-Urban Setting

The Effective Black Parenting Program was developed through extensive interviews with inner city Black parents about their child rear-

ing values, practices, and aspirations. None of the parents in our groups lived in an inner city. As a result, the program required some adaptation in order to be relevant. For example, the facilitator needed to help the parents become aware of how their lives were intertwined with larger social patterns that impacted inner city parents. Although the issues of crime, poverty, and overcrowding were not as critical for our participants as for those in urban settings, our parents could relate to how drugs were becoming a part of their neighborhoods. One parent commented about her fear for her fourteen year old son to simply ride his bike on the next street. Thus, the parents from rural areas and small towns were able to identify with the problems of urban parents. Two sessions on drugs, however, proved to be excessive.

Although there continues to be neighborhood closeness and close family ties in the non-urban setting, the parents noted that this was also changing to some degree. The fact that neighbors and grandparents seem to play a lesser role in the discipline of children was cited as an example. Despite this, however, most of the parents had extended kin who lived close by and tended to offer assistance (financial, babysitting, etc.) to the parent(s). Discussion, therefore, included not only the amount of involvement by others, but whether this involvement was helpful or harmful.

A few single fathers participated in our program and in some cases both parents. Thus, recognition and inclusion of these participants was important. Regardless, the session on Single Parenting was popular as well as the session on Pride in Blackness. Both provoked a lot of discussion. It was the area of discipline, however, that required the greatest adaptation. Role theory provided a useful format for doing this.

In recent years, a body of knowledge known as role theory has come to be widely used by social scientists. Essentially, a role is a task that some person is supposed to perform (Biddle, 1966). Roles have to be defined, assigned, perceived, performed and integrated with other role tasks. Every role carries with it a position in the interaction system that relates to status and prestige. In a well-organized family, the major roles have been identified, assigned and performed with some degree of competence (Biddle, 1966). Lemasters & DeFrain (1989), however, suggest that the role of parent is often poorly defined, ambiguous and not adequately delimited. Interviews with parents who participated in the Black Parenting Program indicate that a large number of them are confused, frustrated and discouraged. They expressed feelings of concern and fear for their children in reference to drug use and peer pressure. They felt in some ways that the "streets" were taking over their children. They wanted

to protect them but not be overly protective. Sociological factors such as the rate of social change, the decelerating rate of socialization of the parent in contrast to that of the child, adult realism vs youth idealism, conflicting norms, competing authorities and sexual tensions had robbed parents of the traditional ways of rearing children without having an adequate substitute (LeMasters & DeFrain, 1989).

Although child-rearing philosophies change from one generation to the next and parents often have to sort out conflicting advice (Dail & Way, 1985), a parent may feel that the way he or she was reared is the "right way" and that other methods will not achieve as good a result. Parents may sometimes repudiate the methods by which they themselves were reared and resolve to do differently with their own children (Reis, Stein, Bennett, 1986). The parents in the Effective Black Parenting Program are asked to unlearn and rethink their philosophies. This was particularly problematic for our parents with respect to discipline.

The program did not include spanking/whipping as a disciplining technique. The majority of the parents in our program, however, had experienced spanking/whipping while growing up. Parents shared stories of how their parents used belts, hands, switches (tree branches) to give spankings/whippings. One comment was that parents would send the child to get the switch for the whipping. All of this was understood and accepted as punishment for disrespectful behavior. Stories were also told of how eye contact (getting the eyes) from parents got results. You knew what the "eyes" meant. A child immediately discontinued the disrespectful behavior.

It was very important to help the participants in our groups to analyze their definitions of discipline. We used the word association technique and came up with various viewpoints. Based on their socialization and the child rearing practices of their parents, various themes came forth, e.g., punishment, love, spanking, taking away privileges, etc. The aim of this exercise was to get them to discuss the traditional method of Black Discipline (Spanking/Whipping) in particular and then to contrast it with Modern Black Discipline (The Thinking Parents' Approach). This means of value clarification proved to be especially sensitive to our groups. The issue of slavery came up and how spanking/whipping by parents during that time was a way of protecting their children from white harm. Parents had to analyze their thoughts and deal with their feelings about spanking which they had all experienced in their childhood. Religious views and Biblical teachings also came into play. The facilitator tried to help parents verbalize their values, beliefs, ideas, tra-

ditions, and customs regarding these traditional methods. Although the aim of the program was to get parents to try new methods/approaches, we stressed that no one method can be considered "best" for all children. What works for one may not work for another. What is important is the quality of the parent-child relationship.

Parents were reminded throughout the program of their role as a parent and how important it is to model and teach their children what they want them to do. The parental role sounds simple; it is to meet the needs of children so they can grow (Amato & Ochiltree, 1986; Ballenski & Cook, 1982). The parental role is to discover the physical needs of their child and to fulfill those needs. A very important session in the Effective Black Parenting Program for our participants was on developmental stages of children. Parents were taught the appropriate abilities and stages of development of children at various ages. Similarly, the parental role is to fulfill emotional needs so that children can grow to become emotionally secure and stable persons. If children's needs for love, affection, security, understanding and approval are met, they are more likely to develop positive feelings (Cooper, Holman & Braithwaite, 1983). This was an important point to make to Black parents who have to deal with how to discuss prejudice and discrimination with their children. They were encouraged to use Chit-Chat Time to have a discussion of racial awareness/identity.

Using praise at all times whenever their child displayed a respectful behavior was a major part of the training. Role playing was used for the various corrective consequences such as Time Out, Ignoring, and Mild Social Disapproval. Each parent was encouraged to participate. By putting themselves in the role of the child, they were able to see how the child felt and whether they had actually gotten the desired effect. In order to improve their parenting skills, a lot of social interaction was involved. It was important to encourage parents to touch and hug their children. Role playing helped especially with the Effective Praise Method, where touching is a basic component. Parents found this hard to do, but reported how well their children responded whenever it was used. The basic theme throughout the sessions was to model and teach. If parents wanted their children to achieve the life goals of good jobs, good education, etc., they had to be good role models and to do exactly what they wanted their children to do. A major objective of parents should be to provide as many diversified experiences as possible to find their child's talents. Parents cannot determine for certain how a child will grow, but they can enhance their growth.

Not only is family background important in the way parents relate to their children, but life circumstances affect parent-child relationships as well. Parents who experienced a great deal of stress in their lives have more difficulty being patient and relaxed with their children. One study of Black and Hispanic mothers who were on welfare found that these mothers were less emotionally and verbally responsive to their children, spanked them more and were generally less likely to avoid restriction and punishment than were those not on welfare (Philliber & Graham, 1981). However, welfare was not the cause per se, rather it was the combined frustration of their lives that affected the quality of parenting.

Black physicians, educators, mental health specialists and child psychologists all had input into the program. Review of books/articles by Black parenting authorities helped to identify existing programs and modify and recommend what should be included in the program. The basic component of the program was a cognitive-behavioral parenting skill building program; however, a sociological perspective was incorporated. The facilitator constantly reinforced the fact that parents had probably already used the techniques being discussed and this was not an attempt to change them, but offer alternatives and new ways of viewing parenting. Discussions of self-esteem and feeling good about self were very important in encouraging parents to consider the techniques. An understanding of the socialization process and how it relates to child rearing practices was very helpful in the workshops. Parents shared their stories of their childhood and how their parents disciplined them.

In open discussions, viewpoints were given on parenting competencies, frustrations, and confusions of being a parent. These discussions took on the appearance of a support group. Parents listened to each other's problems and offered suggestions and advice for dealing with them. We found a tremendous need for this type of dialogue in our groups. The group dynamics that operated were volatile, probably because there is no outlet for expression in this area or for obtaining knowledge in reference to Black parenting. It was easy to show the participants that what was occurring in the groups, lack of consensus, was a reflection of what was occurring in their families. It was stressed that families operate in terms of roles, and communication patterns are very important, especially in terms of making family rules. When family members feel a part of making rules and giving input into decisions, it is easier for rules to be followed. Even though parents are the powerful figures or authority in the family, things run smoother in families when children feel a part of the group.

Emphasis was also placed on the strengths of Black families. Many of the problems that beset the Black family are due to racial discrimination and the economic conditions under which many live. There are, however, a number of positive characteristics that enable Black families to function and to survive in a hostile social environment. These strengths include: strong kinship bonds, favorable attitude toward the elderly, adaptable roles, strong achievement orientations, strong religious orientations and a love of children (Hill, 1972). Our participants were able to identify with these strengths.

Bonding developed between participants over the weeks as well as with the facilitator. Separation anxiety was evidenced as participants shared what they had learned from the program and how much they anticipated missing the weekly meetings. Thus, as a final adaptation, the participants were encouraged to continue to meet as a support group after completion of the fifteen week program.

Summary

The Black family is an important institution in the Black Community, and effective parenting is very important in the survival and socialization of Black children. Changes in attitudes and behaviors of Black men and women and social problems in the Black community are important considerations in parenting programs for Black parents. It is also important, however, to remember that Black parents in non-urban areas may have different needs than those in urban areas. Sociology provides a framework within which existing programs can be adapted to meet the needs of these often overlooked parents.

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The Secret Garden of Sociology

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In 1909 in an American magazine there appeared for the first time what has now become a classic in children's literature, *The Secret Garden.* Written by an English immigrant to the U.S., Frances Burnett, the book tells the story of an orphan girl, Mary Lennox, sent to live with her rich uncle on an English country estate. Ten years before Mary's arrival, the uncle's young, pregnant wife has had a freak accident in the rose garden of the estate. This accident causes her to give premature birth to their son. The mother dies in the childbirth. The uncle is filled with grief and orders the garden closed and its gate locked. He also rejects the son born in the tragedy and has him confined to a remote section of the mansion in which they live. When Mary arrives, the garden is overgrown and the gate hidden behind a wall of ivy. Thus it has become a "secret garden." Also, the rejected son, Mary's cousin, has become an emotional cripple using temper tantrums and hysteria to manipulate the servants assigned to take care of him. The remainder of the book is the story of how Mary discovers the garden and her cousin, and how working together they restore the garden. In doing so they learn how the quality of their lives and of the lives of others can be enriched by efforts to improve the environment in which they live.

There are some parallels to this story, I think, to be found in the history of sociological practice dating from the creation of the first department of sociology at the University of Chicago in 1893.

The "Chicago School of Sociology," as it became known, set the tone for sociological study for much of the rest of the country for the next fifty years. The emphasis was on "social problems." No doubt this problem orientation reflected major historical currents of the time, including the disappearance of the frontier, the increasing industrialization and urbanization breeding tenements and slums, the women's suffrage movement, the temperance movement which gave rise the Prohibition and gangsterism, the Great Depression and the accompanying New Deal, two world wars and their impact on American provincialism, large scale immigration from Eastern and Southern Europe challenging the WASP dominance, the migration of blacks from South to North, and clashes between reformed-minded modernists and status-quo fundamentalists in American Christianity.

Is it surprising then that those attracted to sociology in this period were interested in social problems? I think not. Moreover, students of sociology to mid-twentieth century were motivated by commitment to at least three core beliefs drawn from the European roots of American sociology. These were: (1) a conviction that social change can result in social progress, meaning an improvement in both the material and non-material quality of people's lives. (2) a commitment of social reform efforts as the means to secure that social progress. And (3) a belief that natural laws govern social behavior, that these laws can be discovered, and that when found they can be used for social planning to achieve desired social changes in society.

As sociologists sought to improve their search for natural laws, they became more and more disillusioned with traditional research methods. Increasingly, library research, case studies, and participant observation, were replaced by surveys and quantitative analyses of gathered data. Between 1940 and 1960 the so-called scientific method employing statistical analyses came to be the preferred research approach. This emphasis on scientific research brought concern for objectivity, and was reflected in a commitment to the idea of value-free sociology. Knowledge for the sake of knowledge, at least in academic sociology, became the guiding principle.

Value-free sociology did not mean, however, that interest in social reform, social change, and social progress had been abandoned by American sociology. But it did mean for the majority of sociologists that social activism was suppressed, for some even repressed, but still influencing choices of research topics and the subjects of the sociological curriculum. Thus advocating social reform in the interest of social change

and social progress became the "secret garden of sociology." This would pretty much remain the situation until the late nineteen seventies.

But beginning in the 1960s and continuing throughout the 1970s and on into the 1980s, the U.S. began to experience a series of social upheavals that would strikingly change the social fabric of the American community. These events included the Vietnam War, the anti-war protests, student challenges to the existing order that sometimes included terroristic acts, race riots, the civil rights movement, integration — including integration of schools by busing, white flight to the suburbs and the growing problems of the inner city, the feminist movement, the changes in sexual behavior dubbed the Sexual Revolution, higher rates of divorce and the increase in single parenting, the decline of factory jobs and the emergence of a new underclass of displaced workers, the burst of computer technology and disruption of the ranks of the white-collar class caught in downsizing, greater exposure to sex and violence in the mass media, waves of non-European immigrants and illegal immigration, the problems of substance abuse, and an increased awareness of violent crime in the cities.

As these social forces battered the American culture in the late nineteen-sixties and gained momentum in the nineteen-seventies, student enrollment in sociology dramatically increased. Students sought enlightenment and direction on the problems and changes confronting our society. Many of these students became sociology majors and minors with career goals of becoming change agents. They sought jobs not in academia but sometimes in business and especially in government positions and social service work. They wanted to bring about social change through social reform efforts which they believed could improve the quality of life of people. They were opening the gate to the "secret garden of sociology."

Given the occupational goals of great numbers of undergraduate sociology majors in the nineteen-seventies and the immense social instability of the times, it is not surprising that some academic sociologists began to rediscover the "secret garden of sociology." Renewed interest grew in the practical application of sociological knowledge, an interest which in 1978 became formal in the creation of the Sociological Practice Association. The next important step in the revival of practical sociology was the emergence of Applied Sociology as an undergraduate degree program in U.S. colleges in the 1980s. Undoubtedly, some of the credit for this development in American sociology should be given to a new generation of sociologists who had grown-up and

studied in the context of the social fire storms blazing across American society in the 1970s. Incidentally, when the Applied Sociology degree program for sociology majors at Southwest Texas State University became a fact in the 1980s, it was the first of its kind in Texas.

Today I think it is safe to say that the sociological garden is no longer a secret but is once again open and resplendent. The reformist, activist, socially critical side of sociology as well as its scientific side is once more acknowledged. However, the end of a self-imposed detachment from society does not mean that sociological research and the reporting of its findings be any less objective than in the past. On the contrary, it means there is greater obligation than ever that social planning and social reform efforts be based on the best, objective knowledge available.

What then does all this mean for you as sociology majors and minors? First, I think this is a great time to be toiling in the sociological garden. There is no need for embarrassment or apology in wanting to make the world a better place in which to live based on the best, objective knowledge available, for this represents none other than the traditional goal of American sociology. Second, you don't have to be a fanatical revolutionary or a full-time social activist to make practical use of sociological knowledge to bring about social change and some degree of social progress.

You can be a business employee trying to make your work setting not only more efficient but more responsive to the human needs of fellow workers.

You can be an employee in a private or public social service agency who tries to bring about changes that will facilitate the recovery and rehabilitation of your clients.

You can be a social researcher in an organization dedicated to improving some social aspect of people's lives.

You can be a member of a city council or of a school board or of some other public committee, who will use objective knowledge and not prejudice, rumor, and hearsay, to define and implement policies to improve the quality of life in your community.

You can be a teacher who tries to increase tolerance and a sense of social responsibility among your students by exposing them to sociological knowledge about multiculturalism and social organization.

You can use your sociological training as a volunteer worker in an organization dedicated to improving some part of your local community.

You can be a citizen, whatever your job, who is concerned about improving the quality of life in your community, your region, your nation, and who tries to vote for each office, each proposition, on the ballot based on the best, objective data available and not just as a response to political propaganda. After all, isn't this a core lesson learned in the study of social research?

In sum, like the children in *The Secret Garden*, we can find meaning and purpose in life by trying to improve the quality of the conditions in which we find ourselves, and in so doing we can enrich not only our own lives but the lives of those who share our social groups.

The Sociologist As Mitigation Expert In First Degree Murder Cases

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ABSTRACT

This paper describes the experiences of a sociologist as a mitigation expert during the "typical" first degree murder case, from indictment through the penalty phase of the trial. The author, who has worked in death penalty cases (capital murder) since 1988, has served as a mitigation expert in over 40 such cases. Topics covered include: working with a death penalty mitigation team and what to expect; interviewing the client, family members and others significant to the defense; making a genogram; making a time line of the client's life; preparing for trial; and the style and content of your testimony and getting qualified.

Introduction

In Louisiana, as in most states, the trial of a first degree murder case is separated into two proceedings. The first proceeding is to determine the guilt or innocence of the defendant. If the defendant is found not guilty or guilty of second degree murder or manslaughter, the trial ends. If the defendant is found guilty of first degree murder, a second trial begins almost immediately, before the same jury, to determine if the defendant will be given a sentence of death or life in prison without benefit of parole. First degree murder is the only charge for which the jury is allowed to impose the sentence.

The most important factors from a defense standpoint are the mitigating factors. Louisiana law recognizes any relevant evidence as potential mitigating evidence but generally categorizes the factors to be considered as follows:

a. The offender has no significant prior history of criminal activity;
b. The offense was committed while the offender was under the influence of extreme mental or emotional disturbance;
c. The offense was committed while the offender was under the influence or under the domination of another person;
d. The offense was committed under circumstances which the offender reasonably believed to provide a moral justification or extenuation for his conduct;
e. At the time of the offense the capacity of the offender to appreciate the criminality of his conduct or to conform his conduct to the requirements of law was impaired as a result of mental disease or defect or intoxication;
f. The youth of the offender at the time of the offense;
g. The offender was a principal whose participation was relatively minor;
h. Any other relevant mitigating circumstance.

The job of a sociologist in a case such as this is to present, in an orderly fashion an entire history of the defendant and his family or other relevant social conditions affecting behavior. Sociologists have been trained to grasp a problem deductively, fitting the data to a theory, and inductively, creating a theory from data. Both of these skills are well-suited to the role of mitigation expert. All cases have or will have a theory around which the defense is centered. There are certain key components of this process which will be discussed below.

The Death Penalty Mitigation Team

The mitigation team is made up of all the experts who may offer their opinions about the defendant and his behavior at the penalty phase of the first-degree murder trial. Most, if not all, attorneys use experts in first degree murder cases to prepare for the penalty phase (and in some cases the guilt phase) of first-degree murder trials. The team of experts may change from case to case, and not all the particular roles are requi-

sites to each case, but there has emerged a kind of standardized group of expert roles that would be filled in preparing the defense of a typical case (Foster and Forsyth, 1993).

Two attorneys are usually assigned to coordinate death penalty cases. If there are two, the most experienced will be the lead attorney and will usually handle jury selection and the penalty phase, the other will handle the guilt phase of the trial. In fact, both work together on all parts of the case.

There are several expert roles that would make up the mitigation team in a typical first degree murder case:

1. A Ph.D. sociologist with expertise in family and criminology. The sociologist uncovers the client's social history including examples of good character, substance abuse, etc.
2. A Ph.D. psychologist who has worked extensively with criminal offenders. The psychologist administers personality and IQ tests to the defendant as part of the pre-trial interview process. In court he describes the defendant's intelligence, personality traits and behavior patterns.
3. A prison expert, who is a criminal justice professional or criminologist with a particular background in institutional corrections. This expert gathers information about the defendant's prior criminal record and behavior in confinement. He/she testifies about the defendant's adaptability to the prison environment as a long-term inmate. This expert would also describe the prison environment for the jury and may also testify regarding the meaning of a life sentence. Jurors may think that a life sentence means the client will be back on the street in a few years. If this testimony is allowed, it becomes the job of the prison expert to produce prison statistics for that state to refute this notion.

Most criminal cases also involve an investigator (note: a good investigator is an expert but may not have advanced degrees/credentials) who is essential to the team's work. The private investigator's job is to gather information needed by the other experts. This typically involves locating and interviewing witnesses who the experts may need to substantiate testimony. The investigator does not normally testify in court, but is helpful in screening information for the experts. This investigator also aids in identifying and evaluating the other witnesses who will be asked to testify during the penalty phase. The experienced sociologist and psychologist will work closely to coordinate their testimony. They

must make sure that their findings are supportive of one another and indeed are not going in separate and contradictory directions.

Two other types of experts have also served in some cases in which the author was involved: a substance abuse expert and a neurologist (M.D.). The substance expert serves if alcohol and/or other drug abuse is an issue, and if the sociologist or psychologist does not have the knowledge and/or experience required to testify in this area.[1] Usually the substance abuse expert will testify about the "exact" mental impairment at the time of the crime, considering the amount of substances consumed. The neurologist may be used if brain damage is to be considered a factor in explaining behavior, particularly impulse control. The sociologist may present testimony regarding the defendant's life history, in the form of a time line. It has been the experience of this author that such a sociological contributing, in conjunction with the testimony of a neurologist, work well together. Juries that have been surveyed after trials have supported this observation. In accounting for behavioral changes, facts regarding brain damage are meaningful only with descriptions of specific events along with general phases of the client's life.

The theme of the mitigation team testimony will often center around the testimony of the sociologist. In such cases, the sociologist will be the last of the experts to testify. Essentially all the pieces will have been identified and the sociologist will bring it all together within the context of sociology.

Usually, the sociologist and the investigator begin working on the case as soon as possible after the defendant is charged. They interview the defendant and begin working up a witness list together. The investigator can save the sociologist time by locating persons from whom they need information. Depending on what they learn, other experts may be consulted. Attorneys are kept informed of any written records the experts may need and any developments in the case. This of course requires experienced experts and attorneys. An inexperienced attorney may not feel comfortable giving such independence to experts, and the expert with a lack of experience will need direction. The case should not be allowed in which both experts and attorneys lack first degree murder trial experience. At the start of his career as an expert witness, the author was very fortunate to be associated with a very experienced team of attorneys.[2]

The prosecution will state reasons for your client receiving the death sentence and will offer rebuttal testimony at the trial from their own experts. This will usually not be a direct rebuttal in that the state will

probably not employ a sociologist but will usually bring in a psychiatrist or psychologist who will rebut the theme of the defense. Some of these experts will testify during the guilt phase, others during the penalty phase.[3] The most critical rebuttal during the penalty phase usually comes from character witnesses (none expert witnesses) who may say somethingthat counters what you have said or will say. If given the opportunity, the prosecution will indeed bring up these differences. To remedy this problem the expert should testify after such witnesses and be in court during their testimony.[4]

The Sociological Expert

The expert is very important to a death penalty case; indeed, it has been stated in legal decisions that the attorneys in such cases are only as good as the experts they have (you live and die by what your experts do).[5] Persons are qualified to be expert witnesses if they possess firsthand knowledge that the jury does not have, have the ability to draw inferences from particular facts, and their academic field and/or experience is related to the subject in the present case (Najmi, 1992).

This author serves as an expert in criminology, family relations, substance abuse and general sociological knowledge, offering explanations as to why the client was involved in a particular crime. This expert gathers information about the defendant's family life, education, social history, including drug and alcohol use patterns, and work record by talking with family members, neighbors, teachers, friends, employers and co-workers. The sociologist testifies in court about the overall environment in which the defendant lived, with emphasis on those aspects that would explain violent behavior. This author gives a summary of the defendant's life and highlights those events and patterns that the jury ought to know in order to understand why this first-degree murder was committed.

Not Like The Ivory Tower

Criminal attorneys are advocates who retain scientists who act as experts. Although science is suppose to be objective, the expert who must be impartial and independent has been hired to support a certain position. This experience is alienating for some scholars who must move beyond the academic environment of the university to the unknown arena of the court room. On the witness stand one must qualify, testify, and be cross-examined. If unprepared for any phase of this process the expert can be judged unqualified or his/her ego and opinions annihilated (Najmi, 1992).

The Testimony

The testimony of a sociologist regarding the good character of the client is an influential part of a mitigation strategy designed to obtain a life sentence. Such evidence is mitigation in its most pure construct because it shows the client to be less deserving of a death sentence.

Presented in an systematic fashion, good character evidence is the nucleus for a successful mitigation effort. Your task is to paint a sociological portrait of a human being whose good character, although not a justification for murder, reveals a human being who is nonetheless not deserving of the death penalty. Indeed, all of the efforts of the defense team for obtaining a result less than a death sentence, are directed toward portraying the client as a person with a complex of character like all human beings. In other words, the expert humanizes the defendant so the jury can understand what motivated the defendant's actions. The humanization process might entail a discussion of his abuse or neglect by his parents or guardians, his mental illness which went neglected or untreated, his substance abuse problem, his wife's abandonment of him and her promiscuity, and any other similar circumstances relating to the defendant. There is, indeed, one significant variation: the client has, at this point in the trial, been convicted of taking the life of another person (Dayan, 1991).

Most individuals have some saving value. In every case the mitigation expert has an obligation to search for this kind of information. Evidence which falls within this category includes military service, school, employment and (hopefully) the absence of criminal records. In the case of a prior criminal record, the records of previous incarcerations should be obtained. The expert should also search for memberships in religious, community or other notable groups. Character evidence can be used to illustrate the crime as a aberration from the client's usual patterns of behavior. In this case a time line of the person's life can be done to illustrate the relative portions of the client's life spent in different kinds of behavior. The overall task of the sociologist is to unearth in the client's social history, examples of good character which can be used as mitigation. The sociologist will use the data obtained in the interviews, records, etc. to shape testimony. The attorney may also ask you to select witnesses from among the interviewees who will both be creditable witnesses and reinforce what you intend to say. Attention must be paid to the order in which the witnesses testify, for maximum reinforcement of what the sociologist wishes to convey. The proclivity of these individuals is to provide conclusionary statements about the good character of the client. But there is a need for very specific anecdotes that corrobo-

rate good character. In other words, do as we write in academic papers: give a general statement, followed by a specific quote which substantiates the previous statement. The same kind of anecdotal evidence should be established throughout the client's social/life history.

In the experience of this author, persons in certain positions will tend to emphasize traits or be better sources of information than others. For example, given the backgrounds of the majority of the clients, shop teachers, counselors, special education teachers, assistant principals (in most schools they handle discipline), and athletic coaches are good sources of information.

The gathering and development of good character evidence requires huge quantities of time and energy; the sources and variety of such information are infinite. Such evidence may well be the difference between your client's death or life.

Good character evidence is only one part of the sociologist's mitigation presentation. It is braced with other kinds of mitigation, such as mental health evidence or with evidence of childhood abuse and neglect, or alcohol and/or drug dependency. If there is familial history of mental illness or child abuse or any other behavioral trait pertinent to the case which has been "passed down", the mitigation specialist should construct a genogram. Genograms may be simple or complex, but they are essentially driven by two factors: your needs in the case and the familial history of the client.

Genograms can be shown to juries. They need to be clear and attached to few issues. They are not a family tree! They are a sociological map of an individual who has committed murder and can be an excellent vehicle to express an issue(s) in the case. The client is explained as a product of a particular social environment, which in theory lessens responsibility. Each link in such a diagram must be supported by theory. I have used social learning theory, differential association, and the subculture of violence to tie the paths in this sociological mapping network. The purpose is to explain how the client got to this social location—the killing of another individual. The advice of this author is to keep it simple. Genograms are not made for courtrooms. Displaying a true genogram with an overhead projector would require an extremely large screen. Remember you are trying to convince a jury with your professional opinion and do not need to display an entire familial structure, but only those linkages that are components of your explanation. Construct your own or use a computer design package (McGoldrick and Gerson, 1985). A genogram, like any other display, such as time lines or graphs, becomes

a centerpiece, when used effectively. Questions should lead into a display and should be referred to during an explanation. Displays should contain only information which facilitates your explanation. If used properly they will imprint your opinion upon the minds of the jurors and save the life of your client.

Advice For The Expert

Sociologists need to be very aware of many of the aspects of the work of an expert in court. An expert can devote long hours to researching a case, but put little into the mechanics of testimony. This can be devastating. Devote as much time to preparation as to research.

The expert should prepare a list of questions for the attorney to use in the opening of the direct examination of your qualification. These qualifying questions should address your employment, education, experience, publications and other credentials. Review potential questions with the attorney before the trial.

During the trial, when challenged about insufficient experience, do not take the challenges personally. Comfortably agree with accurate challenges to your credentials. The opposing attorney may claim that your experience is not relevant to the situation at hand. You need to be able to generalize from past experience to the current issues.

Sociologists are sometimes very critical of sociological knowledge. The expert must be particularly aware of this problem in court. Criticize your field as needed and requested, but constantly look for opportunities to regain control. Do not get into "collaborative criticism" (Brodsky, 1991). (This is when the expert involuntarily joins the opposing attorney in a critical evaluation of the expert's own discipline and present work). Do not change your professional opinion on the basis of a cross-examination.

The expert should never fraternize with the opposing attorney. Some attorneys casually approach expert witnesses before trials and during breaks. This is a tactic to learn about you and your testimony (Brodsky, 1991; Dayan, 1991).

Respond to half-truth statements/questions by first stating the correct part, then strongly denying the deceptive part. You may have built up a long list of characteristics of your client that have contributed to his committing this crime. The prosecutor will challenge each of these singularly because they are "weak" contributors detached from the larger picture. Agree with each challenge but qualify each statement with "AS

AN ISOLATED CHARACTERISTIC" or something having that same affect of drawing attention back to the gestalt.

Knowing the literature is the best defensive weapon. Review current literature on the topic about which you will testify. Your opinions should always be the product of your research. Challenges to professional experience should be met with a knowledge of the literature and affirmations of the worth of your own experience. When attorneys try to intimidate you, use a commanding response. Some may get right in your face, ask them to step back. This is not just their style, it is a tactic.

There will always be the implication of being a bought expert. The media has contributed to this image and the jury is aware of it. Demonstrate that you are aware of the issue. Directly address the facts of fees and the idea of impartiality. State that you are particularly aware of the possibility of fashioned testimony, but shift the focus to impartiality, objectivity and truthfulness.

Meet with your attorney to discuss the best way to present the findings and opinions and also the possible tactics of the prosecutor. These tactics alone, if persuasive, are strong enough to damage the expert. As mentioned, use graphs, charts, etc. when possible. The jury will take a visual image of your testimony into their deliberations.

The expert must always stay on their professional turf and stay away from other areas. As long as you keep your testimony on your turf, you are the master. Do not incorporate legal concepts into your testimony. Keep your knowledge limits clearly in mind and stay carefully in the bounds of your expertise. And lastly, never attempt to be amusing on the witness stand. Respect the dignity of the legal process (Brodsky, 1991; Dayan, 1991).

Some Other Problems

There are some other kinds of problems that emerge in the role as an expert. Some problems may increase the likelihood of the defendant getting the death penalty and others are only a problem for the expert. The greatest of these occurs when experts are brought into the case too late to do their work effectively. Many attorneys presume that cases will be resolved through plea- bargaining. When they are not, and a trial date looms, experts may be contacted. The problem is, most potential experts are professionals working full-time at other jobs. Consequently they cannot concentrate exclusively on a particular defendant for two weeks. Even if they were able to consolidate their work, there are records

to examine and witnesses to contact, neither of which can be done in a brief period. Juries are not very impressed with expert opinions that are the products of hasty encounters with the client. Testimony should emerge from several meetings accomplished over a long period of time. Procrastination in bringing in experts can also be a delay tactic of the attorney. Delay in a criminal trial is almost always good.[6] In this regard, the experts may need to testify at a hearing about what they need to do and how much time is needed.

Some attorneys have problems regarding professional arrogance in assembling a defense. The author has found that this presumptuousness seems to be the result of the defense counsel's inexperience. Some are seemly not willing to listen and respect the advice of objective and analytical experts, who may have worked on many more death penalty cases than the attorney has. This may be rough at times but as the trial date nears, the anxiety of inexperience usually and hopefully gives way to humility.

The role of the expert witness is an essential component of the criminal trial and the judicial process in general (Moore and Friedman, 1993; Thoresen, 1993). It is productive terrain for the use of sociological knowledge. As such, it represents an opportunity for practitioners to expand their work into this intellectually fertile arena.

NOTES

1. The author is a certified substance abuse counselor. The specific characteristics of the defendant's substance abuse may be better explained by an individual substance abuse expert.

2. The Indigent Defender Office of the Fifteenth Judicial District of Louisiana is headed by Paul Marx, Chief Indigent Defender. Alfred Boustany coordinates death penalty cases with Mr. Marx. The other current senior attorneys are Gerald Block, David Balfour, Floyd Johnson and Doug Saloom. Under the direction of Mr. Marx they have assembled a team of experts. The team has been called a model for the nation for death penalty litigation.

3. This author expects that, in the future, as sociologists do mitigation work more often, the state will bring in their own sociologist.

4. Experts unlike other witnesses are usually allowed to view the trial. This has to be cleared with the judge before the trial starts.

5. See State of Louisiana v. Sepulvado, Motion for Continuance, Number 77,378—District court, Parish of Desoto, November 20, 1992, pp. 32-33.

6. Delay in a criminal trial is particularly beneficial in those cases involving extremely heinous crimes because a more nefarious sin may occur in the interim.

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Book Reviews

A World Without Words: The Social Construction of Children Born Deaf And Blind, by David Goode. Philadelphia: Temple University Press, Health, Society, And Policy Series, 1994. 261 pp. $44.95 cloth ISBN 1-56639-215-2. $18.95 paper ISBN 1-56639-216-0.

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David Goode has written a book which represents an important milestone in the sociological study of disability. Goode began his ground-breaking research on children with disabilities in the early 1970's when he was a graduate student completing work on his doctorate in sociology at UCLA. The research reported in this book was supported by a United States Public Health Service grant given to the Mental Retardation Research Center at the University of California at Los Angeles. The study was conducted between 1973 and 1976 under the supervision of senior ethnomethodologists Harold Garfinkel and Melvin Pollner whose teachings Goode drew upon very heavily in the conceptualization of his research.

Goode's research focused upon the clinical application of ethnomethodological techniques to the understanding of the day-to-day lives of children with rubella syndrome who were born deaf, blind, and mentally retarded in the 1960's. Utilizing participant observation techniques and ethnographic personal accounts, Goode's research opens a doorway for readers into the little known and little understood world of social interaction existing between children with severe multiple disabilities and the adult direct care workers and family care-givers who take care of them.

The book is organized into seven chapters, each dealing with a different stage of research process. In Chapter One Goode gives readers a

clear, concise, overview of the content of each section of the book and his reasons for wanting to get involved in this type of social research. In Chapters Two and Three Goode describes his "in-depth" personal observations of two deaf/blind mentally impaired children with whom he spent time, one living in an institutional setting of a state hospital ward and the other living in a non-institutional family setting. One of the critical questions that guided Goode's research was his desire to know and understand how deaf/blind mentally retarded children who have not developed formal verbal language skills communicate their basic human wants, needs, and desires to the adults who take care of them. In order to answer this question, Goode spent time observing and taking care of two deaf/blind mentally retarded children in their natural environments. Based upon his behavioral observations of the social interaction between himself and the two deaf/blind children with whom he lived, Goode was able to determine that despite their severe physical and mental limitations, these children were very capable of communicating their basic human wants, needs, and desires through a series of complex bodily gestures and routinized behavioral responses to stimuli in their immediate social environments.

In Chapter Four Goode reflects on the potential for human understanding without shared formal symbolic language. In his reflections on this issue, the author posits that shared formal language ability is but one of many human faculties allowing people to experience the world of social reality. It is indeed possible, for adults who can see and hear, to achieve rich, meaningful, and multifaceted relationships with children who do not possess the functional facility for shared symbolic verbal language. In Chapter Five Goode discusses the epistemological relationship between events as they occur in what he calls the lived order of everyday life and the representation of these everyday life events as seen in the data collected in social scientific research.

In Chapter Six Goode reviews the findings of a number of social scientific studies that have attempted to examine the social relationship between adults and children. Goode argues that most of the social scientific research that has been conducted during the course of the last several decades has examined the phenomena of adult/child interaction from the adult point of view. Goode posits that children think about and organize the events in their everyday world in a different way than adults do. He uses the term "Kids Culture" (p.166) to describe the way children see and act upon events in their everyday world. Goode notes that it is within this kid culture that children learn to experience their world in a

more autonomous way enabling them to develop separate self-identities without adult intervention. Goode further notes that access and participation in kid culture is not guaranteed to all children in our society. He argues that because children with severe disabilities have so much of their sense of self-identity given to them by the adults who care for them, they are often denied access to kid culture. Therefore, they never learn to experience and organize their everyday world in the same way normal children do.

In Chapter Seven Goode discusses the conclusions of his research and summarizes what has happened to the deaf/blind mentally retarded children and their families in the twenty year period since his study was completed. Goode argues that research on disability is still in its early stages of development. Researchers need to spend more time directly observing and talking with people with disabilities, in order for them to fully understand the realities of their everyday world. The author concludes that in the last two decades some improvements have been made in the quality of services offered to severely disabled children and their families. However, there is still much that needs to be done to assist individuals with severe disabilities to achieve fullintegration into the mainstream of society.

In the opinion of this reviewer, Goode's book represents a passionate appeal for human understanding. The author's treatment of a difficult human issue is caring and sensitive. The narrative descriptions in the book are presented to readers in a clear, concise, and informative way. The book would make an excellent text for social scientists developing university level courses on psychosocial aspects of disability. The book would also make an excellent resource for special education and human service professionals working in community-based agencies providing needed educational and social services to children with severe disabilities and their families.

Emotion in Organizations, by Stephen Fineman. Newbury Park, CA: Sage Publications, 1993. 230 pp. $55.00 cloth, $19.95 paper. ISBN 0-8039-8734-X.

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Emotion in Organizations offers an important contribution to the study of emergent changes in the sociology of organizations, especially organizational change. It challenges the reader to reconceptualize certain

fundamental assumptions about organizations and organizational behavior, namely the occurrence and function of emotions in organizations. Although the current work is imbued with a strong focus on gender issues, it also manages to transcend that discussion and points up the important value addition from feminist sociology to the sociology of emotion. While the book does not attempt to set forth a single coherent new theory of emotions, relying instead on " . . . existing social constructionist and psychodynamic thought," it offers a tantalizing challenge to theoretical formulation nevertheless. In short, this collection of essays leads the reader into an exciting frontier of important sociological challenge and growth.

Bureaucracy, the epitome of rational social behavior, has been assumed to be—and idealized as—a place without emotional interference. The book shows that this idealization is dependent upon a false understanding of emotions. Emotions are not surgically excised from the organizational *corpus;* rather much social and psychological work in organizations is directed toward the management and repression of unaccepted emotions. As the reader begins to glimpse the social nature of emotional behavior, it also becomes apparent that this area of study has been sadly neglected in sociological research, both in and beyond organizations.

The readings point out that it is through successful feminist contributions to sociology that emotions, especially emotions in organizational settings, have begun to lose their pathological stigma. The discussion is no longer limited to arguing the legitimacy of emotions in women in organizations. Instead, the reader is introduced to a different perspective on the emotional emancipation of men as well. Emotions, regardless of gender, are socially derived and managed, and not genetically fixed in gender differentiated chromosome configurations. While the dominance of males over social science, *etc.*, is not a new conflict issue, it is particularly rewarding to begin to see what contributions a shared scientific platform has to offer. Since conflict theory has appeared to provide a major basis for the study and discussion of gender issues, it is also particularly exciting to glimpse the rich potential in the study of emotions from other perspectives, such as micro-theoretical and, hopefully, symbolic interactionist perspectives. Fineman suggests that emotions must be understood from a diversity of such perspectives rather than sociologists and social-psychologists engaging in destructive conflict to determine a single victor.

If there is any weakness in the presentation of the perspectives included in this work, it is in the repeated digression into gender conflict issues and the effects of male organizational dominance. All-in-all, this

book was engrossing, inspiring, and challenging. It stands as a must for anyone interested especially in organizations, and organizational change, but also is important for anyone seeking insights into cutting-edge developments in sociology.

I.A.M. (Integrated Anger Management): A Common Sense Guide to Coping with Anger, by Melvin L. Fein. Westport, CN: Praeger, 1993, 231 pp. $12.95 paper. ISBN 0-275-94244-9. $49.95 cloth. ISBN 0-275-94773-4.

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How might one interpret, in a book written about anger management, the not infrequent application by its author of such terms as "stupid" or "fashionable pap" to that with which he is in disagreement? Initially amusing, eventually annoying, the overall effect was to distract this reader in reviewing an otherwise interesting and welcome contribution to the literature. More about this matter later.

The contents of the book are summarized nicely on its back cover:

> Despite our justified fears of its destructiveness, anger is an essential part of our social life. I.A.M. provides a way to take advantage of this by offering a step-by-step guide for 1. keeping the emotion safe, 2. learning to tolerate its sometimes overwhelming intensity, 3. evaluating its often disguised objectives, 4. relinquishing impossible aims, and 5. realistically employing its power to obtain critical goals.

A broad audience would seem intended, including those in search of self-help in managing anger, clinicians, sociologists of emotion, and the general reader.

The book is especially interesting in its treatment of anger from the perspective of the sociology of emotions, in making explicit the social construction, negotiation, and role of anger, and the advantages accruing to those who master the emotion. The chapters "Anger and the Family" and "Anger and Organizational Leadership" are recommended reading in particular.

In many ways, however, the person struggling with anger seems to be to whom the book is primarily addressed. The author, in a rather touching preface, reveals motivations for writing this book that well transcend the merely academic or clinical. Perhaps it is this self-help

quality that accounts for the aforementioned distractions in a style of writing not uncommon to this particular genre.

In writing for clinicians, the author acknowledges the many competing voices in the field of anger management, but asserts that each, in its own way, lacks a needed comprehensiveness of approach, particularly with regard to addressing the more sociological dimensions of the emotion. The author's stated contribution is to integrate these various perspectives and approaches to bring about this comprehensiveness, thereby offering greater potential for success in managing anger. Within the book, the author does not indicate if I.A.M. either has undergone or is undergoing any controlled or comparative clinical study.

Finally, this reviewer recommends that the author consider developing a clinical manual for I.A.M. This can elaborate upon concepts and interventions proposed and can reduce the amount of reading time for practitioners who presumably hold much of the contents within their clinical domain of knowledge and practice, although as the author asserts, not yet in holistic form.

Power in the Highest Degree: Professionals and the Rise of a New Mandarin Order, by Charles Derber, William A. Schwartz and Yale Magrass. New York: Oxford University Press, Inc., 1990. 275 pp. $12.95. ISBN 0-19-503778-2

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In the light of fundamental socio-political changes in Eastern Europe and the former USSR since the 1989 revolution, new social orders have emerged around the world. It is a period that one can easily label a post-cold war era. With the unpredictability of the future, and the uncertainty of the present, nontraditional methods of analysis have become eminent to explain and understand the world's behavior. Such new methods of analysis must be able to probe into the past in the light of the dynamics of the present. The task of explaining fundamental socio-political issues such as power and class conflict as well as stability, freedom, and democracy, seem to preoccupy social scientists in general and sociologists in particular. The work of Derber, Schwartz and Magrass in their book, *Power in the Highest Degree*, offers a challenging perspective in explaining and studying the concept of power. Their work is profound to the sociological theory and methodology of power and authority in modern society. The authors are articulate in presenting a new

argument to the concept of power. Their empirical methodology has brought particular dynamics to their theorizing.

The authors analyze the concept of power in a new term, i.e., knowledge, which offers a vital understanding of professions in contemporary society. The authors contend that professional knowledge is as critical as capital to power. They provide an analysis that makes the traditional Marxist perspective on power sound reductionist. The authors argue that the merits of professionalism are increasingly enshrined in our language and that professionals now connote competence, expertise and impartial authority. Derber, Schwartz and Magrass warn of the dark side of professionalism where a new proletariat has emerged. This new proletariat is composed of a majority of uncredentialed professionals. Alongside the main capitalist command structure based on money, professionals have created a second hierarchy based on credentialed expertise. The authors point out two systems of authority to define the new social order that they refer to as "Mandarin Capitalism." These are capitalists and certified experts.

In their analysis, they point out that although professionals argue that power based on knowledge is natural and justifiable, unlike power based on wealth or violence, professionalism erodes the rights of those not certified as experts, bringing its own threats to democracy and equality. The authors insist that power based on knowledge is a basic form of class power.

Through their analysis from history and the present, the authors contend that while today's most powerful knowledge class—professionals—does not rule in any society, professionals have infused both capitalism and socialism with modern mandarin logic. Professionals have essentially turned modern knowledge into private property, as in Mandarin China; such intellectual property is becoming the coin of the realm convertible into class power, privilege and status.

The authors illustrate the case of the United States in which they see three, not two, major classes emerging: capitalists, workers, and professionals, each class vying with the others.

The authors provide case analysis on Eastern Europe, China, and the former USSR. In this work, professionals are viewed as a class which relies mainly on claims to knowledge rather than labor or capital as the basis of their quest for wealth and power. Examples are physicians and attorneys. The book also provides essential empirical data on the rise of professionals in Eastern and Western societies.

This work is divided into six parts and includes seventeen chapters. In the first part, the authors explore how knowledge, like capital, can

become private property, the basis of class power. In parts two and three, the authors tell the story of the birth and rise of modern experts and show how professionals have constituted themselves as a class by creating faith in their own version of objective knowledge and by helping to shape both education and the division of labor. In part four, the authors look at "Mandarin Capitalism"—today's new social order and theprofessional's privileged role in it. In part five, the authors explore the values and political ideology of professionals and ask whether they might unify to pursue a more politically ambitious mandarin agenda. In parts four and five, the authors report interviews in which professionals spoke about the just rewards of expertise, about their power over workers and clients, about their "professional culture" and about their ambivalent loyalties to their employers and to capitalism itself. In part six, the authors explore the possibilities of a "post-professional society" in which expertise is socialized. Prosperity and freedom, the authors suggest, depend increasingly on putting knowledge, as well as capital, at the disposal of the people and giving them the opportunity to develop skills and become productive thinkers.

This work is a synthesis in social and political theory. It is well written and clear, and presents a concise argument to the concept of power. I consider this work a fundamental—must be read—contribution in social science literature. For those who are interested in critical thinking, the authors offer a new explanatory tool for the power equation in modern society.

Power in the Highest Degree is recommended to scholars in social sciences and to all professionals.

Sociology, Anthropology, and Development: An Annotated Bibliography of World Bank Publications 1975-1993, by Michael M. Cernea. Washington, D.C.: The World Bank, 1994. 314 pp. $29.95 paper. ISBN 0-8213-2781-X.

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Nearly two decades of writing in applied sociology and anthropology, some 400 publications in all, are summarized here for easy access by applied social scientists, development practitioners and academics—scholars or students. Without this compilation, most of these monographs and studies would have drifted into obscurity and nothingness.

Entries are organized by categories:

- Social science and development.
- Social organization and social actors.
- Settlement and resettlement.
- Social variables in environmental management.
- Social policy in sectorial analysis (housing and urban development, rural development, agricultural extension, education, health, roads, energy use).
- Social research and methodologies.

Items can also be accessed by author, title and geographic location.

Taken together, this body of work indicates how applied sociology and anthropology are contributing both to (a) individual, community and economic development, and (b) the testing and elaboration of theory, methods and professional practice. In my own area, public participation, fifteen papers include references to: a Bank-wide learning group on participation; proceedings of several conferences on participation; a case study of "bottom-up planning" in Mexico; another case of three water supply projects in Kenya and Mexico; a comparative review of participation in National Environmental Action Plans in five countries; a toolkit for trainers in public participation; field methods for participative gender analysis; and a comparative analysis of fifty projects with and without participation.

This volume also reflects the author's twenty years of work with the Bank, beginning as its first in-house sociologist/anthropologist in 1974 and continuing to his present position as its Senior Adviser for Sociology and Social Policy. He could probably write an equally valuable guide on how to survive and flourish in an economically dominated international agency.

With this model now available, when can we expect a similar annotated bibliography from the groaning shelves of the U.S. Department of Agriculture, with its wealth of material from research by rural sociologists and others on the subjects of extension, adoption of practices, migration, forestry, park management and more?

Copies of this annotated bibliography are available without charge if the request is made by a chairperson of a department of sociology, anthropology, social work, or psychology. (Interested scholars should ask the department chairperson to make the request for shared department use.) The limited supply of free copies will be sent on a "first request-first served basis." Write to: Dr. Michael Cernea, Senior Adviser for Sociology and Social Policy, The World Bank, at 1818 H Street, NW, Washington, D.C. 20433, USA.

The Mystery of Goodness and the Positive Moral Consequences of Psychotherapy, by Mary W. Nicholas. New York: W.W. Norton, 1994. 248 pp. $30.00 cloth. ISBN 0-393-70166-2.

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According to Nicholas, the essence of goodness embodies a core of values that consists of five moral attributes: altruism, responsibility, justice, egalitarianism, and honesty. These are contrasted to the opposite dimensions of selfishness, irresponsibility, injustice, elitism and dishonesty (meaning lying, cheating and stealing).

The Preface describes how the author came to write the book. As often is the case, this book derives from the author's professional concern in what she decries as the amoral and neutral position of psychotherapists in the face of what may represent problems in character development more than symptoms of clinical psychopathology. Section One contains two chapters discussing the absence of "goodness" as an overt issue in psychotherapy and deploring a lack of emphasis on the five interpersonal virtues (the moral attributes above). Goodness is defined as the capacity to behave with love and concern toward others. This in turn embodies two aspects: morality (distinguishing right from wrong), and virtue (being and acting positively in the world). The entire thrust of the book from this point onward is that of "the therapist as moral beacon."

Section Two contains five chapters. According to Nicholas, morality is not viewed as a target of change by many therapists today largely because it is not considered a valid topic for "scientific consideration" (p. 39). She feels Freud's biologic positivism is well established in the medical model in psychotherapy and continues to dominate the field as "scientific" but remains grossly inadequate to explain what it means to be a human in terms of spontaneity, subjectivity and goodness. The remaining four chapters elaborate more on Darwinism and individualism. These chapters are rich with quotations from philosophers, sociobiologists, economists, educators and self psychologists in particular, who together institutionalize four amoral biases which preventthe therapist from conscious awareness of the meaning of goodness as a therapeutic tool. These amoral biases are:

- An assumption of alienation in the universe.
- A positivist bias in overvaluing pragmatic and empirical outcomes in therapy.
- A Darwinian bias which negates prosocial behavior.

- An individualistic bias which tends to attribute improvement in patients to independence rather than enhanced social relatedness.

A good deal of emphasis is given to Rest's model of moral development which is a four component paradigm which includes moral sensitivity, moral judgment, moral attitude and moral action. The author provides numerous citations from Bellak, Sullivan, Buber and generously credits Alcoholics Anonymous with the positive power of group connectedness for helping individuals gain or regain a sense of moral grounding. Group therapy is touted highly and described repeatedly as a forum for the development of the five values that lead to goodness.

Section Three essentially is a potpourri of clinical vignettes and citations from the psychological literature with all of Chapter Eleven describing moral dilemmas of persons with narcissistic and borderline personalities and how group therapy can provide a safe environment for clarifying the problem of *hubris* in individuals with addictions involving issues of codependency and shame. The section ends with emphasis on the therapist's responsibility to be moral and to promote "goodness" by incorporating the values of honesty, responsibility altruism, egalitarianism and justice in clinical practice.

One positive aspect of this book is that it is timely in catching the mood of every person that the social order is "out of order" and that attention must be paid to basic fundamental values of decency. There is indeed something terribly wrong in a society which abdicates a willingness to take a stand for good against not good.

I found reading this book frustrating, yet compelling. It is a complicated critique of the psychological literature, a review of 17th and 18th century philosophy, and a narrative about how group therapy can be a forum for addressing personal and social values. There is an unfortunate shift back and forth between a pedagogic theoretical stance of academic debate and a descriptive clinical patient-oriented style of writing. There is a plethora of data and case studies which are not organized into an easily assimilated framework. One can be impressed with the trees but finds oneself lost in the forest. The author's rich professional and personal experience shines through but there are assumptions about the level of the reader's knowledge and clinical experience that may be difficult for both beginning practitioners and lay persons to fully appreciate. I would certainly recommend it to any experienced clinician, although hopefully, one would be preaching to the choir. The implication

of the author's thesis is that goodness occurs in a social context. Her book makes explicit what is implicit, namely that the morals of the therapist are critical. The therapist must be a morally active change agent or the patient merely exchanges one dubious parental superego for another.

Dr. Nicholas brings us to the edge of goodness with insight. However, it has been my clinical experience that insight is not enough as gained in individual psychotherapy for sustained behavioral change. I fully echo the author's understanding of the synergistic effect of individual and group psychotherapy as a catalyst for moral change. The book is heavy on "shoulds" and "oughts" and light on "how to." This book on "Mystery" of Goodness could easily be called the "Mastery" of Goodness. This was not light, escape reading. I felt a moral obligation to read it and having done so, feel definitely the better for it. It is unfortunate that we need such a book to remind us as human beings to be kind and gentle toward and with each other. There is an aphorism of Hillel in Hebrew, paraphrased: "If I am not for myself, who will be for me? And if I am only for myself, what am I? And if not now, when?"

This Rough Magic: The Life of Teaching, by Daniel A. Lindley. Westport, CT: Bergin & Garvey. 1993. 142 pp., $15.95 paperback. ISBN 0-89789-366-2

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This book integrates the author's recent experiences with Jungian psychology with his many years of experience teaching both adolescents in the secondary classroom and students going into teaching in the college classroom. He is currently completing the analyst training program of the Jung Institute of Chicago. For over twenty years he was Chair of English Education at the University of Illinois at Chicago. In the preface he states his thesis (xii): "I am interested in what happens in actual successful classrooms, but I am just as interested in what happens in the psyche of the successful teacher over time. Technique without the involvement of the teacher's soul—psyche, literally—is worse than hollow: It is a sham, and will immediately be seen through by students."

Lindley wants to understand teaching in a deep way. For him teaching has two planes (public and private) and two domains (the teacher and the "Other," the separate student). The task of being a great teacher is to understand the "mystery under the craft" of teaching and to join up as an equal with the student. What is being taught in the curriculum

must resonate with the inner state of the student and the teacher. Therefore, the intellectual and content aspects of teaching cannot be separated from feelings and emotions. Lindley believes, however, that we have it all wrong. In the typical classroom, content rules. The teacher is merely the "purveyor of material" and the student is merely an "empty vessel" waiting to be filled when the right teachershows up. This view denies the importance of the "inner world of the teacher and the student" where all teaching is shaped to some extent. This inner world is the domain of the psyche. This is the source of all good teaching.

Using the Jungian concept of archetypes, Lindley posits that unconsciously in every adult there is an inner child and that in every child there is an inner adult. "Each teacher has a conscious, out-in-the world teacher self as well as an unconscious inner child. And each student has an unconscious inner adult." (p.44) Hence, good teaching must be based on the inner child of the teacher (his or her own childishness) bringing about the inner and knowing adult in the student. Only in this way is there a joining, a bonding of the student with the teacher, which is the key to successful teaching. Students must be made to feel like adults so they can join the teacher in learning the curriculum, and the teacher must allow the spontaneous and exploring child within to come forth so the teacher can join the child as an equal. In good teaching the connection between the teacher and the student is one of transference and countertransference. The child (student) within the teacher is nourished by actual students and the adult (teacher) within each child is nourished by the presence of the actual teacher. This creates a bond, a state of empathy between the teacher and the student. The inner child of the teacher makes the student feel like a responsible adult and that, in turn, makes the student want to help the teacher.

Poor teaching is the opposite—teaching through the use of power and will alone when the teacher's power is used to control and repress the child. In poor teaching, "learners are 'found out' when they act like children—when they are loud or impulsive." (p. 45). When there is a relationship between the child and the teacher that is equal, power cannot intervene and destroy learning. Poor teaching then is to teach from the teacher's adult perspective (with will and authority) where the hidden agenda is the teacher's need for power. When there is poor teaching, children are expected to act like adults but are treated like children (the real hidden curriculum). A poor teacher is one whose inner child has died or been repressed into the unconscious, so that "students come to seem more distant, more ignorant, more uncaring,

less worth the effort." (p. 107) With poor teachers there is nothing new to learn or to teach.

For Lindley the path to becoming a good teacher means pondering our own stories; we must find out who we are in relation to the curriculum we teach. Good teaching does not begin with technique or pedagogy, but rather with "personal reflection begun in the teacher and continued in the student." (p. 60) Teachers should ask about their lesson plans, "How did I learn this?" not "How shall I teach this?" Teachers need to look back and see themselves as the unknowing child so they can see their students reflected in the mirror of their reflection. The point of departure is to ask questions about the content of what is taught the way a child would ("open, non-judgmental, taking in experience whole") so that the teacher is free to ask the child those same questions when they teach the child.

Throughout the book, Lindley masterfully weaves his own story and experiences of teaching with his Jungian philosophy of teaching and learning. He presents many specific examples to illustrate his points and support his view. And as a true blue clinician he offers much that is practical: only attempt to change what is possible in your teaching and in your classroom (getting students to have an open mind, motivation, the curriculum, time), not the impossible (the lack of concern and effort by other teachers).

This is a excellent little book that is full of much insight and wisdom about teaching and which can provide the classroom teacher at all levels of instruction with much to think about. For this author, teaching is a liminal experience, betwixt and between the student and the teacher, the school and the curriculum. This book substantially illuminates that space. And no teacher who reads it will be able to put it down without reflecting on their own place within that space.

When Love Dies: The Process of Marital Disaffection, by Karen Kayser. New York: The Guilford Press, 1993. 191 pp. $26.95 Cloth. ISBN 0-89862-086-4.

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During an interview on National Public Radio several years ago, the pioneering family therapist Salvador Minuchin was asked how he accounted for the high divorce rate (nearly fifty percent) in America. He responded

that when you consider that in each marriage two people are attempting to bring together the rules, roles and expectations from two different families, both carrying the legacy of cultural heritage and idiosyncratic patterns of thinking and being, it is amazing that any marriages last at all.

Perhaps overstated, this assertion highlights the ever increasing (and perhaps unrealistic) demands that we place on the institution of marriage. More importantly, it beckons a call for increased awareness and understanding of how the myriad of marital challenges are both successfully and unsuccessfully negotiated. I believe that Karen Kayser's book, *When Love Dies: The Process of Marital Disaffection,* offers timely and meaningful insights about the many steps that often lead to losing one's emotional attachment to a spouse. Conversely, it provides clues that might prove helpful in mitigating such a process.

Kayser draws from her own research project and a comprehensive assortment of related studies to offer a variety of explanations for marital disaffection. For example, marital disaffection seems to occur primarily in one spouse, after a sequence of stages during which he or she may try unsuccessfully to discuss or resolve specific complaints. Eventually, this person begins to doubt their spouse, their marriage, and ultimately their own love and caring for their partner. The most frequent types of events that were reported to be turning points were: the partner's controlling behavior, the partner's lack of responsibility, and the partner's lack of emotional support. Yet, when the spouse with growing doubts attempts to address concerns, this is often met with defensive routines of avoidance, blame, or unresponsiveness. Not surprisingly, the process that leads to disaffection takes on a life of its own, and affects behaviors and perceptions in a circular manner. For example, in contrast to dating and courtship, when couples often overlook negative traits or behaviors, in this middle phase (which is often characterized by intense anger) a spouse may magnify the negative behaviors he/she sees while overlooking desirable ones. Ultimately, hurt gives way to anger, which gives way to disaffection. Kayser asserts, "apathy, not hate, is the opposite of love." (p.68)

After I absorbed the thoughts and feelings of those persons who have reached disaffection that are documented through normative data and anecdotes in this book, I was left believing more strongly that successful relationships are best achieved through mutuality and respect. Yet, these qualities and values seem to swim ever so slowly against the cultural tide of imbalance. Perhaps, we can change the direction of the current by better performing egalitarian values and relationship skills, in our pairs.

Résumés en Français

Un Peu de l'histoire de la sociologie clinique et de la pratique sociologique: la partie I

David J. Kallen

Dès le début de la discipline, les sociologues ont utilisé leur connaissance pour opérer des changements. Cette étude passe en revue les antécédents primitifs de la pratique sociologique, puis concentre sur trois domaines de la pratique qui fournissent un exemple de la pratique. Ces domaines sont: les études des rapports intergroupe, et avant et après la Deuxième Guerre mondiale; les études du moral des soldats faites pendant le Deuxième Guerre mondiale; et les programmes de criminalité juvénile et de pauvreté. Après la fin de la Deuxième Guerre mondiale la concentration de la sociologie s'est déplacée du monde extérieur aux intérêts disciplinaires, et le développement théorique était regardé comme incompatible avec l'emploi de la sociologie. La pratique sociologique a émergé comme un mouvement social à l'intérieur de la sociologie à la réponse aux problèmes créés par ce déplacement de concentration. Cet article termine avec une description du déplacement du paradigme; un article à venir discutera l'émergence récent de la pratique sociologique.

Le féminisme, la volonté de Dieu, et l'habilitation de la femme

Margaret Hall

Cet article est basé sur des principes sociologiques cliniques dérivées des théories de Durkheim et de Weber, aussi bien que des conclusions des recherches contemporaines qui suggèrent que la religion et le

féminisme peuvent être des sources sociales de l'habilitation de la femme. L'orientation théorique unit des influences sociales et culturelles sur le comportement, aussi bien que les procédées intrapsychiques et interpersonnelles de prendre des décisions qui sont charactéristiques d'autres modalités thérapeutiques.

Deux histoires de vie montrent la manière dans laquelle le féminisme et la religion renforcent le développement personnel de la femme, et élargit la portée de sa contribution à la société. On examine les influences du féminisme et de la religion sur les croyances de ces femmes, et aussi comment la redéfinition des responsabilités pendant les sessions cliniques—en approfondant et en élargissant la compréhension de la volonté de Dieu—modifie leur comportement. Les practiciens sociologiques peuvent profiter de la compréhension de comment le féminisme inspire quelques femmes à travailler pour leur habilitation individuelle et collective en se livrant à des pratiques religieuses (la prière et la méditation), ce qui leur donnent de l'appui émotionnel à leur mise en question des croyances traditionnelles qui définissent le patriarcat comme la volonté de Dieu. Les résultats cliniques suggèrent que le féminisme et la religion peuvent motiver des clientes à redéfinir la réalité et à modifier leur façon de se comporter en encourageant des réévaluations de leur compréhension de la volonté de Dieu et de leurs responsabilités individuelles et sociales.

Le sociologue clinique comme gérant de bornage: le cas de l'administration universitaire

John G. Bruhn, et Alan P. Chesney

Ménager les conflits à l'interstice ou aux bornes au niveau de l'individu, du groupe, et de l'organisation est une partie essentielle du devoir d'un administrateur universitaire. Au mesure que les universités deviennent sujet aux influences externes croissantes, surtout financères, les administrateurs sont appelés à réorganiser, à restructurer, et à réallouer des resources. Ces interventions défient substantiellement les administrateurs académiques et les sociologues cliniques qui remplient ces rôles à utiliser leurs habilités comme ménagers de conflit et de risque. Cette étude décrit et discute les expériences et les observations des auteurs comme gérants de bornage dans le milieu universitaire.

Les effets sur l'appui social, sur la tension, et sur la santé des personnes âgées, de l'organisation de l'assistance volontaire.

Moments spéciaux, temps spéciaux: occasions problématiques à la suite de la mort d'un enfant

Sarah Brabant, Craig J. Forsyth, et Glenda McFarlain

Employant des donnés de 14 interviews qui représentent 9 familles et la mort de 10 enfants, cet article examine les moments dans le temps qui entraînent, ou peuvent entraîner, des rencontres sociales qui sont problématiques pour le parent ou les parents affligés: 1) les jours de fête en général, c.-à-d. Noël, le jour de l'An; des événements particuliers, c.-à-d. des noces, des enterrements, des remises des diplômes; et 3) les occasions spécifiquement associées avec l'enfant décédé, c.-à-d. son anniversaire ou l'anniversaire de sa mort. Pour les parents affligés, de telles occasions peuvent être insupportables. Dans le cas des jours de fête ou des événements spéciaux, l'absence du défunt peut être particulièrement poignante puisqu'il aurait été présent s'il avait survécu. Dans le cas de l'anniversaire ou de l'anniversaire de la mort, le manque des autres à noter le signifiance du jour accentue l'isolement de la perte. De tels moments dans le temps, cependant, sont importants sociologiquement aussi bien que psychologiquement parce qu;'ils marquent des événements qui appartient au groupe entier aussi bien qu'à des membres particuliers du groupe. Le parent affligé, alors, doit supporter non seulement les membres du groupe mais aussi le group lui-même. La conceptualisation d'Erving Goffman de la «rencontre sociale» fournit plus d'aperçus de pourquoi ces occasions sont aussi problématique pour le parent affligé. Des implications pour la consultation des affligés sont discutées aussi.

L'intégration structurelle, normative et communale dans les organisations

Clovis R. Shepherd

Cet article définit et décrit les concepts des dimensions structurelles, normatives et communales du comportement des organisations, et on discute des aspects de l'intégration de ces dimensions. Quelques-unes des dynamiques de consultation utilisant ces dimensions sont décrites, et on déline quelques questions et problèmes. Les déscriptions de comportement viennent des expériences de l'auteur comme expert conseil d'une variété d'organisations.

L'auditeur dangereux: des périls inattendus dans les interviews intensives

Tracy X. Karner et Carol A. B. Warren

Nous suggérons que les intervieweurs deviennent dangereux par l'acte même d'écouter. Dans l'écoute dangereuse, il y a un effet de miroir par lequel l'auditeur détourne le nouveau moi, le moi réprimé, et révèle l'ancien. Le coeur du danger, c'est le moi de l'interviewé réfléchi par le rapport de l'intervieweur avec son moi antérieur. Les donnés sont tirées de deux séries d'interviews intensives, l'une entre des aliénées et des ex-aliénées pendant les années 1950 en Californie (voir Warren, 1987), et l'autre avec des anciens combattants de la guerre au Vietnam dans une salle de traumatisme d'un hôpital du ministère des anciens combattants (voir Karner, 1994). En écoutant, le narrateur et l'intervieweur deviennent participants dans le témoignage d'une violation d'une norme sociale ou personnelle. Après une telle relation, l'auditeur est vu comme le dépositaire du passé inquiet du narrateur, et constitue une menace de jugement ou de dévoilement. Ces dangers d'écouter ne sont pas seulement ces dangers particuliers bio-médicaux et sociaux impliqués dans la rhétorique du règlement des sujets humains, ils sont aussi les dangers de la vie du monde quotidien dans lequel le moi de chacun change, et change encore.

Les effets sur l'appui social, sur la tension, et sur la santé des personnes âgées, de l'organisation de l'assistance volontaire

Peter C. Meyer et Monica Budowski

Dans un quartier d'une communauté urbaine, une agence pour organiser de l'assistance volontaire a été établie sous le domaine d'un programme de recherche en action. Des données d'une étude longitudinal ont été employées pour évaluer les effets de cette agence sur les personnes âgées. L'hypothèse formulée est que l'assistance volontaire organisée est un moyen d'améliorer l'appui social et de réduire la tension sociale. On anticipe que ces effets auront des effets positifs indirects sur la santé. Dans la première enquête, un prélèvement au hasard pondéré (totale N=907, dont 303 étaient âgés, c.-à-d. ayant plus de 64 ans) a été interrogé au sujet de la tension sociale, de l'appui social, de la santé, de la demande pour l'assistance en général, et de l'emploi de l'assistance professionnelle et médicale. Ensuite une agence pour organiser de

l'assistance volontaire du quartier a été établie et observée. Trois ans plus tard, l'enquête de suite a été accomplie. Une évaluation d'effet du programme susmentionné est déterminé en comparant les données d'enquête des personnes âgées habitants du quartier où a été établie l'agence, avec les données d'un groupe de contrôl de personnes âgées habitants d'un autre quartier de la même ville où aucune action pareille n'a été faite. Les résultats montrent des effets négatifs imprévus sur l'appui social et sur le système d'assistance non-officiel des personnes âgées du quartier, là où de l'assistance volontaire de voisinage a été organisée. Au même temps, cependant, l'assistance volontaire organisée a réduit en fait la tension sociale et des désordres médicaux peu graves, aussi bien que l'emploi des services médicales professionnelles. Ces résultats exigent de l'analyse et de la discussion plus amples des moyens pour réduire l'effect négatif sur l'appui social sans affaiblir l'effet de soulagement sur la tension et l'effet positif sur la santé.

L'adaptation d'une habilité dans la puériculture pour les noirs dans la Louisiane du sud: une perspective sociologique

Kathleen H. Sparrow

Cet article concentre son attention sur le «Programme de la périculture efficace des noirs» développé par le Centre pour l'amélioration des soins des enfants. L'enquête actuelle est une tentative de présenter l'adaptation de ce programme à des familles noires dans un milieu non-urbaine. L'auteur est certifiée comme facilitatrice du programme. L'étude concentre sur l'emploi de l'analyse de rôle et de la dynamique des groupes comme outils d'enseignement. Les programmes de puériculture efficace sont très importants à la survivance et à la socialisation des enfants noirs.

Le sociologue comme expert d'atténuation dans les procès d'assassinat

Craig J. Forsyth

Cette étude décrit les expériences d'un sociologue comme expert d'atténuation au cours du procès «typique» d'assassinat, de l'acte d'accusation jusqu'à la phase pénale du jugement. L'auteur, qui travaille dans des procès de peine de mort (assassinat) depuis 1988, a travaillé comme expert d'atténuation dans plus de 40 de tels procès. Les sujets

comprennent: travailler avec une équipe d'atténuation et ce qu'on doit anticiper; interviewer le client, les membres de la famille, et et d'autres personnes importantes à la défense; faire un génogramme; faire une ligne temporelle de la vie du client; se préparer pour le procès; et le style et le contenu de son attestation, et comment se qualifier.