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CLINICAL SOCIOLOGY REVIEW
Volume 4, 1986

Editorial Board

CLINICAL
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REVIEW
Volume 4, 1986

Clinical Sociology Review is published annually by Brunner/Mazel, Inc., in association with the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists.

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

Manuscript submissions should follow the American Sociological Association style guidelines, including reference citation style, and should include an abstract. There is a $10.00 processing fee which is waived for members of the Clinical Sociology Association. Send four copies of the manuscript to: David J. Kallen, Editor, Clinical Sociology Review, Department of Pediatrics/Human Development, East Lansing, MI 48824; (517) 353-0709.

Books for consideration for review in *Clinical Sociology Review* and unsolicited book reviews should be sent directly to the book review editor, Howard Rebach, 225 West College Avenue, Salisbury, MD 21801.

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CLINICAL SOCIOLOGY REVIEW
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Editor's Preface

Volume 4 of *Clinical Sociology Review* is organized slightly differently from past volumes. Articles are presented in four major sections: History of Clinical Sociology, Theories of Clinical Sociology, Practice of Clinical Sociology, and Teaching of Clinical Sociology. There is, as usual, a separate Book Review section. This year's organization provides a logical way of grouping the contributions to this year's issue; they are grouped by the major focus or intended audience of the article. Some articles which might have been separated as a teaching note in the past are now included in the teaching section, as are some articles which in the past would have been included in the section on current contributions.

As with all categorizations, this one has some arbitrary aspects to it. Articles in the theory section are certainly useful for teaching, and some in the teaching section might have been included in the section on the practice of sociology (DiTomaso) or in the section on theory (Malhotra).

The *Review* no longer has separate sections for teaching notes or practice notes, which included shorter, more focused presentations of courses or practice experiences. Helping to build a true clinical literature in sociology, authors are placing experiences or courses into broader theoretical contexts rather than concentrating on describing what they do or teach.

History of Clinical Sociology. In this section **Jan Fritz** has selected two articles of historical relevance. Her introduction to the two articles includes information obtained through interviews with each of them. **McDonagh,** writing in 1944, called for the establishment of social research clinics to conduct issue and policy-relevant social research which would help various regions solve their problems. **Kargman** presents a discussion of the use of social systems theory in marriage counseling which is as relevant today as it was when it was written 30 years ago. This section then continues with **Deegan's** presentation of the life and work of Jessie Taft. Taft was influenced by the work of George Herbert Mead and Otto Rank. Discriminated against by sociology because of her sex, she made her greatest impact in social work. However, she has much to say to modern clinical sociology, and Deegan's article will serve to introduce her work to contemporary audiences. Finally, **Gurdin** discusses the development of clinical sociology in France and in French-speaking Canada, pointing out both similarities and differences in the French and U.S. traditions.

Theories of Clinical Sociology. This section contains two contributions to extending our understanding of sociologically based intervention. First, **Johnson** summarizes the uses of four sociological theories as they apply to bringing about planned, client-centered change: symbolic interaction, systems theory, exchange

theory, and critical theory. The *Clinical Sociology Review* is frequently used as a source of classroom readings, and this article will be particularly useful as an introduction to the field for students. **Anderson** suggests that it requires cooperation among organizations with quite different goals to bring about meaningful change on the community level. However, the conditions which bring this cooperation about will differ depending on the goal-type of the organization.

Practice of Clinical Sociology. Clinical practice is generally thought of as involving a specific client with specific short-term goals. **Kriesberg** argues that sociology has much to offer in terms of policy-related research and clinical suggestions that will help prevent nuclear war; the clients, in addition to ourselves, are a large and relatively unknown group of present and future potential victims of nuclear war. **Gordon** discusses how sociological perspectives on intergroup relations and intergroup conflict were used by defense attorneys in a case in which members of a minority were accused by the majority group of starting a riot. In the process, he tells us much about the process of being a court witness. Another minority group, Cuban refugees, have specific problems in terms of alcoholism treatment. **Ventimiglia,** drawing on his study of patients with multiple sclerosis, suggests a number of sociologically based interventions aimed at improving the quality of life of persons with m.s. and of their spouses.

Teaching of Clinical Sociology. In an article that might have been included in the section on practice rather than teaching, **DiTomaso** discusses the role of the sociologist teaching in a School of Business and points out the numerous ways in which it differs from the traditional role of the sociologist teaching in a traditional department of sociology. **Fisher** reports positive change in students who enroll in his course in socialization; an understanding of socialization theory is achieved through examination of the students' own socialization experiences. Colleges and Universities are increasingly developing programs in sociological practice. At the Clinical Sociology Association meetings in Washington in the summer of 1985, **Clark,** the present president, and **Fritz,** a past president, conducted a workshop on the development of educational programs in sociological practice, with an emphasis on Clinical Sociology. The guideline document they prepared for that session is included as the final item in the section on teaching. It provides a helpful guide to Departments considering the establishment of undergraduate or graduate programs in clinical sociological practice.

Book Reviews. Swan's *The Practice of Clinical Sociology and Sociotherapy* raises some important questions which need to be raised in the development of the field, according to the review by **Knudten.** Rosenthal's *Words and Values,* reviewed by **Cohen,** helps in the understanding of how words can be loaded with ideology. Harrington's 1962 book, *The Other America,* was a major impetus in the development of the war on poverty. Now, nearly a quarter of a century later, his *New American Poverty* is found by **Brabant** to be equally important, not nearly as optimistic, and required reading for all. **Chaiklin** finds Staples' *Roots to Power* an interesting and useful statement of one group's ideas about grassroots organizing.

About the Authors

Robert C. Anderson, "An Interorganizational Approach to the Explanation of Community Development Activities," is a professor in Community Development Programs at Michigan State University. His professional life has been devoted to mixing theory and research with practice as a teacher, researcher, and administrator. His works are widely published in fields ranging from soil chemistry, career development, organizational theory, and interorganizational relations to community development, public policies, and university outreach.

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Sethard Fisher, "Studying Socialization and Learning about Oneself in the Classroom," is Professor of Sociology at the University of California at Santa Barbara, California. He is author of *From Margin to Mainstream* and editor of *Power and the Black Community.* He has also published widely in the field of criminology.

Jan M. Fritz, "The Initial Contributions of Edward McDonagh and Marie Kargman" and "The Clinical Approach to Successful Program Development," is a founder and past president of the Clinical Sociology Association. She is the author of *The Clinical Sociology Handbook* and Chair of the American Sociological Association's Committee on Sociological Practice.

Leonard Gordon, "The Sociological Expert Witness in a Case of Collective Interracial Violence," is Professor and Chair of the Department of Sociology at Arizona State University. His most recent article is "College Student Stereotypes of Blacks and Jews on Two Campuses: Four Studies Spanning 50 Years" in *Sociology and Social Research.*

J. Barry Gurdin, "Clinical Sociology in France and Quebec: A Primer and Commentary" is founder and director of To Love and To Work: An Agency for Change. He has lectured at universities in Sweden and Montreal, Quebec, Canada, on topics in anthropology, political science, sociology and psychology. He has been a faculty member at St. Xavier College in Chicago, and a visiting scholar in sociology at the University of California, Berkeley. Currently he is working on a manuscript on a comparative and clinical study of friendship. Recent applied contracts have looked at data from projects on drug abuse and on AIDS.

Doyle Paul Johnson, "Using Sociology to Analyze Human and Organizational Problems: A Humanistic Perspective to Link Theory and Practice," is Associate Professor of Sociology at the University of South Florida in Tampa. He is the author of *Sociological Theory: Classical Founders and Contemporary Perspectives* and has published articles in such journals as *The Sociological Quarterly, Review of Religious Research, Sociological Analysis, Journal of Juvenile Law, Journal of Marriage and the Family,* and *Behavior Therapy.*

Louis Kriesberg, "Clinical Sociology and Preventing Nuclear War," is Professor of Sociology and Director of the Maxwell Program on Conflict Analysis and Resolution at Syracuse University. His writings include: *Social Conflicts, Social Inequality,* and *Mothers in Poverty;* he edited *Social Processes in International Relations* and edits the annual series, *Research in Social Movements, Conflicts and Change.* In 1983-1984 he served as President of the Society for the Study of Social Problems. He consults and trains in the areas of peace studies and conflict resolution.

Joseph Ventimiglia, "Helping Couples with Neurological Disabilities: A Job Description for Clinical Sociologists," is an Associate Professor of Sociology in the Department of Sociology and Social Work at Memphis State University. He is currently engaged in a study of androgyny and marital satisfaction, an evaluation of the relationships of sex-typed, role-reversed, and androgynous couples.

History of Clinical Sociology

The Initial Contributions of Edward McDonagh and Marie Kargman

Jan M. Fritz

More than half a century after its birth, the idea of a "clinical sociology" is flourishing. Evidence of its vitality is increasingly apparent in professional discussions, curriculum trends, and books and journal articles. This section of *Clinical Sociology Review* focuses on the beginning of the field by showcasing some of the initial publications.

In 1931, Louis Wirth, a professor at the University of Chicago, made the first connection between "clinical" and "sociology" in an article in *The American Journal of Sociology*. At least every few years over the next four decades, references to "clinical sociology" or the "clinical" approach in sociology appeared in the literature (Fritz, 1985:14–18). Among the contributors during that 40-year period were Edward C. McDonagh and Marie W. Kargman. Two of their early articles—published in 1944 and 1957—are reprinted here.

Edward McDonagh (1985a) is engaged in research and editorial consulting now that he has retired as Chair of the Department of Sociology and Dean of Social and Behavioral Sciences at Ohio State University. His article, "An Approach to Clinical Sociology," appeared in *Sociology and Social Research* in 1944, just after he left for military service.

McDonagh was teaching at Southern Illinois Normal University in the early 1940s when asked to serve as that school's first Coordinator for Regional Planning. The university president had created this position as part of a plan to show that the institution wanted to help solve regional problems. McDonagh's 16-hour teaching load was reduced by one-half to let him confer with community groups and write a monograph on university resources available to these organizations.

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In doing research for his article, McDonagh had not discovered Louis Wirth's 1931 piece, but he did find Alfred McClung Lee's 1944 definition of clinical sociology. As best as can be remembered, McDonagh (1985b) independently came up with the idea of a clinical sociology and may have been influenced to do so by his work on his dissertation on the group health movement. McDonagh had noticed that "group health associations favored the centralization of physicians and medical equipment in a clinical setting and purported the advantages of pooling ideas and health providers—in opposition to solo practitioners."

McDonagh's article shows his concern for the value of working in "clinical" groups and discusses the kinds of community problems that might be tackled by a clinical research group. The current definition of clinical sociology goes beyond the "clinic" or group approach to practical research advocated by McDonagh to include the intervention he expected of community leaders. The objective is the same—research and intervention aimed at making "a better and greater America" (McDonagh, 1944:383).

Marie Kargman is a lawyer and clinical sociologist who has said that she would like "to be remembered as the Dr. Spock of marriage counseling" (McCain, 1985). Kargman has had a private practice since 1951, and the 1957 article that is reprinted here is one of her first publications. Her article is not about clinical research but about using social system theory in marriage counseling.

Kargman had received her law degree in 1936 and went on to get a master's degree in social relations from Radcliffe College, Harvard University in 1951. One of the reasons Kargman wanted to take graduate work in sociology was her increasing concern that lawyers needed to know about the family as they were changing laws and writing new ones that affected the rights and obligations of family members.

Because the department at Harvard was interdisciplinary, Kargman (1985a) was able to take clinical psychology courses and a practicum as part of her program. She also was given permission to take "clinical family sociology" as one of her three areas for comprehensive testing. While at Harvard, Kargman became convinced that she wanted to do marriage counseling and use a systems approach in her work. As Kargman (1985a) has put it: "I met Parsons and social systems theory—and I was smitten."

Kargman's 1957 paper, "The Clinical Use of Social System Theory in Marriage Counseling," was written after attending a social work conference. Kargman had been "struck [that] nobody saw the importance of roles or social systems" and she wanted to emphasize the utility of a systems approach.

Over the last 30 years, Kargman has worked as a counselor, court investigator and lecturer, and referrals to her have gone much beyond her first ones from members of the local bar association and from university sources at Harvard

and Radcliffe. Kargman also has worked hard to introduce behavioral science into family law and has written extensively for popular and professional publications (e.g., 1960, 1968, 1972, 1979, 1985b).

Kargman (1985c) is the author of a new marriage handbook entitled *How to Manage a Marriage*. It has taken her 30 years to "flesh out the theory" and develop the clinical material for this book on relationships. Kargman (1985a) says the book develops the ideas that first appeared in the 1957 article reprinted here.

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An Approach to Clinical Sociology

Edward C. McDonagh
Southern Illinois Normal University

The clinical approach as a means of sociological research is essentially a group way of studying and solving problems.[1] Perhaps this group approach has been most extensively developed in the fields of medicine, psychology, and social work. It is difficult to explain why a discipline which analyzes and studies social relationships has relegated to the background or never developed the possibilities and values of clinical sociology.[2]

I

In the medical clinic the interaction and interstimulation among physicians have made possible a better quality of care than can be rendered by the individual physician. It is well known that in the medical clinic professional personnel and scientific equipment are pooled, making available not only a desirable division of labor but the full utilization of the magic eye of science. The same general scheme has been used to excellent advantage in experimental psychology. A perusal of courses in psychology as taught on the graduate level will disclose the following as representative of group thinking in that field: child guidance clinic, speech clinic, clinical psychology, and auditory clinic. Several universities now insist on a minimum number of hours of work and observation in a psychological clinic for all Ph.D. candidates in psychology.[3] Social workers, too,

[1] For a significant classification of the fields of social research see the work by Dr. Emory S. Bogardus, *The Development of Social Thought* (New York: Longmans, Green and Company, 1940:535).

[2] Dr. Clarence Marsh Case has noted that the term "sociological research" refers to the method of studying social phenomena and that the term "social research" describes the field investigated. See his article "What Is Social Research?" *Sociology and Social Research,* 12:132-36, November-December, 1927.

[3] For example, Indiana University requires a minimum of 720 clock hours in the psychological clinic as an observer and therapist for its Ph.D. candidates in that field.

have used the clinic approach as a means for the effectual solution of difficult cases. Not only have social workers cooperated in the discussion of the problems of their clients, but they have been eager for reports on their cases from physicians and psychologists. It may be worth considering that medicine, psychology, and social work frequently have studied the individual by group methods, whereas in most instances sociologists have analyzed group problems and situations by somewhat individualistic methods, often without the collaboration of other sociologists.

Despite the courageous words of Lester F. Ward and his urgent plea for an applied sociology stressing social telesis, American sociology has been for too many students and instructors a classroom experience only. It may be that in the past sociologists thought it necessary to devote considerable time to the integration and evaluation of the social theories and findings of the other social sciences including anthropology, economics, ethnology, history, and political science. A glance at the author index of a text on general sociology will serve to corroborate the intellectual eclecticism of sociology. Since sociology is so eclectic, it is somewhat difficult to understand why it has not adopted and incorporated the advantages of clinical thinking.

II

Are there any evidences of tendencies toward clinical social research? Perhaps the thesis course for the master's degree in our large universities approaches some of the elements and characteristics of group research, especially on the part of the student. These courses might be improved if faculty specialists in the sociology department attended and took an active part in presenting divergent points of view.

A second evidence of an approach to group research has been developed in a few departments of sociology under the course title of "social research clinic." For example, at The University of Southern California, Dr. E. S. Bogardus has organized a social research clinic. Advanced graduate students, many of whom are Ph.D. candidates, present to the clinic their research topics for study and evaluation by the clinicians. Often the principal topic for consideration and discussion centers on the merits of rival methodologies which may be used in a particular piece of research. Hence, many a worthwhile study is saved from possible mortality by the constructive suggestions of the professor in charge, the graduate students of the clinic, and the point of view of an invited specialist. It has been found that social welfare agencies welcome the opportunity to present their research problems to the clinic for study and consultation. The clinic may hear an important Y.M.C.A. official discuss the problem of determining the best ecological site for its proposed building. Not only will such a challenging problem necessitate considerable study and thought by the students, but the ecological method may thus be given a pragmatic emphasis when students are confronted

with some of the actual problems of social agencies. It is regrettable that so few universities have organized a social research clinic.

The Social Research Science Building on the campus of the University of Chicago is a promising example of group research. Dr. Louis Wirth of the sociology department of the University of Chicago has said of the structure:

> It has encouraged intimate association between mature scholars who otherwise might have had little more than a bowing acquaintance with one another and who, because of this association, have received the benefit of enlarged points of view and close interstimulation, which has been reflected in their work.[4]

In the closing section of the book, *Eleven Twenty-Six,* is listed a bibliography of publications emanating from the University of Chicago. Even a critic of the University of Chicago would admit that some of the great pieces of contemporary research have come from the Social Research Science Building. However, a practical question arises as to how many persons in Illinois and surrounding states are aware of these publications and their implications for society. For the most part, very few residents of the Chicago metropolis are conscious of the findings of the social scientists for at least two reasons: 1) most of the topics studied are specialized and technical; and 2) the results of the investigations are published almost exclusively in professional journals.

III

One area of research which has not been explored enough is regional clinic research. Regional areas are being selected as the natural boundaries for postwar planning.[5] Special interest groups in many communities are attempting to design programs for the postwar era, many of which upon close examination are found to be inadequate and specialized.[6] Here is a fertile field for the alert sociologist to learn about the social forces operating in his community and to lend guidance to the more worthwhile and promising plans. The academic training of the sociologist should enable him to assist interested groups in the social diagnosis and prognosis of a number of community problems.

A social research clinic can be organized in most departments of sociology. Ideally, the social research clinic is composed of representatives from the social

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[4] Edited by Louis Wirth, *Eleven Twenty-Six: A Decade of Social Science Research* (Chicago: The University of Chicago Press, 1940:ii).

[5] An interesting description of the location of the research clinic is offered by Joseph H. Bunzel, "The Sociological Laboratory," *American Sociological Review,* 8:472-75, 1943.

[6] A critical statement of the role of sociology in planning better communities is to be found in the article by Dr. B. A. McClenahan, *Sociology and Social Research,* 28:182-93, January-February, 1944.

sciences with a person trained in sociology serving as director. As indicated, the sociologist is likely to view problems in terms of their social antecedents and implications.[7] Evidence of social disorganization to the sociologist is not a fragmentary phenomenon, but one with several probable causes which may call for more than one remedy. The director of this regional social research clinic should have the academic grasp of the sociologist and the perspective and balance of the philosopher.

As soon as the social research clinic has been organized and some moderate publicity is given concerning the purposes of the undertaking, it will not be long until interested persons in the community may begin asking for help in solving problems.[8] Some community problems and regional difficulties may be resolved without much research, while for other worthy inquiries it may take several months or even years to effect a satisfactory solution. In order to make the social research clinic a more dynamic part of the region and community, it is well to have business and labor groups aware of the disinterested purposes of the organization. Divergent interest groups such as veterans' organizations, labor unions, women's clubs, and service clubs will, of course, call for a great deal of tact and empathetic perception.

The social research clinic can study regional housing standards and conditions, probable postwar employment, juvenile delinquency, and health indices. There will be splendid opportunities to work with draft boards in the immediate demobilization period and to help them in determining efficiently the number of positions available and to evaluate the skills and work experiences of the applicants. Studies of the postwar period are likely to indicate the necessity for constructive public works. It is good policy to ask community leaders and citizens what public works are most needed. Thus, the director of the social research places himself in the position of reviewing not what he thinks the community needs, but what the community leaders designate.

IV

The social research clinic probably will demand only a limited amount of the director's time during its initial stages, but if the clinic proves to be a worthy enterprise it should not be difficult to arrange a reduced teaching load for the director. Most college administrators are anxious to extend the educational influence of their institutions and will welcome this form of academic research.

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[7] For an evaluation of sociological research methods see the article by Dr. L. L. Bernard, "An Interpretation of Sociological Research," *American Journal of Sociology*, 37:203, 1931.

[8] Sociologists interested in a description of basic equipment necessary for a social research clinic are referred to an outline prepared by Dr. Howard W. Odum of the University of North Carolina. Professor Odum points out the structural features, furniture, equipment, supplies, statistical calculators, and mimeograph facilities of the Institute for Research in Social Science at the University of North Carolina.

Not only will the director of the clinic find many challenging problems for investigation and publication, but his teaching and thinking will be marked by a greater understanding of social problems and his students will appreciate the fact that he has a practical insight into the community.

The findings of the social research clinic that are of local interest can be printed inexpensively and distributed widely. Radio scripts can be prepared and information of regional interest presented. In fact, community radio stations are likely to have an audience concerned with the problems analyzed. If democratic learning situations are needed, the director of the social research clinic might participate as the leader of discussion groups.[9] It may be possible to organize a regional discussion clinic to serve as the final arbiter of a particular piece of research.

It is essential that the relation between the social research clinic and those served be direct and mutual. Clinical social research must interest itself in the problems of the community and thus should relegate to the background a large number of narrow and forensic questions of social theory. The social research clinic can do a great deal to obviate the criticism that sociology has little to offer of a practical nature. Academicians and community leaders of a skeptical nature will begin to appreciate the fact that clinical sociology can throw light upon common problems and suggest feasible solutions. Indirectly, clinical sociology may make a contribution to theoretical sociology by testing assumed premises and principles. Social research clinics located in different areas of the United States may be able to answer these two questions: Are social problems the same in all regions? Are the principles underlying social problems the same in all regional areas?

In summary, democracy and the good way of life probably are best preserved, not in Washington, DC, but in the local community. If local communities fail to plan for the postwar period, they are asking the state to assume a dangerous responsibility. Democracy seems to fade out when the state and the individual are no longer joined by community interests and groups. The social research clinic under the direction of local auspices serves as an agency which throws light on community and regional problems. In another sense the social research clinic, like the consumer cooperatives, may serve the vital needs of the primary group. Clinical sociology can stress the development of effective therapeutic techniques, and collect and classify significant information concerning society and its problems.[10]

In short, now is the time for the social research clinic to plan and study; tomorrow will be the time for community leaders to use the findings of this form of clinical sociology so that a better and greater America may be developed.

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[9] E. S. Bogardus, *Democracy by Discussion* (Washington, D.C.: American Council on Public Affairs, 1942:41).

[10] See Alfred M. Lee's definition of "clinical sociology" in the *Dictionary of Sociology,* edited by Henry P. Fairchild (New York: Philosophical Library, 1944:303).

The Clinical Use of Social System Theory in Marriage Counseling

Marie W. Kargman
Marriage Counselor, Boston, Massachusetts

This is a paper on the applied use of social system theory in marriage counseling. Marriage counseling is a practice not earmarked by any one discipline and consequently not by any one theoretical approach. It is engaged in by psychiatrists, psychologists, social workers, physicians (other than psychiatrists), lawyers, ministers, sociologists, friends, and neighbors. It has been defined by Dr. Robert Laidlaw, Chief of Psychiatry at Roosevelt Hospital, New York, and former president of the American Association of Marriage Counselors, as "a form of short-term psychotherapy dealing with interpersonal relationships in which problems relating to marriage are the central factor."[1]

This definition embodies three concepts that need clarifications: 1) short-term psychotherapy; 2) problems relating to marriage; and 3) interpersonal relations.

Short-Term Psychotherapy

At a recent meeting of the New England Conference of Social Workers, this was an important subject for discussion. In contrast to short-term therapy, one thinks of long-term therapy as usually associated with psychiatry, more particularly psychoanalysis. If social workers are changing from long-term therapy attitudes to short-term therapy attitudes, will they change their theoretical approach to the problem? Or will their old theoretical approaches enable them to

[1] Quoted in Emily H. Mudd, *The Practice of Marriage Counseling*, New York: Association Press, 1951, p. 206.

handle short-term therapy? Does social system theory have a contribution to make here?

Deep therapy or long-term therapy is primarily concerned with the intra-personality system of an individual.

Short-term therapy is primarily problem oriented and can cope with many problems related to marriage. Individual short-term therapy aimed at helping a person to define his roles and to adjust to these role definitions and expectations can help an individual make satisfactory adjustments in marriage.

Problems Relating to Marriage

The number of different disciplines engaged in marriage counseling is evidence of the diffuse nature of problems relating to marriage. I can only list some of the problems which have been stated by clients in my own practice. The following statements come from first interviews: Mr. and Mrs. M say they cannot communicate with each other; most everything they say to each other ends in a fight. Mrs. X suspects Mr. X has another woman. Mr. and Mrs. S are always fighting over allocation of funds; both are working; whose money should be used for what? Mr. A, an electronic engineer, feels his wife's demands that he participate in caring for the children are unrealistic; he needs his time to catch up on his professional reading, et cetera. Mr. and Mrs. H quarrel about child-care and discipline. Mrs. L, a West Indian, who has recently settled in Boston, says her husband acts like a West Indian husband instead of an American husband—what can she do?

Interpersonal Relationships

An interpersonal relationship has a very complicated structure. Although many disciplines use the term and recognize the structure and function of interpersonal relationships implicitly, an explicit definition can be found in Parsons' action theory.[2] At its most simple level, an interpersonal relationship concerns an actor or ego and a social object or alter ego (the other half of the interpersonal relationship) engaged in a role. All meaningful behavior between individuals is carried on in terms of some system or partial social system. Roles are partial social systems. Social system and partial social systems are meaningful to ego and alter ego through the learning of role expectations in the process of social-ization.[3] Role expectations are the patterns of expected behavior which an in-dividual in a role assumes he has a right to expect of those individuals with

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[2] See Talcott Parsons, *The Social System,* Glencoe, Illinois, Free Press, 1951.

[3] Talcott Parsons and Robert F. Bales, *Family, Socialization and Interaction Process,* Glencoe, Illinois: Free Press, 1955.

whom he interacts in that particular role. Specific application of this theory to husband and wife roles in marriage will follow in the case discussion.

Now that we have elaborated our definition of marriage counseling, we shall discuss a social system approach to the problems of marriage and point out some of the differences between it and an intra-personality system approach.

Marriage counseling is carried out through the medium of the interview. Interviews range on a continuum from very directive to nondirective. All interviews of this type contain a mass of data. The first question is "How does the counselor relate the client to his experiences as described by the client in the interview?" The counselor must operate either implicitly or explicitly within the framework of a system of thought with which he reflects, interprets, and clarifies data in the interview. The counselor explicitly or implicitly uses certain structural categories. We are, of course, all familiar with the concepts "id," "ego" and "super-ego." These are intra-personality concepts to which we refer when trying to systematize data about the working of the system of personality.

The structural categories which help us to systematize data about the working of social systems or partial social systems are not so well known. Social system theory has a system of descriptive structural categories which are parts of a critically worked out system. These categories allow the counselor to describe the phenomena of the interview—words, signs, symbols, dress, posture, tone of voice, pitch of voice, rate of speech, sighs, tears, et cetera, as parts of or processes within systematically conceived empirical systems.

One of the big differences between other forms of psychotherapy and marriage counseling is the method of systematizing the empirical data of the interview. Psychiatry, for example, uses intra-personality oriented categories for classification; marriage counseling uses inter-personality oriented categories.[4] The intra-personality type of analysis focuses attention on individuals. It singles out an individual self as a point of reference and studies the individual in his connections, interactions, et cetera, between himself and other members. For example, Mr. A, a married man, in an interview says, "I hate to do the dishes." The psychiatrist might pursue the question of hate with other questions such as "What other things do you hate?"—the reference always being the internal personality system of ego, his areas of generalized hostility. Or he might pursue the masculinity-femininity continuum in ego's personality, especially as it relates to ego's dishwashing.

The inter-personality type of analysis focuses the counselor's attention on the membership units or roles in which Mr. A participates. The counselor would

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[4] The difference between *intra-personality* categories and *inter-personality* categories as used here is related to Marion Levy's discussion of the difference between *relational* and *organizational* categories in his book, *The Family Revolution in Modern China* (Cambridge: Harvard University Press, 1949:4–5).

pursue the statement "I hate to do the dishes" with a statement "You think it is your wife's job. What else do you think your wife's job is?" Here the counselor is only secondarily interested in the hates of the client. He is primarily interested in the role relationship between the client and his wife, especially the problem of role differentiation: Who defines the roles in this family; what are the definitions of the husband's duties, wife's duties, et cetera; do the husband and wife define their roles differently; do they disagree; how is the disagreement resolved, on a cognitive level or on an affective level? The emphasis of this approach is on getting the client to make explicit the definition of the role about which he is talking as well as his expectations of alter ego, and then to evaluate his definition and his expectations in those areas where he is having marital difficulty using normative patterns as a frame of reference.

The goal of the psychiatrist is to help get a sick patient well. The goal of the marriage counselor is to help the parties to the marriage understand the system in which they operate and to solve or adjust problems of conflict.

The necessity of distinguishing the differences between the two types of categories for the interviewing data cannot be emphasized too strongly. The type of classification that the counselor or therapist uses determines the kind of data that will be elicited during the interview. The goal of the interviewer will be reflected in the kinds of questions he asks the client. This is one reason why many case records collected in the course of an interview by a therapist who thinks in intra-personality categories are not found useful by a researcher who thinks in terms of inter-personality categories.

Now, it is possible that a particular therapist will be familiar with both systems of thought. Can such a person use both systems at the same time? Once the therapist has responded to the client on the personality or intra-personality system level, he cannot respond to the same thought at the same time on the social system or inter-personality level. This is because personality systems and social systems are only in the minds of individuals. As Parsons and Bales say, "They [personality and social systems] are differently organized about different foci of integration and have different relations to the sources of motivational energy . . . but they are made of the same stuff. . . . Neither of these system-references is the 'right' or the 'real' system of reference, both are equally real and stand on the same ontological level."[5] The client will respond to whatever statement the therapist makes first and the dynamic process of interview continues. Of course, the therapist who has used an intra-personality response can always try to come back later in the same interview or try in another interview to work on the social system level.

The preceding paragraph points out the necessity for the counselor to be aware of the difference between personality system interpretations and social

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[5] Parsons and Bales, *op. cit.*, pp. 357-358.

system interpretations. It is just as important for the client to be aware of the difference between personality system interpretations and social system interpretations so that the client can make better use of his time and the skill of the counselor. The marriage counselor must familiarize the client with the structural categories of the interview. This is primarily a process of educating the client.

The primary structural role system which the client and counselor must keep in mind during the interview is that surrounding the nuclear family—that is, the husband-wife roles, mother-father roles, and such other role relationships as the client brings up in the interview. The goal of the interview is to help the client see his or her part in the roles which are mentioned during the interview. Therefore, the questions which the counselor asks are aimed at the following:

1. To help the client see all behavior in an action frame of reference. That every time she acts in a role situation the person with whom she is interacting has a set of expectations as to how she will act and she has a set of expectations as to how that person shall react. (This I believe is the "double contingency" as used by Parsons.)
2. To help the client make explicit what her expectations were at the time that the incident took place.
3. To help the client to make explicit the interaction that took place.
4. To help the client see the conflict between expectations when they have occurred.
5. To help the client discuss alternative ways of handling the same problem if she were to meet it again.

In the initial interview, the counselor orients the client to this kind of thinking by telling her something like this: "Mrs. M, frequently in cases of marriage conflict, we find that individuals are not communicating with each other. We find ourselves in the role of husband and wife without ever really making clear to each other what we expect a husband to do regarding the family, and what we expect a wife to do. We know in a general sort of way and get along pretty well, until there is a disagreement on a small incident. Then we react by getting mad at each other. Each one feels that the other is unreasonable. You find that you have been living together and taking for granted that you understood what is expected of each other only to find that you do not agree on many things. We will discuss these areas of disagreement and see if we can make them specific instead of rather general so that we can look at them objectively. Family living is a very complicated process. We never really formally learn the job of living in a family. We bring into our new families attitudes we learned in the families in which we grew up."

This initial orientation has a second purpose. The counselor who uses a social system approach to marriage counseling must determine whether the client

is ready to seek help on the social system level. A client who responds to such an orienting statement by saying "My trouble is I'm lonesome and depressed" and shows other evidence of wanting psychiatric help, should be referred to psychiatry. On the other hand, the client who discusses his role behavior in an intelligent, intellectual manner, should be helped by the counselor to recognize the affect and emotion involved in some of the problems which are raised during the interview. But the counselor has a duty to the client to relate these affective recognitions to his present problems. In the same way, a counselor has a duty to relate the childhood experiences which a client sees fit to talk about to the present problem which stimulated such associations. In this way, the possibility of transference will be diminished.

Now that we have defined marriage counseling and some aspects of social system theory, we will proceed to a case, for purposes of illustration.

The Case of Mr. and Mrs. M

Mr. M telephoned for the appointment. Mr. and Mrs. M were seen separately. Until clients have had the opportunity to explore their role relations with their spouses in a private interview, I do not see them jointly. Conflicts in role definitions can create chaos in a joint interview and put the parties in a worse position relative to each other than they were before the joint interview. Mrs. M, after identifying herself as a Catholic, said, "My husband is a travelling salesman. This morning, I found some contraceptives in his drawer. When I showed them to him, he gave me a story about his friend. It seems his friend's wife suspects him of having relations with other women, and so he is holding the contraceptives for his friend. When I accused him of having relations with other women, he said he thought I was referring to some letters. Well, I never saw any letters. He does get a Christmas package every year from one of the buyers up in Maine that he visits. Why does she send the present to his house?" Mrs. M by this time was in tears and continued to cry. Then she continued, "I'm pregnant now with my fourth child. This morning I was desperate, but I feel a little better now." Mrs. M went on, "I don't care so much about the other women, I understand that in his business that is liable to happen, but to give me the kind of answer he gave me. Does he expect me to believe him?" In an interview of this kind the client is so full of material that the counselor has only to sit back and listen, to try and get not only the material on an empirical level, but the emotional tones.

An Analysis of the Case of Mr. and Mrs. M

When Mrs. M identified herself as a Catholic she expected the counselor to classify her according to some normative marital patterns of individuals who are

Catholics. When she said her husband is a travelling salesman, she again intended to convey to me that this was a definite occupational role which had special attributes. (Much later in the interviewing we were able to discuss the role of the travelling salesman.) His answer to her when she accosted him with the fact that she had found the contraceptives was totally unsatisfactory and unexpected. On questioning, she said she really did not know what he could be expected to say at such a time, but she felt what he did say was not true, it did not make sense. She supposed he could have walked out, or refused to answer as alternative ways. She said she would have preferred this to lying.

What part of the social system was being discussed here implicitly? Mrs. M was talking about one of the "economic" aspects of the marital relation. Families, in their internal organization, like other social organizations, have a system of exchange of services. In marriage sexual relations are generally expected to be exclusive to both members of the marital relationship. It is sort of a "fair trade" deal. When Mrs. M suspected that Mr. M was having sexual relations with other women, she felt Mr. M was not carrying out his end of the sexual exchange contract and she didn't know how to react. She reacted emotionally by crying, by threatening to leave, and by becoming generally emotionally upset.

When Mrs. M suspected deviation in Mr. M, she also expected him to account to her in a manner which would satisfy her that Mr. M wanted to re-establish the equilibrium of the husband-wife role. But, from her point of view, Mr. M's answer was self-oriented instead of Mrs. M oriented. It was calculated to show that Mr. M did not deviate, that the evidence was only circumstantial. At that time, Mr. M had a need to protect himself. If he had been Mrs. M oriented, he would have given an answer which could have been reasonably accepted by Mrs. M so that she could excuse the deviation which she suspected. His denial of deviation and the story he gave was outside the acceptance circle of Mrs. M's expectations at that time.

Although Mrs. M held the normative attitude toward the exclusiveness of the husband-wife marital relations, she recognized that in certain occupational roles there was inherent in the role a temptation which if succumbed to might not be excused but understood. She went on to say that she heard stories about traveling salesmen.[6] She also stated that Mr. M is an attractive man and that many of the buyers to whom he sells are women. One woman who sends him a present every Christmas is a buyer.

Mrs. M stated that just talking about her marriage brought her to realize that she and Mr. M don't have too much in common anymore. (The M's have three children.) They didn't have much to say to each other. In order to get the

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[6] It is interesting to note here a hint of conflict in the travelling salesman-customer role and travelling salesman husband-wife role.

history on this feeling of not having too much to say to each other and to try and relate it to the ''expressive'' functions in the family—feelings of love and cohesion which are necessary for the family to survive as a group—I asked Mrs. M when she first noticed that she and Mr. M were not getting along and to tell this to me in terms of the incidents that occurred—what she said and what he said—so that the role interaction could be better reconstructed.

Mrs. M took the time of Mr. M's return from military service as the point at which she began to notice that their husband-wife relationships were not what they were before Mr. M went into the service. This gave us an opportunity to discuss the husband-wife role structure as it was before Mr. M went into the service. And through this historical development we tried to locate the structural categories in which the areas of strain were located. During the war, Mrs. M was head of the household. She made the decisions; she had the political authority. When Mr. M returned, the question of how much authority to relinquish had to be faced.[7]

Mrs. M felt that Mr. M's social behavior in company was very rude and that for that reason she did not invite guests in any more. He refused to leave the television set. She related this incident: One of the neighbors dropped in and Mr. M was watching the football game. Mrs. M asked him to come in. Mr. M turned around for a minute, said ''Hello,'' turned back to the game, said ''Take a chair for yourself,'' and said nothing further. Mrs. M felt this was no way to treat a guest. Guests were to be treated kindly and graciously. You get up and get a chair for a guest—you don't tell him to take a chair. This upset Mrs. M. I asked her if she later discussed this with Mr. M. Did he know what she expected him to do when a neighbor came in? This was an attempt on my part to help her make explicit her attitudes about visiting and her expectations. She answered that he ought to know himself—this was a question of manners. We discussed ''manners'' and the possibility that men and women see the problem of manners differently. That perhaps Mr. M did not know quite what was expected of him at that time. Did Mrs. M think the neighbor thought Mr. M had bad manners? Was it important to have the neighbors think well of Mr. M?

After investigating the areas of role differentiation—husband as a provider; she as homemaker; economic and political allocations; who makes the rules in the house (and here there was disagreement on how the children should be disciplined); and expressive patterns such as visiting, going to church, et cetera—we came back to the original problem which had brought Mrs. M in to see the counselor. It had been suggested to Mrs. M that she read *The Happy Family*

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[7] Dr. Eric Lindeman uses the concept of anticipatory grief reaction to explain some post-war marital problems. Many women had anticipated the possibility of losing their husbands and assumed the role attitude of ''wife without a husband present.'' When the man returned, the social structure of the family attitudinally had no place for them.

by Levy and Munroe, especially the chapter about "The Other Woman." Mrs. M felt that she reacted not to the specific incident but to the problem of family solidarity. By going into each specific area and discussing the present pattern, the past patterns, the strains in the present patterns and their development, Mrs. M felt she was in a better position to recognize such possible areas of conflict in the future and would be more aware of them so that her system of expectations would not be too far apart from that which would be most likely to occur in the interaction between herself and her husband.

Mr. M also had several interviews with me. The same kind of orienting statement was given to Mr. M. He chose to start his interviews in a different area. His basic problem, he stated, stemmed from the religious differences between his wife and himself. Mr. M said he disliked Catholics because they were rigid. Although Mr. M was a Protestant, they were married in the Catholic Church, at the request of his wife, and he had promised that their children would be raised as Catholics. He used to go to the Catholic Church before he went into the service, but since he came back from the service he had been attending his own church. He wants to be able to take his family to church with him. He said he was willing to attend their church, but he feels they should go with him on occasion. The eldest daughter had been educated in the Catholic Church and would not go with her father. Mr. M therefore wants the other two children to go to church with him on occasion so that they can see the difference.

The counselor asked Mr. M to describe what there was specifically about Catholic people that he did not like and did he see all of those qualities in Mrs. M. Mr. M stated that he saw only some of them in Mrs. M. How did Mr. M go about discussing this problem with Mrs. M? Would Mr. M re-enact for the counselor the kind of conversation that took place. He said, with a great deal of hostility in his voice, "I would like to take the children to church with me on Sunday." I asked Mr. M to listen to himself. Did his voice in some way give a clue as to the kind of answer he was expecting? Did he get the answer he expected to get? Mr. M said he did. It was an affectively negative charged answer and his request was affectively charged also. We explored alternative ways to achieving the same goal. In order to enable Mr. M to get some perspective on his role behavior at that point, I asked him if there was any similarity between what he was seeking to accomplish in his relationship with Mrs. M concerning this church-going problem and the kind of work that he does. (From a theoretical point of view, this is an example of how a reference to role behavior in the occupational sphere, especially in the selling field where there are formal classes to make the salesman aware of his role attitudes and expectations in the salesman-buyer role, can give an individual perspective on his role behavior in another social system, his family.) Mr. M was quick to see this. He said "I'm a salesman. I am trying to sell my wife on an idea. I sound like the sales manager on a Monday morning. I would never make a sale talking like that to a customer."

What Mr. M was referring to here was the political relations in his family. The sales manager is the man in the power position who tells the salesmen what to do. Mr. M was telling Mrs. M what to do instead of seeking her cooperation in helping him to solve a problem which he felt needed her help in order to be solved. He was trying to change a decision which had been made earlier.

When Mr. M finally got around to talking about the contraceptive incident, he said he supposed it was foolish for him to have expected his wife to believe that story, although it was true. He should have expected her to blow up. His mistake was in keeping them in the open in his drawer. If he had anything to hide, he would not have kept them in his drawer where his wife could see them. He talked about the salesman's life on the road and his need to be nice to his women customers (buyers) and he expected his wife to understand that was part of the business—that the buyers expected to be dined and danced.

Mr. M said although he did promise to let the children be raised as Catholics, he really was not able to see the full meaning of his promise until he had children and the problem of church affiliation became a real one. At this point, I as a counselor discussed with Mr. M the concept of the family as a changing family and the difficulties of looking ahead and making decisions in advance. We discussed how different a family with one child is from a family with two and three children in terms of the demands that are made not only in terms of monetary cost, but in terms of allocation of time—time for one's self as against time for one's wife and children; allocation of love, affection, trust, et cetera, calling these the "economic goods"[8] in which a family trades; allocation of power—who makes the decisions about visiting, entertaining, and friends, as well as the rules about how much money is spent and saved and for what purposes. We also discussed the need to restate role differentiation as the children mature and are able to participate in more family functions—what they can rightfully be expected to do and not to do, and which values are to be stressed in the home—that is, music, art, television, radio, reading, et cetera.

So much for Mr. and Mrs. M. The above is only an excerpt of a case from my files. I hope it has been sufficient to demonstrate some of the clinical uses of social system theory in marriage counseling.

Conclusion

The preceding conceptual statements, the case presentation and discussion of the case, demonstrate, I believe, the effective clinical use of social system theory for marriage counseling. By dealing in role terms, it helps many individuals to

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[8] This may be an unorthodox use of the term "economic good," but Parsons in a private discussion feels something is an economic good so long as the supply is limited and there are alternative modes of distribution.

adjust their marital problems in a shorter period of time and in less interviews than an intra-personality system approach to marital problems. Through the concept of role, the client can define his own problem in objective role relationship terms.

From the point of view of the marriage counselor, the social system approach gives him a detailed explicit system of related categories by which he is able to see the picture which the client is trying to convey by his verbal and non-verbal behavior in the interview.

From the point of view of research on the family, this paper points out that interview data collected by persons who are intra-personality system goal directed may be found lacking in essential information by one who asks social-system questions of such data.

The Clinical Sociology of Jessie Taft

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ABSTRACT

Jessie Taft is an erudite and insightful clinical sociologist who decades ago explored the linkages between the work of G. H. Mead and Otto Rank. Her innovative practice as a Rankian therapist and her founding role in Functional Social Work has been recognized for years. Her sophisticated application of symbolic interaction, however, has been entirely neglected. This paper traces her theoretical roots and their linkage to a sexual division of labor in sociology.

Jessie Taft was an early female sociologist whose contributions to clinical sociology have long been overlooked.[1] She generated an innovative theory and practice that combined the works of two major theorists: the symbolic interactionist, George Herbert Mead (1934, 1936, 1964), and the psychoanalyst, Otto Rank (1936a, 1936b; Taft, 1958). Her original and insightful integration of Mead and Rank provides a sound theoretical basis for applying sociology in a clinical practice. This paper locates Jessie Taft within her historical milieu and explores her intellectual stature as a theoretician and clinical sociologist.

Before turning to an outline of Taft's personal history and the subsequent task of theoretical explication, however, the long neglect of Taft's work within the discipline of sociology needs at least an introductory comment. Part of her disciplinary obscurity is explained by the general pattern of discrimination against women professionals (Rossiter, 1982) and another part is due to the particular

neglect by disciplinary historians of clinical sociologists of both sexes (Fritz, 1985a, 1985b).

In fact, many early leaders in clinical sociology were women who were trained in sociology but unable to find work in academia as sociologists (Deegan, 1978, 1981, forthcoming; Rossiter, 1982; Talbot, 1936; Talbot and Rosenberry, 1931). These women were encouraged to use their specifically sociological skills in areas deemed at the time more "appropriate" to their sex, i.e., "helping others." Frequently designated (and dismissed) by male revisionists simply as "social workers," these women sociologists merged sociological and psychological theory with clinical practices. Taft is an outstanding example of such a phenomenon.

This paper unequivocally explicates and underscores Taft's major contributions as a sociologist. That Taft found recognition and paid employment in social work rather than sociology during the period when many of these contributions were made to sociology is problematic only if one assumes that specific job titles necessitate harnessing one's intelligence in disciplinary straitjackets. This account of Taft's sociological work is not intended to discount her significant and lasting contributions to social work. Rather, it straightforwardly analyzes the specifically *sociological* work of Jessie Taft.

Taft's significant contributions to sociology lie primarily in her work as a sociological theorist. She articulated a brilliant political theory of feminism, socialization and social action (1915), powerfully combining the sociological concepts of G. H. Mead and Jane Addams (Deegan, forthcoming). She translated and introduced Otto Rank to American social workers (Rank, 1936a, 1936b; Robinson, 1962; Taft, 1958) and integrated his work with her own, which was built on Chicago sociology (Taft, 1915, 1926a). Finally, she established a firm theoretical basis for clinical sociology. This latter accomplishment, following a brief outline of Taft's life, is the principal focus of the present paper. Taft's work as a sociological theorist establishes her credentials and requires the recognition of her as a major figure in sociology. One of her major specialities was clinical sociology. Before analyzing her clinical work, however, her biographical background and historical setting are briefly presented.

TAFT'S HISTORY AND BIOGRAPHY

Taft was born in 1882, in an era when women were agitating for the right to higher education (Talbot and Rosenberry, 1931). At this time, sociology was one of the most promising fields for studying "the woman question"—eventually one of Taft's interests (Deegan, 1978; Dike, 1892)—and the most daring school in sociology was located in the Midwest, at the University of Chicago (Diner, 1975). Many early leaders in sociology were not only born and raised in the Midwest (Deegan, 1982; Hinkle and Hinkle, 1954), but were also trained at the

University of Chicago (Faris, 1970). Taft was no exception to this pattern.

Her parents moved from Vermont to rural Iowa, where she was born and raised. This "old" established American family was comfortable, but not affluent. Jessie was the eldest of three daughters in a traditional family. Nonetheless, she never learned traditional sex roles because "her mother was too competent a cook herself to want the children bothering her in the kitchen" (Robinson, 1962:25). Jessie's scholarly interests were fostered by a female physician who influenced her undergraduate training at Drake University in Des Moines. Interestingly, Jessie's father experienced the mixed feelings toward "educated women" characteristic of his era, but he nonetheless actively supported her choices:

> Her father's brief letters, which she saved over the years, show his unfailing affection and willingness to have her find her own way and to support her choice. His own preference was to have his girls stay at home where he would willingly have supported them. He never sought to understand the strange determination in this oldest daughter that took her away from home but followed her movements with pride in her accomplishments. (Robinson, 1962:26–27)

With this mixed background of traditional Midwestern roots and emancipatory supports, Taft pursued additional academic training and a professional career.

By 1905, Taft had moved to Chicago where she earned a Ph.B. from the University of Chicago. She then returned to Des Moines and taught high school for four years. In the summer of 1908, Taft went back to the University of Chicago where she met Virginia Robinson who later became her lifelong companion and colleague.[2]

> As Robinson and Taft sat in their classes, walked the Midway, rowed on the lagoon in Jackson Park, and explored the big city, they reveled in their newfound personal and intellectual freedom. Here was a setting in which they could escape the frustration of indifferent students, the loneliness of their lives as strong-minded, single women in small communities, and the oppressiveness of conventional thinking. (Rosenberg, 1982:116)

Both women returned to their respective teaching positions at the end of the summer, but longed to do more invigorating and substantial work. When the University of Chicago offered Taft a fellowship in 1909 (exhibiting the institution's early openness to women students), she eagerly accepted it.

The years from 1909 to 1913 are crucial for understanding Taft's long-term career in and relationship to sociology. During this time, she selected G. H.

Mead, a sociologically significant philosopher, as her doctoral chair. Her grad-
uate training included advanced training in the Chicago School of Pragmatism
and the Chicago School of Sociology (Deegan, forthcoming). It was during this
period also that she found her first professional employment, established her
deep professional and personal identification with never-married female soci-
ologists, and entered the women's network in sociology that was located largely
outside the academy.

These major transitions in Taft's life were all interrelated. Mead and other
Chicago sociologists, notably W. I. Thomas, were particularly interested in the
changing role of women and the work that women sociologists did in applied
sociology (Burger and Deegan, 1981; Deegan, 1978). These women sociologists
fused (rather than dichotomized) the personal and professional, the public and
the private, and the theoretical and the applied. The major institution tying this
network of women sociologists together was the Chicago social settlement, Hull-
House, led by Jane Addams.

A closely related—but more academic—female network was centered at the
University of Chicago. Taft entered the world of professional female social
scientists through this University of Chicago connection. Taft's linkage to this
network was found through Marion Talbot, a sociologist at the University of
Chicago (Fish, 1985). Talbot initially helped place Katherine Bement Davis, a
doctoral graduate in economics from the University of Chicago, in a position
at the Bedford Hills Reformatory for Women in New York. Davis, in turn, hired
Taft and Robinson to conduct interviews in her research on the relationship
between crime and "feeblemindedness." Thus, as part of this project, Taft and
Robinson soon found themselves:

> in a cell converted into an office, [where] we interviewed the drunks
> and prostitutes committed from Night Court. Evenings were spent
> observing the prostitutes soliciting on 14th Street or being brought
> into Night Court, and week ends in Bedford getting acquainted with
> that institution and talking with Miss Davis about our experiences.
> (Robinson, 1962:33)

Although they criticized the statistical process they employed and the categorizing
of people that ensued, both women knew they had found an exciting and prom-
ising career. Taft returned to Chicago and—in 1913—completed her doctorate
on "The Woman Movement from the Standpoint of Social Consciousness." Her
training behind her, she planned to combine intellectual rigor with pragmatic
issues of social amelioration.

She wanted to integrate this applied work in the classroom, but the academic
barriers to women were nearly insurmountable. In addition, she was partially
supported by an applied sociology network with goals and training similar to

hers, located primarily in the Midwest. Her first jobs, however, were located in an Eastern network of female social workers with different training, ideals, goals, and practice (Robinson, 1962). These different networks were not clearly defined.

Thus, her early professional years were marked by discouragement and interruption. Her first position, after her *magna cum laude* graduation from the University of Chicago (Robinson, 1962:37), was as Assistant Superintendent of the New York State Reformatory for Women. "Nothing in her education or experience had given her any preparation for institutional work nor for understanding the court-committed inmates of a reformatory, and no process of instruction to the requirements of the job could be provided" (Robinson, 1962:41). When Davis left her position as Superintendant in 1915, Taft lost her tie to the women's applied sociology network. Taft's view of the work and that of the new superintendant conflicted. Taft soon left Bedford Hills without a recommendation, despite an outstanding work record under Davis' administration. When Taft sought help from Mary Richmond, an eminent Eastern social worker, Taft's "qualifications apparently did not impress Miss Richmond, who told her she would need training in a good casework agency under a competent supervisor" (Robinson, 1962:44). Unable to find work, this talented philosopher considered returning to her home or "living off her father" (Robinson, 1962:44). Fortunately, the Director of the Mental Hygiene Committee of the State Charities Aid Association of New York resigned, and Taft filled the position. She resigned two years later when another change in leadership occurred. Discouraged she wrote her close friend, Virginia Robinson, "I feel so cowardly and good for nothing. But I brace up soon. It isn't like this all the time." (Robinson, 1962:51–52) This insightful feminist and later noted social worker internalized her failure to find successful employment instead of directing her anger toward a system that failed to use her training and skills. She was caught in a situation in which women sociologists suffered from declining power in the discipline while social workers were gaining legitimacy as a profession (Deegan, forthcoming; Lubove, 1965).

In retrospect, Taft characterized her work at this time as "mental hygiene." This field is comparable to contemporary work in the sociology and epidemiology of mental illness; social work, and policy planning (Taft, 1926b). Although the emphasis on applied sociology was strong, the field ultimately became associated with social work instead of sociology.

Taft fought for access to the academy for decades. Her marginal faculty appointments began in 1919 when she was hired as a part-time psychology instructor in extension courses at the University of Pennsylvania. She continued in this peripheral position for ten years. Removed from the main campus and its intellectual life, the courses did not challenge her. Taft explained the problems in Meadian terms:

> They did not satisfy because in an extension course the teacher does
> the work and perhaps gets the response. At any rate, there is not
> much opportunity to see students progress, or to be responsible for
> the effect of one's methods, when the members of the class are not
> working for credit and can be held to no standard of accomplishment.
> (Robinson, 1962, citing Taft, 1934:193)

Taft literally had to "beg" for a class of regular students, and in 1929 she was
finally allowed to teach advanced personality courses to vocational students
(Robinson, 1962:194).

Despite her erratic employment record in a field for which she was not
trained, Taft soon emerged as a social work leader, first in Philadelphia and then
nationally. Her articles appeared in professional journals such as *The Publications
of the American Sociological Society, Mental Hygiene, The American Journal
of Psychiatry,* and *School and Society,* as well as in popular magazines (Robin-
son, 1962:371–384). She translated two of Otto Rank's books (1936a and 1936b),
wrote his biography (1958), and formulated her own ideas in *The Dynamics of
Therapy in a Controlled Relationship* (1933). She edited a number of texts (1939,
1944, 1946a, 1946b, 1948), some of which were originally published as issues
of *The Journal of Social Work Process,* which she cofounded. Taft also spoke
at the American Sociological Society meetings in 1921 and 1925. These sessions
were organized by Ethel Sturgess Dummer, a Chicago philanthropist who created
a few structural opportunities for women in this group (Deegan, 1978/1979,
1981). By and large, however, Taft's professional life was in social work.

Taft's academic career finally stabilized when she was hired by the School
of Social Work at the University of Pennsylvania in 1934 (21 years after she
had completed her doctorate). The School first offered the master's degree in
1936 and Taft guided the program's direction. Welcoming administrators and
supervisors in both academia and social agencies to take her courses, she also
helped other faculty members to adopt her approach (Robinson, 1962:197). She
brought in distinguished speakers from professional and scientific fields, among
them Otto Rank. Her work with and sponsorship of Rank was, in fact, a major
influence on the development of American psychology and social work, as well
as clinical sociology. She was the Director of the School until her retirement in
1950. She died 11 years later, after a very full and largely happy retirement
(Robinson, 1962:345–368).

TAFT'S WRITINGS

Combining Mead's Genesis of the Self with Rank's Will to Be Free

Taft combined the concepts of G. H. Mead and Otto Rank into a powerful
theoretical framework for interpreting problems in daily living. Her humanistic

and compassionate understanding allowed her to transcend the differences be-
tween the men's theories of social life. Their divergent assumptions are briefly
introduced before a more focused analysis of their fusion by Taft.

G. H. Mead, on the one hand, assumed that people create human behavior
through language, gestures, and shared symbols. This human community is
based on learned patterns of behavior which are taught to each member. Each
infant enters an ongoing world of meaning, and through successive stages of
increasing ability to respond to others, finally sees the self as a social object.
The process of learning to interact with others and become an object to oneself
is referred to as "the genesis of the self." Mead studied the normal process of
basically rational and social beings (e.g., Mead, 1934, 1964).

Otto Rank, on the other hand, assumed that people begin life with a trauma:
the stressful entry into a harsh world where one must be independent instead of
passively nourished in the womb. Despite this everpresent, problematic world,
each person has a great capacity to overcome this normally difficult life. The
will to be free, to be creative, and to transcend the limits encountered in life are
drives found in every person. A therapist helps the individual with living problems
to tap this creative energy and possibility through their intense, personal rela-
tionship (e.g., Rank, 1932, 1936a, 1936b). Originally a Freudian, Rank suffered
a painful break with Freud and his followers. He was disowned and shunned by
psychoanalytic colleagues, and Taft's sponsorship of Rank in America is a vivid
story that unfortunately cannot be pursued here.[3] With this skeletal background,
I will now explicate Taft's theory in relationship to key concepts of these two
men.

Taft's view of human nature was a direct extension of Mead's. For example,
37 years after the completion of her doctorate, she wrote: "Man develops what-
ever of selfhood he receives through his social relationships. The self, insofar
as it is a self, is social in character, and reflects its use of other selves in its
development" (1950:297). Although firmly committed to Rank, she still shared
Mead's basic assumptions about the nature of human potential; that the self
actively sought contact with others. In fact, her belief in the helping process,
arose from the fundamental assumption that:

> one must believe in the existence of a natural impulse toward better
> organization of self, which, however, blocked or confused, provides
> the basis for a new orientation to living, once a situation is encoun-
> tered which can disrupt the habitual pattern and release, for the
> formation of a new integration, the underlying growth tendencies.
> (1950:296–297)

Thus Taft's process of rationally encountering and resolving problems as a
mechanism for growth and creativity echoes Mead's.

Her interpretation of the child and parent relationship also emerged from Mead. Contrary to the Freudian assumptions that parents shape the child and enact the oedipal drama, Taft notes that even a baby is both an actor and an object acted upon. In this way, parents are affected by their children for "it is well to remember that the child creates the parent in his own image as truly as the parent creates the child" (Taft, 1950:298).

This Meadian view on childhood, however, is blended with Rank's concerns with the trauma of birth. Thus Taft believed that such factors influencing the self as the "inherited constitution, the intra-uterine experiences, the particular kind of birth and its relation to the particular makeup of the infant" (Taft, 1950:298) establish a characteristic pattern of response to crises. Taft interpreted these challenges as beginnings and endings, unions and separations, involving the primacy of the self or the other.

Taft extends Mead's concept of the organization of the self further back in the individual's life cycle. Rather than assuming that this structuring occurs as a function of "mind" or the ability to solve problems rationally (Mead, 1934), Taft asserts that even an infant has rudimentary organization in order to meet the struggle to fulfill its needs (1950:298–299). Although clearly committed to the concept of the self, Taft's use of Rank's concept of the "will" enabled her to tap creative and controlling forces that make the process of helping both exciting and frustrating. This resistance to others is more evident in a child than adult because the child's will is often exercised in a negative capacity: to resist and refuse rather than create.

Although optimistic about the possibility of growth, Taft tempered this view with an awareness of destructive and negative forces. This negativity resists the impulse for greatest "social consciousness" (Mead, 1910a, 1910b) or "international-mindedness" (Burger and Deegan, 1981; Mead, 1929) when confronting a crisis. In this way, Taft supplies the mechanism to extend Mead's uncomplicated explanation of the genesis of the self to those common situations where the process occurs in a situation of resistance. Taft also differed from Mead when she drew upon the work of Rank in her view of self development through conflict, i.e., through "resistance" and "counterwill."

Rank's concept of "will" is easily incorporated with Mead's ideas by defining "will" as a complementary process to other Meadian ones such as "thought" and "mind." A crucial difference between these processes, however, is that Mead's definitions of thought and mind are rational processes whereas Rank's definition of "will" gains its strength from both rational and emotional forces. Taft's fusion of these men's ideas provided for a more balanced definition of the origin of problems, their maintenance, and amelioration.

Mead's concept of taking the role of the other and his belief in the parental impulse are clearly reflected by Taft in her view on the changing definition of the home and family. Disregarding the myths surrounding these institutions, Taft

argued that foster parents or even institutions may provide better care for children
than blood relatives. Stressing the need to look objectively at families and to
study facts associated with neglected children, Taft wrote that a child needs
"a fundamental security, and freedom to grow up, which are provided in the
last analysis only by the love and understanding of a mature adult who assumes
the parental attitude to him" (1927:287).

   Taft's understanding of the self was exceedingly close to Mead's prior to
her work with Rank, although she always doubted that "scientific control" could
be perfected as Mead suggested. Thus, she noted that

> the conscious self arises as a result of its own social responses and
> that it continues to exist as a social process [is] an index of its
> changing social relationships . . . So elusive is the material, so var-
> ied, so rich, so individual that one can but wonder whether it will
> ever be possible to know enough of the detail of the process we call
> personality to bring it under anything approaching scientific control.
> (1926a:10)

   Mead's concept, "impulse," is very similar to Taft's use of the same word,
but again we see her correcting Mead's blindness to the feelings of the individual:

> Needs and impulses are part, then, of the positive, creative forces
> found in the universe of our experience, and are the energies through
> which we are enabled to work, to think, to fight, to control, but they
> themselves are not subject to complete human determination in the
> self or in the other, any more than are the basic physical forces of
> the universe. (Taft, 1942:105–106)

   Taft again extends Mead's thought when she wrote on education. Where
he emphasized the rational use of schools for the development of thought (which
he defined as the ability to solve problems), Taft stressed the school's disregard
of the instinctive and emotional life of students. For her, the educational system
induces neurotic behavior and the inability to solve problems, whether they be
rational or emotional in origin (Taft, 1919, 1926a).

   Taft had a more pessimistic view of human nature than Mead. This emerged
from her own experience and work with problems, and her philosophical un-
derpinnings in Rankian thought. Taft assumed that there was an "inevitable
negative at the basis of all man-made progress" (1942:108).

   Despite this caution in approaching the change process, Taft assumed that
the clinician creates a growth-relating situation in order to precipitate internal
growth. This positive perception of the active role of the therapist is derived
directly from Taft's extension of Mead's concept of "taking the role of the
other."

Taft's Concept of the "Professional Self"

Taft defines receiving and giving help as similar phenomenon; both involve growth and reciprocity (1950). Taft thereby incorporates the ability to take the role of the other into the training of caseworkers. This procedure, moreover, emerges from the group comprised of the teacher and those being trained. This social environment creates the professional role.

Again showing the similarity between therapist and clients, Taft stressed growth throughout the life cycle for both groups. For therapists, however, their growth process is systematically structured into their work. She explained: "Only a training process that is geared to the expectation of psychological growth, or if you like, to the development of a professional self in the student, can be counted on to provide the basis for such conviction [of possible growth in the client]" (Taft, 1950:295–296).

The training process is formulated so that a professional self emerges from the interaction of three actors: the adviser, who also teaches the student a practice class; the supervisor of practical work at an agency or job; and the teacher of the personality class who actively trains the student's will and feelings associated with it. This training process is distinct from casework, supervision, or therapy. It usually involves trainees who are already professional social workers who feel a need to expand their skills and self-development.

The organization of a professional self is located in the beginnings and endings of the school year. This schedule creates the structure for a crisis and the active intervention of the professional trainers. At the end of the year, the program reaches a specific, pragmatic goal: "the achievement of a reliable professional self for every student" (Taft, 1950:306). Needless to say, such an intense program of study is accompanied by strong emotions: anger, resistance, hostility, and fear. This experience enables the student to redefine the self.

Taft's training process is in stark contrast to Meadian pedagogy which is based on abstract, rational thought. The exigencies of clients' needs and concrete problems were absent from the Meadian classroom, and the theory and practice emanating from each approach reflects this fundamental difference.

Taft's Specific Divergence From Freudian Practice

One of Taft's contributions to clinical sociology is her explicit difference from Freudian therapy.[4] For example, Taft's unique contribution to clinical work can be seen in her innovative interpretation of the motivating force for action. Instead of depicting the individual as a person with an insatiable id, as Freud did, Taft described the need for "life," "associates," "experience," "creativity," and "growth" as the springs for action. She also rejected Freud's pleasure principle as a major explanation for action. According to Taft, "Pleasure, or better said, satisfaction, attends the active, successful expression of the organized will: it

is a by-product, not a motive or an end in itself'' (1950:302). Pleasure, to Taft, was only of moderate interest and involved only a part of the self. In this regard she reflects Mead's pragmatism with its emphasis on getting things done and the resolution of problems as major goals.

Taft, like Mead and unlike Freud, assumed that individuals with problems were normal, and that problems in society or the self could be resolved through the use of language. This view of the distressed person differs radically from Freud's theory of pathology and malfunction within the individual. Taft's more positive view of the troubled person and the helping process is summarized in this passage:

> The client, in my belief, is not a sick person whose illness must first be classified, but a human being, like a worker, asking for a specific service. Diagnosis, then, is not a categorizing of a client's makeup, with a resultant prescription for his needs, but an attempt on the part of worker and client to discover what client need and agency service can be brought into a working connection that is mutually acceptable. (1948:9–10).

Taft also differed from Rank and Freud on the significance of the past for explaining the present. Like Mead, she emphasized action in the present. Although the present is always based on the past, the present is the primary concern. The future, moreover, is based on the present and can become a variety of possible futures, dependent upon ''the other,'' ''the generalized other,'' and process of ''reflection'' (Mead, 1932, 1934). This orientation to time permeated Taft's approach to diagnosis (Taft, 1949). Her goal was treatment with service, not diagnosis without action, again reflecting the pragmatic emphasis on action and behavioral change. For Taft and Mead it was not facts but the interpretation of facts that was significant. Reality is socially created and not determined by biological drives.

Her fusion of Mead and Rank ultimately led to her unique clinical theory, an approach that was strongly at odds with Freud. Her final position is beautifully illustrated in the following passage:

> It [therapy] has developed from the notion of a reform of the ''other'' through superior knowledge of life and psychology, a concept closely allied to that of scientific control in the field of emotions and behavior, to my present acceptance of therapy as presented in this volume; a therapy which is purely individual, nonmoral, nonscientific, nonintellectual, which can take place only when divorced from all hint of control, unless it be of the therapist's control of himself in the therapeutic situation. (1933:xiii)

Thus, Taft drew on Mead and Rank to develop a helping role characterized by a profound equality between the therapist and client, in contrast to a Freudian authority figure. She also recognized, however, the Freudian contribution of being nondirective and nonjudgmental.

Her rejection of structured forces shaping interactions and her emphasis on emotions were, in many ways, the opposite extreme of Mead's overemphases on rationality and social control. Taft's understanding of the self and the other brought needed balance to Mead's concepts by drawing on Rank's and Freud's interpretations of the irrational. But she carried the latter men's ideas on emotions to such an extreme that she generated her own weaknesses—an overly emotional understanding of the world. Her concern with the "other," "social control" and "anti-rationality," however, are responses to the world depicted by Mead and, thus, a significant blend of Mead, Rank, and Freud.

Taft separated her work from psychoanalysis, as did Rank, especially in her understanding of "functional therapy" (Taft, 1937). Here, Taft's ideas were uniquely her own. In the following passage, she defined this approach as particularly distinct from Freudian, Meadian, and Rankian thought:

> The term "relationship therapy" is used to differentiate from psychoanalysis or any process in which either the analytic or the intelligent aspect is stressed or the immediacy of the experience denied or confused with history. It was only gradually that I became sufficiently confident of my own difference to want to give it a label, but it now seems necessary to use some name to designate a philosophy and technique which have little in common with psychoanalysis as generally understood, but are, on the contrary, antipathetic to the Freudian psychology and practice. (1933:xvi)

Her selection of children as primary clients and foci of study is also a reaction to both Mead and Rank, who were chiefly concerned with adults. The study of children, moreover, was a topic in which women sociologists specialized (e.g., Addams, 1909, 1910; Deegan, forthcoming).

Taft attacked psychiatrists for being too individualistic in their approach. They could only "see individual rather than social units, and . . . deal with disease entities rather than with the concrete problems of social maladjustment" (1918:660). Taft's therapeutic approach offered a viable alternative to Freudian practice, and it carved a specific niche different from the work of Mead and Rank, as well.

Taft assumed that her work, casework, existed in the interstices between the personal and the social (1920b). She saw it as the "practical application of mental hygiene to individuals who need it" (1920b:1). Her clinical sociology allows sociologists to temper the powerful but overly optimistic insights of

symbolic interactionists with the insights gained from confrontations with the problems of thwarted dreams and lives. Her vibrant application of the genesis of the self to the training process for clinicians turns the traditional expert versus client relation into a "we relation," a journey into a shared and meaningful future.

CONCLUSION

Jessie Taft was a brilliant social theorist who established a theory of clinical sociology based on the work of G. H. Mead and Otto Rank. Her biographical situation as a woman philosopher trained over 60 years ago embedded her in a situation that was both liberating and restricting. Inspired by the work of men, she was not allowed to be their professional equal in the male academy. Finally finding an occupational home as a social worker, her myriad contributions to sociology have been neglected for years.

The clinical sociology of Jessie Taft provides contemporary scholars with an innovative way of defining problems in daily living and the positive strengths of people in trouble. Practitioners and clients are empowered by her articulation of the creative possibilities of helping relationships. Taft's emphases on the genesis of the self, the dynamic rather than the static, the role of problems in instituting change and growth, and the professional self emerged from Mead's influence. She envisioned clinical work as embedded in social situations where both the abnormal and the normal have a common origin and similar processes of development.

Because she rarely claims to follow Mead in her writings, however, the intrinsic union of symbolic interaction and functional social work has not been integrated into the sociological tradition. Her failure to be employed or recognized as a sociologist during her lifetime provides another reason for her distance from sociological networks. Her status as a woman professional and her ties to her female colleagues also distanced her from many of her male colleagues. Finally, the unwritten history of clinical sociology deepened the gulf between her work and contemporary professionals in this field.

This paper has introduced Taft's sociological legacy, but a full exposition of her work is still needed. Her work on the female self, the feminist movement, functional therapy, and the use of time in a client relationship are particularly promising areas to study. In addition, her biographical situation and professional career need more investigation to reveal both her individual development and that of her female colleagues and network. Further analyses of Taft's life and ideas will unearth a rich heritage worthy of extensive excavation in the archaeology of knowledge.

NOTES

1. Fritz proves a notable exception to the general neglect of the history of clinical sociology (1985a) and the particular neglect of Taft (1985b).

2. My biographical information on Taft relies to a considerable extent on Robinson (1962). This is the major publication on Taft's life, and it contains few intimate or specific details.

Robinson and Taft lived together for over 40 years and such a lifelong female friendship was characteristic of early women professionals, especially sociologists. Many contemporary scholars speculate on whether such women were lovers (e.g., Cook, 1977), but I do not have any evidence that could settle this issue. Rosenberg (1982) discusses Taft, relying heavily on the Robinson account, but assumes inaccurately that Taft was primarily influenced by men in her work and social thought. Taft was clearly committed, generally, to women and feminism, and, specifically, to Robinson. In addition, the close friendship between Taft and Ethel Sturgess Dummer, a Chicago philanthropist who supported sociological writings and research, is documented in Deegan (1978/1979). These women were significant influences on Taft as a person, professional, and theorist.

Such women-identified lives were increasingly suspect after the rise of Freudian thought (see Cook, 1977, Sahli, 1979), and this social disapproval may have led to the rather flat account provided by Robinson. This book, nonetheless, is a notable introduction to Taft and contains a collection of her writings.

3. Taft drops tantalizing hints concerning her complex role in Rank's tumultuous career in her biography of him (1958).

4. I assume the reader has a greater familiarity with Freud's epistemology than with Mead's or Rank's. For the novice, an outstanding overview of Freudian assumptions and problems is found in Yankelovich and Barrett (1971).

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

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ABSTRACT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SEVERAL RECENT CURRENTS IN FRENCH CLINICAL SOCIOLOGY

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

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

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

THE USE OF CRITICAL REFLECTION

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

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

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

CLINICAL SOCIOLOGY IN QUEBEC

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

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

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

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

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

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

A BRIEF COMPARISON OF FRENCH-LANGUAGE AND AMERICAN CLINICAL SOCIOLOGY

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

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

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

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

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

NOTES

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

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Theories of Clinical Sociology

Using Sociology to Analyze Human and Organizational Problems: A Humanistic Perspective to Link Theory and Practice

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ABSTRACT

The purpose of this paper is to demonstrate that sociological theory is a major part of the knowledge base needed by sociological practitioners, including both applied and clinical sociologists. Four well-established theories are reviewed to assess their perspectives on social reality, the kinds of problems they would be expected to highlight, and the types of solutions they would be likely to suggest. These are: symbolic interactionism, functionalism or systems theory, exchange theory, and critical theory. It is pointed out that these theories can stimulate sociologists to assess whether their priorities focus on the maintenance of organizational structures or on the fulfillment of human needs.

Current discussions of applied or clinical sociology frequently lead to questions regarding the specific types of skills or knowledge that are marketable among nonacademic employers. Almost inevitably social research skills and statistics

are near the top of this list. General areas of sociological inquiry such as inter-
personal relations skills or knowledge of group or organizational dynamics might
also be mentioned. At some point in the discussion it might be added that, of
course, sociological theory is also important because it provides the intellectual
background or knowledge base for applied or clinical work and insures that
sociological practitioners will not become "mere technicians."

While some writers have emphasized the importance of theory in a general
sense (Giles-Sims and Tuchfeld, 1983; Glass, 1979), others have attempted to
elaborate the practical implications of various particular theories (Black and
Enos, 1980, 1982; Church, 1985, Cohen, 1981; Enos and Black, 1983; Glassner
and Freedman, 1979:59–153; Hurvitz, 1979; Straus, 1984, 1985:4–22; Voelkl
and Colburn, 1984). The basic thesis of this paper is that a sound understanding
of alternative theories provides considerable flexibility to sociological practi-
tioners in terms of the types of problems they can diagnose and potential inter-
ventions they can implement.

The place of theory is to provide models of social behavior that will facilitate
the identification of human and organizational problems and suggest possible
strategies for solution. These models include conceptions or visions of what is
normal in social life. Notions of normality do not *necessarily* involve value
judgments or moral commitments, nor do they necessarily prevent the analyst
from being objective in diagnosing problems or proposing intervention strategies.
Instead, they involve abstract efforts to explain typical and important patterns
of social life (cf. Glassner and Freedman, 1979:11–20). This is quite different
from evaluating social patterns as moral or immoral.

Four well-established theories will be analyzed in terms of: 1) their image
of normality in social life; 2) the areas on which their diagnosis of problems
would be likely to focus; and 3) the type of intervention strategies they would
be likely to suggest. The theories will be reviewed briefly, then typical examples
of problems and interventions will be suggested as illustrative.

Symbolic Interaction Theory

Primarily a microlevel theory, the symbolic interaction model emphasizes the
shared world of symbolic meanings that emerge through communication and that
mediate people's adaptations to one another and to their environment (Blumer,
1969). Because of their dependence on one another, individuals must take one
another's expectations into account and cooperate with one another in meeting
their various needs. Even their individual needs are shaped through interaction
with others. People are especially sensitive to one another for support for their
self-concept (McCall and Simmons, 1978). (See Johnson, 1981:291–341, for
a more extensive overview of symbolic interaction theory.)

Part of the image of normal social life is that individuals have sufficient

flexibility to adjust to one another's emergent actions in response to situations they face in common. One of the major implied goals or requirements of social life is to cooperate in achieving a minimal degree of consensus with respect to the definition of the situation. This does not mean that people must have identical goals and values, or that they must always agree completely with one another. It does, however, imply the need for a minimal degree of cognitive congruence in defining the situation, including the relationships of those involved to one another. Achieving this congruence gives people a sense of security and positive reinforcement for one another's identity.

Symbolic interactionists tend not to emphasize large-scale institutional structures. There is the implication, however, that these structures are supported by widely shared definitions that are reinforced throughout a society. If social structures are unsatisfactory, one possible solution is to change people's definitions and expectations. This will result in a change in these arrangements.

What kind of social problems would the symbolic interactionist perspective lead us to identify? One obvious problem would be lack of consensus or clarity in people's definitions of the situation (see Straus, 1984). This may be due either to disagreement or to misunderstanding, and it may apply to the roles individuals develop for themselves, the goals they think should be pursued collectively, or the distribution of resources (money, power, etc.).

Here are some typical examples. A wife tells her husband: "You just don't realize how much work it is having to do all the cooking and housework. It's wearisome. I'd like to have a career, too, and earn some money for myself." (The problem here is wife's perception that husband lacks understanding of her role and her dissatisfaction with this situation.) A social worker tells a colleague: "We're supposed to be providing help to our clients, not just filling out forms all day. You'd think the state's only concern is to have all the paper work complete." (The problem here is lack of clarity on the organization's real priorities, with social workers believing that the state does not really value what they see as their main function.) Examples such as these could be multiplied indefinitely.

The importance of understanding individuals' definitions of the situation applies especially to their definitions of social problems. What is seen as a problem by one group may not be seen as a problem at all by a different group. For example, a wife may view her lack of her own career as a problem while her husband does not. Or, high union wages might be seen as a problem by consumers paying high prices, but not by union members. It is a question of whose definitions will count in defining a social problem.

While symbolic interaction theory does not offer specific substantive solutions to social problems, it does suggest a strategy or a process that can lead to a solution. An important first step is to access the level of inconsistency in people's definitions of the situation. The techniques used in participant obser-

vation research of exploratory interviewing can be useful in uncovering people's various definitions. In a therapy session, for example, it is important to obtain each party's views of what the problem is and how it developed. A low level of consensus is readily apparent when different people describe the same event in terms that are highly incongruent.

In situations of conflict, the role of a clinical sociologist may be that of a mediator who listens to both sides of the dispute and then uses his or her impartial position to explain each side to the other. If successful, the likely outcome is a certain degree of cognitive restructuring, or changing the definitions of the situation of the parties involved (cf. Hurvitz, 1979).

The appropriate intervention strategy for dealing with inconsistent definitions and misunderstandings is to increase the level of communication in a form that encourages constructive interaction and positive feedback. It is important to develop communication mechanisms that are well integrated with ongoing activities, as opposed to being artificially separated from people's normal situations. In addition, sufficient role flexibility is needed so that people can adjust to one another and their common situation in the most pragmatic way possible. The implications of increasing role flexibility in bureaucratic organizations in a complex and changing environment are profound.

As people learn to communicate more effectively, they come to understand one another's divergent perspectives, they take one another's roles more effectively, and they are thus able to integrate their different actions more successfully. This often results in more positive and constructive feedback. The ultimate outcome is not only reinforcement of appropriate role performance but also the creation of a more supportive and satisfying atmosphere.

Increasing communication and mutual understanding does not guarantee agreement, of course. There are situations in which increasing communication or increasing individuals' flexibility may actually exacerbate problems instead of leading to their solution. Lack of communication sometimes prevents unsolvable disagreements from emerging. Nevertheless, if people are experiencing strains or conflicts, effective communication is important as a first step in developing strategies to deal with the problem. At the very least, it is important to distinguish between problems that are due to simple misunderstanding and those that are due to fundamental disagreements or conflicting interests. These types of problems can best be understood in terms of one of the following theories.

Functional Theory

The general vision of social life that functionalists or systems theorists share is that patterns of social action form a system that is made up of numerous mutually interdependent parts (or subsystems) (Abrahamson, 1978). To a greater or lesser

degree, the actions of any part are likely to have ramifications, either direct or indirect, on the various other parts or on the system as a whole. These effects (or functions) may be either beneficial or harmful to the overall system or its constituent parts (Merton, 1968).

While functionalists often emphasize shared values as the primary foundation for the cohesion of the parts (Parsons, 1951), the parts may also be integrated through the interdependence that results from a complex division of labor or from the emotional solidarity that follows shared emotional experiences. These are different sources of solidarity, as Durkheim suggests in his contrast between organic solidarity (based on functional interdependence) and mechanical solidarity (based on shared values and emotional cohesion). (See Johnson, 1981:550–557, for a more extensive discussion of these issues.)

The functionalist concept of system may be applied to any type of group or organization within society or to the overall society. The identification of the relevant parts will likewise vary, depending on the size and complexity of the system. But regardless of the type of system, the behavior of its members is analyzed in terms of the roles they play within it and how these roles are related to one another. These roles must be learned through the socialization process. To sustain motivation it is important for individuals to be rewarded appropriately for their participation, either with material or symbolic rewards or both. If the socialization process has been successful, motivation is also sustained by commitment to the values of the system. If the various mechanisms for socializing and motivating individuals are insufficient, social control techniques may be needed to insure people's compliance (Parsons, 1951).

The functionalist version of social life seems particularly relevant in analyzing organizations or groups in which equilibrium, harmony, consensus, emotional solidarity, and stability are seen as important *by the members*. Consistent with the symbolic interactionist emphasis, the implication here is that normative consensus is important *if* it is defined as important by the individuals involved. In a family, for example, it may be disconcerting and frustrating for a spouse in a strained marriage to realize that, after all these years, the couple does not really have many interests in common. Similarly, a church might insist on unanimity of beliefs among its members as the very foundation for its existence. In other types of systems members may take pride in their independence and tolerance of disagreements.

What types of social problems would functionalists be likely to identify? One basic type of problem would be the inability or the unwillingness of individuals to perform their roles in the system. In either case, these deficiencies may result from inadequate socialization. In addition, motivational deficiencies may be due to inadequate rewards for participation or lack of commitment to the values of the system. One common result of failures such as these is deviant behavior. While some types of deviance are disruptive to the system, other types

may be an important source of constructive change, especially when it represents an adaptation to a change in the environment.

Still another type of problem consists of strains in the interrelations of the various parts of the system. In other words, the expectations or actions of the different parts fail to mesh. There may be inadequate coordination between different roles or other subsystems. Or individuals may experience role strain or role overload by having inadequate resources to perform their jobs, or they may be subjected to inconsistent expectations by different persons in different subsystems. An organization may even have conflicting goals, such as, for example, providing services to clients versus cost cutting, each being emphasized differently by different subsystems. Or commitment to established procedures may be so strong that it is difficult to adjust to environmental changes.

The kinds of interventions that might be offered to deal with these problems would depend on the specific character of the problem identified and the type of system. If the problem is inadequate role performance, the solution could lie in improving socialization techniques, improving techniques of social control, or increasing the rewards members receive for their participation in the system. Which of these interventions would be appropriate would depend on whether the problem is lack of expertise or lack of motivation.

Training programs may be recommended to insure adequate levels of knowledge or expertise. The inservice training programs offered by many organizations illustrate this strategy. Lack of commitment can be addressed by improving techniques of social control and motivation. As a general rule, positive reinforcement is generally more effective than negative reinforcement. Thus, for example, it would be preferable to increase pay and other rewards rather than increase surveillance or level of supervision.

In addition, commitment to the basic values of the system can be enhanced through rituals designed to bring members of the system together to celebrate shared achievements. Since Durkheim, sociologists have been sensitive to the importance of rituals in enhancing solidarity. For social systems ranging from families to complex organizations, explicit development of appropriate and meaningful rituals is useful for promoting solidarity and commitment to the values of a system.

If there is disagreement or confusion over what the goals or values of the system are, some type of explicit goal-setting or value-clarification process would seem to be appropriate. Such techniques as management-by-objectives can be effective in developing clarity and consensus on goals, provided that all the persons who will be involved in implementing these goals are involved in the process.

Problems of strain or lack of coordination among the different parts of the system may require such strategies as dividing roles, creating new roles or other subsystems, establishing new communication channels, consolidating roles or

other parts of the system, or various other reorganization interventions. One important general strategy along this line is to improve the feedback mechanisms whereby individuals are able to learn about the effects they are having on other participants in the system or on the environment. For this strategy to result in improvement, however, there must be sufficient flexibility to make adjustments in role performance as needed.

In the final analysis, social systems will probably never exhibit the fine-tuned functional interrelations of a well-crafted machine or a healthy biological organism. This implies that strains and problems will never be eliminated completely. Further, the functionalist image of human nature seems to focus on individuals primarily as ''parts'' with functions to perform or roles to play within some system. But there are features of human nature that cannot be captured completely in any of our social roles. Thus, the tension between individual needs and desires and the demands of various social systems is likely never to be eliminated. Our next theoretical perspective focuses explicitly on individuals' own goals.

Exchange Theory

The processes described by these different theories are not independent of each other. For instance, it was mentioned in the last section that individuals must be rewarded for performing their roles as members of social systems. Exchange theory emphasizes explicitly the importance of individual rewards and costs in the shaping of behavior (Blau, 1964; Homans, 1974). Exchange theory, like symbolic interactionism, is primarily a microlevel theory. In general, individuals are seen as attempting to receive maximum benefits (rewards) at the lowest possible cost. This process applies both to material rewards and costs and to nonmaterial social rewards and costs (such as the rewards and costs involved in interaction). (See Johnson, 1981:342–384, for an overview of exchange theory.)

This perspective applies both to personal or primary group relationships as well as to participation in secondary groups or larger organizations. In personal relationships, conscious assessment of individual rewards may be submerged by a genuine concern that each party has for the welfare of the other. But each party also expects that these positive sentiments will be reciprocated. Whether primary or secondary, all relationships are dependent upon the assessments of all parties that their overall reward-cost outcomes are more advantageous than in alternative arrangements.

In spite of the implied emphasis on rationality, we must recognize that a great deal of human behavior involves simply following established routines without continuous conscious calculation of reward-cost outcomes. In areas of life as diverse as our marriages and our occupations, we forego the option of continuing to assess alternatives. Indeed, in personal relationships such as mar-

riage, continual assessment of cost-reward outcomes compared to alternatives would undercut the sincerity of people's attachment to the relationship. The process of rational calculation would seem to apply especially to situations where there is a crisis or breakdown of some type in everyday routines or an unfavorable shift in reward-cost outcomes.

Dissatisfaction with a relationship may lead to renegotiation of the terms of the exchange (either overtly or more subtly) or to withdrawal of the dissatisfied party for a more satisfactory alternative. If there are no alternatives, or if the costs of termination are too high, the typical result is feelings of anger. This may lead to decreasing one's contributions, with the result that the benefits received decline even more. To compound the problem, it is often difficult, especially in personal relationships, to see the dynamics of the relationship objectively because of emotional reactions to the situation.

Problems in relationships often result from imbalance in the exchange process. As Blau (1964) points out, imbalanced exchanges produce power and dependency relationships. A person in a position of dependency is expected to bear the cost of subordination; otherwise the other party, who has supplied benefits on a unilateral basis, may well feel exploited and unappreciated. How often, for example, do parents or employees feel that they are giving much more than they are getting in their particular relationships? Employee burn-out can readily be understood in these terms. As another example, the commitment of some wives to their own careers may reflect a determination not to be completely dependent on their husbands.

In general, the type of intervention that seems appropriate from an exchange theory perspective is to help individuals analyze on a rational basis the costs and rewards of each party in a relationship. Differences in subjective evaluation must, of course, be recognized, especially when we consider that what may be a reward for one person is a cost to another. Beyond this, the next task would be to guide the parties through a process of negotiating and compromising their differences so as to achieve more equitable and satisfying terms of exchange. Behavior contracting is one specific strategy widely used in therapy settings, which is based implicitly on the principles of exchange theory.

In considering the kinds of compromises that might be proposed, it is important to determine whether the relationship fits the model of a zero-sum game or not. In zero-sum games, there are only so many benefits (so much money, for instance) to be allocated. Thus, it is inevitable that one person's gain is the other party's loss. Compromise in such situations inevitably results in all parties getting less than they might desire. Economic transactions that involve material exchanges often fit this pattern. This type of situation will be dealt with in more detail in the next section on critical theory.

The social exchanges in many personal relationships do not fit the zero-sum model, however. Instead, the total amount of benefits can be expanded.

This is the type of situation which in game theory is clearly considered a win-win situation. Compromise may involve all parties giving more, but as they give more they also get more. To use an economic analogy, as investments increase profits also increase. For example, what is the limit on the love that two people can give to each other or the mutual acceptance and emotional support that members of a close-knit circle of friends can provide one another?

One reason why the supply of these various social rewards may seem in short supply is that the parties involved have gradually lost faith in one another. They do not give of themselves in ways that would be rewarding because they do not expect the other party to reciprocate. Part of the challenge in such situations is to help the parties involved reestablish faith in one another. This would lead them to give more to one another, and the result would be increased benefits and satisfaction for both. Again, explicit behavior contracting may be useful in providing a specific and manageable opportunity for each party to demonstrate his or her trustworthiness.

Critical Theory

As used here, critical theory is a generic term that includes several specific theoretical perspectives, including Marxism and neo-Marxism of various types (see Becker and Horowitz, 1973; Connerton, 1976). All of these perspectives involve a critical stance toward the existing social order and a strong commitment to human liberation. Many critical theories emphasize the processes of conflict and change (in contrast to the functionalist emphasis on harmony and stability). (See Johnson, 1981:447–506, for a more extensive overview of these issues.) However, the absence of conflict is not taken to imply harmonious consensus. More than likely, the appearance of harmony indicates some form of "false consciousness" or lack of awareness of alternatives, or it may indicate fear of overt reprisal.

In general, the image of social life implied in most versions of critical theory is that most if not all social systems are repressive and exploitative to a greater or lesser degree. Critical theorists differ in terms of whether their primary focus is the economic structure (as it was for Marx), the political power structure, or the various structures through which our world views and consciousness are formed. Whatever the specific focus, inequalities in the distribution of scarce resources is a major source of strain and discontent. Critical theorists are especially interested in demonstrating how the sociopolitical status quo benefits those in power while repressing the majority of the population to some extent and the lowest classes of society to an extreme degree.

How can social systems based on inequality, repression, and exploitation survive? There are numerous types of techniques that serve to stifle protest and encourage acceptance of the status quo, both direct (expressed through the police

power of the state) and indirect (expressed through various subtle indoctrination mechanisms). These techniques may be intended or unintended, and they may make abundant use of individuals' desires to promote their own self-interests. For example, the promise of upward mobility may inspire people to devote their lives to careers in which they are exploited. Specific techniques of control may include cooptation of dissenting groups or potential dissenters, diversion of people's attention through creation of pseudo-issues or through escapist forms of entertainment, physical coercion or its threat, giving and withholding of various types of rewards (including both money and social approval), and shaping people's world view through the educational system and the mass media.

On a more abstract level, many critical theorists are sensitive to the internal contradictions of social systems. Conflict between classes is only one example of such contradictions. There are also contradictions between opposing values and principles of organization within the system, and the typical response to such contradictions is to try to cover them up or postpone having to deal with them. In the area of race relations, for example, the expressed goal of eliminating discrimination contradicts the goal of rewarding seniority in organizations in which most of the old-timers are white. This leads to the charge of reverse discrimination versus the charge of institutional racism.

Critical theory often deals with the overall society, but the same goals and logic could be applied to any type of social system. Power relations in families, for example, have recently come to be recognized as an important dimension of family dynamics. Almost all social systems have some form of stratification system or power structure, and most can be subjected to the kind of criticism in which subordinates are seen as repressed and exploited to varying degrees.

Critical theorists' diagnosis of problems would tend to focus on the structure of the system, especially inequalities in the distribution of rewards and resources. Further, individuals' lack of expressed dissatisfaction would not be taken as an indication of the absence of social strains or problems. Individuals may not express dissatisfaction because they are not aware of alternatives or because they are resigned to their situation. Thus, critical theorists would seek to uncover hidden strains and frustrations, many of which lead to psychological withdrawal, as well as to analyze the problems of which people are acutely aware.

An initial step in problem analysis is to examine whether or not individuals are aware of their "class interests" (i.e., the material interests that they share with others at the same level). A closely related question is whether or not conflict issues are recognized by those in positions of power and authority as well as by subordinates. As we saw earlier, some groups or organizations emphasize internal consensus so strongly that they stifle conflict. Yet, a certain degree of conflict is inevitable in social life, even in groups that are generally cohesive. Thus, it is important to determine whether or not there are explicit

procedures for recognizing and dealing with conflict when it does surface.

The intervention strategies that critical theorists might offer for the problems they identify vary from the radical to more moderate solutions. The specific strategies that are realistic will vary, depending upon the specific situation, especially whether the system is micro- or macrolevel. In complex organizations, for example, it might be possible to improve opportunities of individuals for upward mobility within the system. Such policies as promotion from within may reflect this strategy. However, if the organization is not expanding and turnover rates at higher levels are low, this strategy may not be feasible. Even when upward mobility is possible, there is a risk that this procedure could be counterproductive because it may inflate expectations for promotion unrealistically, and it may eventually leave the less competent persons at the lower levels.

Other intervention strategies include changing the distribution of rewards so as to reduce inequality and establishing specific mechanisms for the expression and negotiation of conflict issues. In macrolevel systems, both of these strategies may require some explicit effort to mobilize and organize persons who share similar interests. The history of labor unions in American industry illustrates these strategies. Even when it is not realistic to expect substantial improvements in the distribution of material resources it is still useful to have explicit procedures to deal with conflict, whether it involves material rewards or other issues.

Establishment of procedures to negotiate conflict issues is also important in families or other groups in which emotional bonds are strong (see Coser, 1956). As noted earlier, conflict issues may not even be seen as legitimate in groups in which consensus and emotional solidarity are expected to be strong. In this type of situation, the clinical sociologist as counselor can help members develop explicit procedures for dealing with their differences and conflicts in a rational and constructive way. This may mean, for example, helping parents develop opportunities for their children to express their disagreements without fear of being criticized or put down.

One potential shortcoming of critical theory is that the emphasis on liberation of individuals from repressive social structures may lead to neglect of the exigencies and the constraints of social organization. Thus, while functional theory seemed to downgrade human beings to the status of functionaries in social systems, critical theory seems to downgrade patterns of social organization to arbitrary constraints on human beings' freedom that are devised for the benefit of the few.

Human versus Organizational Problems: A Question of Priorities

The theories we have examined are consistent in the emphasis on communication that is implied by each. Nevertheless, their differing models of social life imply

different types of challenges for intervention. These differences may be summarized briefly as follows:

1. Symbolic interaction: challenge of increasing mutual understanding and achieving minimal consensus in definitions of the situation
2. Functionalism: challenge of developing clarity and consensus with respect to shared values and goals and of insuring commitment and coordination
3. Exchange theory: challenge of insuring that cost-reward outcomes are perceived as fair
4. Critical theory: challenge of empowering subordinants and of recognizing conflicting interests and developing mechanisms to deal with them

Overall, the theories we have reviewed seem to differ in terms of whether they emphasize primarily human needs or the requirements of social organization. Exchange theory and critical theory give priority to human needs and their fulfillment, while functional theory stresses the requirements of social organization. Symbolic interaction theory stresses the necessity for people's mutual adjustment to one another as they attempt to meet their various needs, with organizational or institutional structures forming the backdrop for this process.

Even though sociology may be considered a humanistic enterprise by those committed to the fulfillment of human needs and aspirations, the general vision of social life that it promotes sometimes seems to give priority to the way in which individuals are shaped and constrained to fit in to the demands and requirements of organized social life. These demands and requirements may or may not be seen as just and appropriate, but they are part of the social reality to which individuals must adapt, and they are a large part of the subject matter of sociology.

Sociological practitioners must face the issue of priorities in terms of their own career commitments. Organizational effectiveness is not the same as individual fulfillment or happiness. Which of these goals should have priority in the work of applied or clinical sociologists? Can a balance be struck between them? Or is it necessary to choose one or the other?

At the very least, it is important to remember that people's motivations for meeting organizational demands are going to be energized to the extent that they are also able to meet their own basic needs within the context of the organization (Gutknecht, 1984). If human needs are given priority, as they are explicitly in critical theory (Mills, 1959) and in clinical sociology (Lee, 1978), the problem of social organization is actually a technical problem of how to fit individuals' motivations and actions together to accomplish some collective purpose. Understanding these theoretical issues is essential for sorting through the dilemmas that practitioners face in developing effective problem-solving strategies.

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An Interorganizational Approach to the Explanation of Community Development Activities

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ABSTRACT

This paper presents an interorganizational theory that attempts to account for and explain the adoption and implementation of innovative ideas at the community level. A flow model is presented to show how organizational responses to an innovative idea occur. It provides for the identification of a relevant order of organizations whose unilateral responses to the innovation determine whether the idea is adopted and implemented or not. Another model on how organizations couple or come together in support of or opposition to the implementation of an innovative idea is presented. Finally, organizational conditions favorable for adoption of innovations within organizations are discussed.

The study of organizations involved in community development activities is a neglected field. This is true despite the fact that community development is, first and foremost, an interorganizational phenomenon. Few, if any, development projects can be initiated and completed by a single community organization, and certainly not by an individual. True, an individual might conceive the idea, may even propose the suggested development to the community. But very early in the process, various groups, organizations, or agencies become involved. Social institutions must, in general, become involved to allocate the necessary resources; employ, persuade, and assign the personnel needed to do the work; review the plans; and grant the permits to proceed. In fact, most development projects require the involvement and cooperation of many organizations, as well as co-operative action on the part of many individuals.

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Despite this recognition of the interdependency of organizations, it is rare to find research that penetrates this interorganizational phenomenon. My objective in this work is to develop a theory for use in the study of the interorganizational relationships of society within a community development context.

Community development is best conceptualized as planned change. Contrary to the general notion that communities—and specifically organizations—tend to resist change, my research and programming experience over the past 30 years suggest just the opposite; they welcome change. Planned change, i.e., community development, in fact, is sought by individuals, small groups, and organizations alike—but with certain conditions. As exchange theorists have pointed out, there are significant human and material costs associated with change. If development is to occur, the costs must be perceived by the participants to be less than the probable gain. Planned change must pass the test of acceptability and validation by the participating units.

No innovations or new practices will be adopted until each development goal has met the validation test of each affected group. If the groups that will be significantly affected do not approve the proposed change, they may mobilize to resist it. This resistance is not so much an inherent opposition to change as it is a failure of the proposed development to meet the validation tests that must be passed before adoption and implementation occur. While there is little or no systematic data on how this process takes place, interorganizational research does provide clues that are useful in theorizing about various dimensions of organization involvement in community development activities. The following generalizations flow from such studies (Anderson, 1963, 1976; Anderson and Gendell, 1981; Anderson and Sower, 1964; Long et al., 1973; March and Simon, 1959; Miller, 1953; Sower et al., 1967).

- Modern society is a bureaucratic society. Its functional requirements are generally the responsibility of organizations.
- Organizations are the basic units of social power.
- As such, they are responsible for development. Societal development is carried out by some combination of large, small, simple, complex, public, or private organizations.
- Organizations are units of various subsystems of society at large. These organizations are created, controlled, and operated in an interorganizational environment, and each organization's survival is dependent upon this environment. The growth and/or decline of a society is a function of the interrelationships among the organizations comprising that society.
- Organizations are control mechanisms through which power for development is generated and flows. They represent basic units which receive, hold and allocate resources. Consequently, organizations, in themselves, can be viewed as a basic resource of development activity.

- Social power is structured and the social structure of a region is made up of interdependent, heterogeneous, interacting organizations.
- The organizations within a region can be seen as having a set of roles that constitute the social organization of that region. Within this structure, individual organizations typically act and contribute in accordance with role prescriptions or expectations. They perform and coordinate their activities with one another in accordance with the relationship of their own roles to the roles of others in the structure.
- Organizations form constellations in order to achieve development goals. As specific issues arise, overlapping constellations of special interest organizations are formed. A specific organization sometimes cooperates, at other times competes, and at still other times is not involved with other organizations in issue resolution.
- A given organization's involvement and influence in the resolution of an issue or specific development project depend upon the place it occupies in the order of the organized constellation of organizations affected by the issue or the developmental activity. For any given issue, some organizations are more powerful than others. An organization's power rank will generally vary with the nature of the issue to be resolved.

In addition, classical diffusion studies provide additional underpinning for the generation of a theory of development at the community level (Rogers, 1975, 1983; Rogers and Agarwala-Rogers, 1976; Rogers, et al., 1969; Utterback, 1974). While most diffusion research has focused on how innovation decisions are made, by whom, using what criteria, and with what consequences within a single organization, these studies only hint at variations in adoption practices at the interorganizational level. Diffusion researchers generally assume that it is rational (good) to adopt innovations and that the rejection of an innovation is an undesirable (bad) and/or irrational decision. However, a few of these researchers have pointed out that this aspect of diffusion and adoption literature is more a rationale than a fact. What is needed is the development of some criteria by which the judgment to adopt or not adopt is explained.

An Interorganizational Explanation of Community Development Activities

This work presents an interorganizational theory that accounts for and explains the adoption and implementation of innovative ideas at the community level. The work is a result of my research and practical experiences along with those of other researchers and applied development specialists working in Community Development Programs at Michigan State University (Anderson, 1963, 1976; Anderson and Gendell, 1981; Anderson and Sower, 1964; Long et al., 1973).

The theory attempts to account for how organizational responses to an

innovative idea occur. It provides for a flow chart on the adoption of an innovative idea in a community and identifies a relevant order of organizations whose unilateral responses to the innovation determine whether the idea is adopted and implemented. Conditions that contribute to interorganizational coupling of organizational innovations are discussed. The theory identifies organizational conditions favorable for adoption. It predicts organizational members' response to the implementation of innovative ideas based on the kind of power used.

The primary variables in the theory are *organizational involvement* and *adoption and implementation of innovations* at the community level. These variables are related to organization type and power used. Other variables, such as structure, administrative style, membership characteristics, prestige, and organizational dependence, also affect organizational involvement, but are dealt with only indirectly.

The nature and timing of organizational involvement and adoption or rejection of community development proposals are the bases for classification and analysis. Organizational involvement and adoption processes are related as well to other development variables. Furthermore, organizations with different adoption processes tend to differ in the way they react to community development activities over time. Organizations serve as the collectives within which the general problem of community development may be studied empirically. They constitute a "strategic site" (Merton, 1959) for the study of community development activities because community development is dependent upon the interaction in and among organizations.

Interorganizational Action Is Required for Collective Community Decisions

The adoption and implementation of an innovative idea in a community requires that several organizations in a community come together and group their ideas, personnel, and resources to implement an innovation in the community. These organizations must come from the *relevant order*, which is all organizations that perceive themselves or are perceived as having the socially defined right to pass judgment on the "idea" because they may be directly affected by its implementation.

Clues as to how implementation takes place are provided by Loumann and Pappi (1976) in their study of how collective decisions were taken in several cities in Germany. They found that the principle of *sector differentiation*—that is, determining the interorganizational relationships of the relevant order of community organizations—is more important in structuring group space than is the relative positioning of individual community elites in their personal networks.

Loumann and Pappi conducted a network analysis in which they identified

sets of principal organizations, the social structures, and the underlying processes of the organization decision-making network. It was, in effect, a study of the differentiation and integration of large-scale, complex social systems. Using Parsons' (1960) paradigm of money, power, influence, and commitment as the integrative mechanisms of complex society, they viewed an organization as an input-output system in which transactions between systems are consequential in the internal maintenance of the system as well as in changing the internal components. Structural differentiation of social systems over time leads to subsystems in which organizations take on functionally more specialized roles that are essential to the operation of the larger system. The interchange between these subsystem organizations serves to regulate the levels of activities among and between them. This specialization results in a higher level of selective dependency among organizations in a community setting.

According to Loumann and Pappi, "large-scale systems are usually differentiated around at least two axes or dimensions":

The *Adaptive Axis:* The extent and character of the division of labor of the system—i.e., differentiation—resulting in a number of population groups differing significantly from each other in work activities, and in rewards and privileges associated with these activities. For this work, differentiation of relevant order organizations occurs based on claims for scarce goods, service facilities, etc. Differentiation is based on each organization's unique contribution necessary to the adoption of an innovative idea at the community level.

The *Pattern-Maintenance Axis:* The differentiation of the population into subgroups holding distinctive social values regarding the desirable or ideal state of the system. For this work, differentiation based on evaluative standards depends on values used in setting priorities among organizational goals by each organization in the relevant order.

The following postulates represent reformulations of Loumann and Pappi's work.

Postulate I, *Relationship-Specific Structures:* In any community there exist a multiplicity of social structures that give rise to many types of social relationships linking one structure (suborganization) to another.

Postulate II, *Distance-Generating Mechanisms:* For any given relationship-specific structure, there exists a principle of systematic bias in channeling the formation of, or in making more likely, the relationship between certain kinds of structures and the avoidance of such relationships among others.

Postulate III, *Structural Contradictions:* Given the plurality of relationship-specific structures predicated on different principles of organization, structural contradictions are likely features of any community.

Their work, as do Etzioni's (1975) and mine, suggests at least three concepts of integration of community organizations that account for how the interorganizational phenomenon of community decision making occurs. They are summarized as follows:

The Administrative Concept of Integration. On the grounds of "functional necessity," some specialized subset of actors representing the relevant order in the system assumes responsibility for coordinating or managing the diverse, functionally differentiated activities of its components, in order to achieve system goals. This is a highly intense, centralized, and, when necessary, forceful implementation of the integrative process. It may be viewed as an impersonal, ordered, compliance concept.

The Utilitarian Tradition Concept of Integration is based on an economic model in which functions serve as an integrative or collective decision-making mechanism. An example would be the competitive interaction of many organizations in the market place. Their producing, buying, and selling actions bring about an equilibrium between levels of production and consumption. This tends to be an impersonal, economic, market force concept.

The Social Choice Concept of Integration assumes higher moral values on the part of component actors and organizations in an effort to influence collective decisions. It is a system in which component actors and organizations have greater or lesser impact in determining the outcomes of particular collective decisions based on the dominant values employed. It assumes the willingness of some component actors and organizations to act in concert to influence the decision outcome. Again this is an impersonal—this time represented as a basic cultural—bargaining, or political action concept.

The Adoption of an Innovative Idea at the Community Level

Organizational behavior that is supported by a society or by a community is not easily changed. In a very real sense, this represents a condition of "if it's not broken, don't fix it." Organizations in such a position are unlikely to sense a need for change, least of all innovative change; if such change threatens the possible loss of social support the organization will avoid it. In addition, organizational change is resisted when it is perceived as an imposition of values foreign to the community and culture (Burns and Stalker, 1961; Kanter, 1983).

According to Kelman and Warwick (1973), adoption of new patterns requires unfreezing existing patterns and overcoming resistance either by challenging or undermining social support for existing patterns, or by minimizing or removing the perceived threat such a change poses for the existing support patterns. Organizations expose themselves to communications about new ideas only to the extent that change is perceived as relevant to the achievement of their

more important goals and purposes. But organizations active in a social environment cannot entirely avoid exposure to societal communications and ideas, new or old, supportive of or critical to the organization's place in its environment. Ideas abound, and organizations are bombarded from within by members, from without by individuals and organizations who are dependent users of the organization's products, from both enemies and friendly cohorts, and from individuals and other organizations that are not even aware of the organization's existence.

When innovative ideas are called to the organization's attention, they must be dealt with. Figure 1 provides a general model of how innovative ideas are dealt with by organizations within a community setting.

Coupling of Interests

The adoption of an innovative idea at the community level is not only an organizational phenomenon, it is interorganizational in character. A sufficient number of organizations from the relevant order unilaterally may find the idea meritorious of adoption; however, no one organization alone can implement the idea, however worthy it is. Implementation requires the *coupling*, the coming together and sharing resources, by a number of independent organizations with distinctly different values, purposes, structures, and resource bases.

These different kinds of organizations, in effect, represent centers of knowledge specialization necessary to implement the idea. The coupling process is similar in its operation to the coupling of knowledge that Morton (1971) describes in his study of innovation within the Bell system.

Normally a large number of organizations of the relevant order are exposed to an innovative idea and, as a consequence, must unilaterally determine the significance of the idea for their operations as well as for the community at large. Out of these determinations some type of interorganizational action invariably occurs.

Studies of development efforts in Michigan's Upper Peninsula provide empirical evidence that interorganizational coupling does occur in very systematic ways both within and across social, economic, political, and geographic interest sectors (Anderson, 1963, 1976). Sociometric findings showed the existence of 21 constellation sets—highly selective groups of organizations expressing reciprocal dependency relationships—within 11 economic interest sectors in 14 geographic regions.

Organization goals and goal structures are obvious critical factors accounting for why organizations normally interact with each other. This seems to be particularly true when it comes to the adoption of innovative ideas. To test this notion the sociometric data were reexamined using Etzioni's (1975) organization goal classification typology. All of the 61 organizations representing 11 different

Figure 1
A Model for the Adoption of an Innovative Idea in a Community

AN "INNOVATIVE IDEA" IS INTRODUCED TO A COMMUNITY

The introduction may come from any source by any means within or outside the community. Once it is raised to a conscious level it must be dealt with by the community.

A "RELEVANT ORDER" OF COMMUNITY ORGANIZATIONS EMERGES

Potentially includes all organizations that perceive themselves or are perceived as having the socially defined right to pass judgment on the "idea" because they may be directly affected by its implementation. It is not necessary that all potential organizations become involved.

ORGANIZATIONS A B C ....n

THE MERITS OF THE "IDEA" ARE TESTED AGAINST "VALUE BASIS"

Each organization in the "relevant order" independently tests the merits of the idea against its respective unilaterally held "value basis." Each determines if the idea is worthy of *support* and *adoption*; *indifference* and *rejection*; or *active opposition*.

MODIFICATION AND REINTRODUCTION

If any of the "relevant order" reject the "idea," it may be modified to meet the objection and reevaluated by the rest of the "relevant order." This is repeated as often as necessary.

TEST PASSED

Any idea perceived as potentially compatible with or which enhances the organization's "absolute values" is found to merit adoption. May result in organizational *indifference* or active *support*.

TEST I
ABSOLUTE ORGANIZATIONAL VALUES

The time-tested, traditional, non-negotiable, basic values of the organization. They constitute the primary reason for the organization's existence and form the basis for continuities in the organization.

TEST FAILED

An "idea" perceived as a threat to the organization's "absolute values" is *rejected*. May be modified and reintroduced or may result in organizational *indifference* or active *opposition*.

TEST PASSED

An "idea" that is perceived as potentially compatible with or enhancing the organization's "dynamic values" is found to merit adoption. May result in organizational *indifference* or active *support*.

TEST II
DYNAMIC ORGANIZATIONAL VALUES

Rationally derived, logical appraisal and allocation standards that are subject to periodic evaluation and change. They constitute the basis for flexibility and discontinuities in an organization.

TEST FAILED

An "idea" that is perceived as a threat to the organization's existing "dynamic values" is not necessarily rejected. Logical reasoning may be used to demonstrate why the organization should replace the old standards with those on which the innovative idea is grounded. In case replacement does not occur, failure is not necessarily grounds for active opposition; rather, the "idea" may simply be dropped from further organizational consideration or action.

THE "INNOVATIVE IDEA" IS ADOPTED

The idea is found to merit support and adoption by some organizations in the "relevant order." Each proceeds to allocate the resources required to implement the "idea" and work for its acceptance and diffusion throughout the rest of the community.

economic interest sectors could be easily classified using this system. Under this system, an *Organization Goal* is a state of affairs the organization is attempting to realize. It is an image of a future state of the organization (Parsons, 1937). It is an organizational variable that can be empirically determined and as such is subject to systematic classification. The three types of organizational goals used to classify all organizations are defined as follows:

1. Organizations with *ordered goals* attempt to prevent the occurrence of specific events and to ensure the occurrence of other goals which are considered normative to the larger system. Their mission is to control actors (organizations as well as individuals) who are perceived as deviants by society at large.
2. Organizations with *economic goals* attempt to produce or to make available commodities and services for rent or sale to other organizations or individuals within the society at large on a nonprofit as well as a profit basis.
3. Organizations with *cultural goals* attempt to institutionalize conditions necessary for the creation, application, and preservation of symbolic objects, belief systems, and value orientations within society at large.

While every organization may, at one time or another, exhibit all these goal characteristics when classified in relation to a specific idea, the goal state of highest priority for each organization should determine what classification is assigned to it.

The sociometric data from the Upper Peninsula study clearly identified organizations within given coalition sets from each of the three goal classification categories. Such findings not only lend credence to the utility of the goal classification scheme, they also provide evidence in support of the following hypothesis on how innovative ideas are implemented at the community level, for the organizations in this study were identified both by reputation and actual events as major forces in the economic development of Michigan's Upper Peninsula (Anderson, 1963, 1976).

> HYPOTHESIS: for an innovative idea to be implemented at the community level, at least three organizations from the relevant order, with at least one from each of the three kinds of community organizations—ordered, economic, and cultural—must couple and jointly commit their independent organizational resources to support the idea before it will be implemented at the community level.

Failure to meet this minimum requirement leads to the following alternatives:

1. The rejection and abandonment of the idea.
2. The modification of the idea in a manner to merit support and adoption by

Figure 2

Involvement Patterns of Relevant Order Organizations in
the Implementation of an Innovative Idea at the Community Level

Position		Intensity
Indifferent		Low
Supporting		Medium
Critical Line		
Rejecting		High

| Organization Type | Ordered-Goal Organizations | Economic-Goal Organizations | Cultural-Goal Organizations |

Organizations in the Relevant Order Distribution Patterns
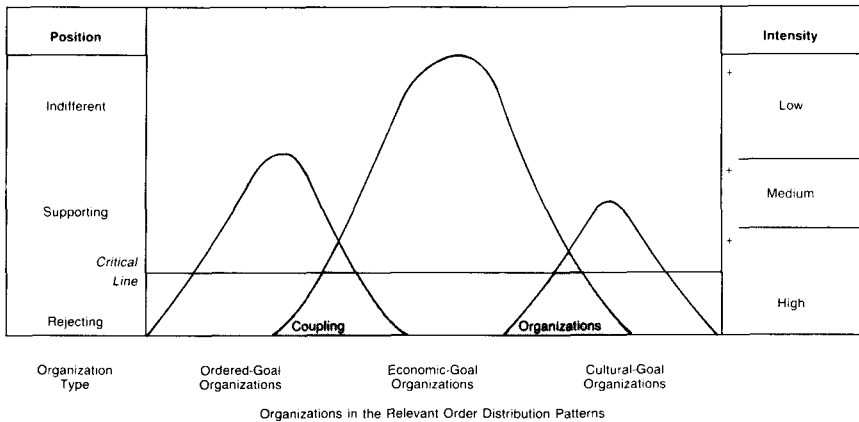
sufficient numbers of organizations from the relevant order to implement the idea. This process may be repeated several times before adoption occurs.

3. A differentiation of the community structure and the emergence of a community conflict situation. The outcome may be: the adoption of the idea, modification of the idea and its adoption, or the rejection of the idea.

Despite these seemingly impossible conditions, only a few organizations in the relevant order need to adopt and commit resources in support of the idea for the innovation to be implemented. When implemented, it becomes part of the normative structure of the community to which all other organizational members of the community accommodate.

Figure 2 illustrates the configuration of organizations making up the relevant order for a given innovative idea. They are shown as distributions of organizations as classified by Etzioni's goal typology (defined above). Note that in any given situation the largest number of organizations will be classified as economic goal-type organizations, a smaller number as ordered goal-type organizations, and cultural goal-type organizations will make up the smallest group. All organizations in the relevant order unilaterally determine the merit of the idea. Each organization, given its economic, political, and social situation at the time, will make a judgment about the idea in terms of positives or negatives with intensities ranging from low to high. The judgment determines the position each organization will take with respect to the idea. They will support or reject it depending upon the value and intensity of their judgment.

A few organizations at the high-intensity level will actively commit resources either in support of (a positive value) or in opposition to (a negative

value) implementation efforts. In most cases, however, a large majority of all organizations within the relevant order will take a position of indifference to the idea; they will not commit resources either in support of or in opposition to the idea. Rather they will accommodate and use the idea after the early adopters have demonstrated its merits. Note the small number of organizations in the shaded areas of Figure 2. These are the organizations that, because of the high intensity related to their judgment of the idea, engage in coupling activities with other organizations either to fight or support the implementation of the idea at the community level.

The coupling organizations above the critical line in Figure 2 represent a sufficient and necessary population to cause the implementation of the innovative idea, provided that in their ranks there is at least one ordered organization, one economic organization, and one cultural organization in the distribution. Coupling organizations in the shaded area below the critical line represent a sufficient but not necessary population to cause nonimplementation of the idea regardless of their goal typology. Noncoupling organizations, represented in the unshaded area of the figure, will no doubt adopt the innovation once it has been successfully implemented by the early adopting organizations.

The *coupling process* is a dynamic succession or series of interorganizational communications at the community level in which the purpose, content, and structure required for implementation of an idea are proposed, tested, adjusted, and negotiated until convergence and agreement toward the end purpose of the process is reached. Coupling organizations are drawn into this communication stage through many and varied mechanisms. Individuals may initiate the process, an organization or individual may refer the idea to others, organizations may seek each other out as a result of newspaper, radio, or TV coverage of the idea. However this happens, the coupling and communication process takes place at the community level at the time the idea emerges within the community. For the most part, participants meet and engage each other on the battlefield as the struggle to implement the idea takes place.

The implementation of the innovative idea in the community is achieved when sufficient interorganizational links are in place, coupled, and tied together to overcome the resistance of opposing organizations.

A Case in Point

In December 1985, the City Council of East Lansing, Michigan, passed an ordinance banning smoking in public places. This ordinance is used to illustrate that the coupling of organized interests does happen when innovative change occurs at the community level. It serves as a case study that lends support to the hypotheses of the number and kinds of organizations needed to secure the adoption of an innovative idea.

In this instance, the city council, an *ordered goal-type organization*, after much tugging and hauling, passed a "no smoking in public places" ordinance with relatively strong enforcement provisions.

Travel, retail sales, restaurant and bar establishments, representing the *economic goal-type organizations* of the city, split badly on the issue. Most committed resources to defeat the proposed ordinance, as they believed it would do serious harm to their business and was a violation of the rights of customers and employees who smoke. However, one or two commercial organizations did support the nonsmoking ordinance and committed resources to that support.

Cultural goal-type organizations, such as the American Lung Association, the American Heart Association, the American Cancer Society, the county medical society, the state, regional, and local chambers of commerce, the Tobacco Trade Association of Michigan, and the American Tobacco Institute also became very involved in the process. The health-related organizations committed resources in support of the innovation. The chambers of commerce considered the idea to be frivolous and hoped it would go away, but offered no serious resistance. The tobacco institute spent much effort to discredit and defeat the ordinance with the argument that it was an "unwarranted intrusion in the workplace."

In this case, more than 35 committed organizations, at least one representing each of the three kinds of community organizations—ordered, economic, and cultural goal types—did couple and commit their respective organizational resources in support of an ordinance prohibiting smoking in public places in the city of East Lansing. They achieved an innovative change in the way business will be carried out in the city.

Obviously, time and contemporary conditions impinge on each organization that becomes drawn into such interorganizational activities. It is useful in the understanding and use of the theory to examine how individual organizations are likely to react when faced with a situation in which they may or may not become actively involved in support of the adoption of an innovative idea at the community level.

The Relationships between Organizations Classified by Goals and Organizational Conditions Favorable for the Adoption of Innovative Ideas

Organizations tend to be more receptive to the adoption of innovative ideas early in their life cycle. This is understandable as innovation is the general reason new organizations are created (Kimberly et al., 1980). But the process of adopting and institutionalizing innovative ideas is an ongoing function in most, if not all, established organizations as well. Organizations of all kinds must deal with ideas that are worthy of adoption and implementation. Conditions favorable for this to occur during an organization's life span may be accounted for on a continuum from a state of irreplaceable loss to a state of surplus energy (see Figure 3).

Figure 3

Typologies of Conditions for Organizational Adoption Relationships

Kinds of Organizations Classified by Goals	Conditions Favorable for Adoption		
	Irreplaceable Loss	Planned Change	Surplus Energy
Ordered-goal	type 1 (− −)	type 2 (0 −)	type 3 (0 0)
Economic-goal	type 4 (0 −)	type 5 (0 ±)	type 6 (0 +)
Cultural-goal	type 7 (0 0)	type 8 (0 +)	type 9 (+ +)

0 − = a low-intensity negative condition
− − = an intense negative condition
0 0 = a low-intensity nondirectional condition
0 + = a low-intensity positive condition
+ + = an intense positive condition
0 ± = a low-intensity positive or negative condition

An organization's willingness, and even its perception of the necessity, to adopt innovative ideas is paramount at a time of irreplaceable organizational loss, that is, the loss of familiar attachments and understandings that represent the purposes and meaning in an organization's life (Marris, 1974). Organizations, like individuals, react to a "bereavable" or irreplaceable loss, first with numbness and ambivalence, followed by an impulse to replace and restore the loss in its original form. When replacement is found to be impossible, grief, anger, and internal conflict boil over. An internal crisis of reintegration emerges that must be worked out among the members of that organization alone. At this point, any outside effort to preempt the conflict by minimizing the argument or rational planning can only be abortive. The process of reintegration must allow the impulse of rejection to play itself out.

During the process of organizational grieving, adaptive will and abilities emerge and the organization survives the crisis by accepting the loss and moving forward with innovative accommodation to its new situation. At this point in the life cycle of many organizations, the very survival of the organization depends upon the emergence of such an adaptive condition. An organization in this condition will seek changes that predictably will place it in an environment that is tolerable both internally and socially. Marris has pointed out that "the management of change depends on our ability to articulate the process of grieving. Without this sensitivity to the implications of loss, any conception of change becomes callously destructive" (1974:91).

The continuum of conditions sufficient for an organization to adopt innovative ideas now moves to the concept of *planned change*; that is, the method

by which an organization consciously and experimentally employs knowledge to help solve organizational problems (Bennis et al., 1976). This is obviously a logical rational process based in part on the scientific method, but it is also grounded in philosophical concepts of "goodness" as represented in personal, political, organizational, religious, and cultural values of society. Morton (1971) argues that innovation through the planned change condition is an adaptive change of the existing organization, the means that many organizations use to achieve organizational renewal.

An idea or group of ideas, or knowledge, is an essential ingredient to the planned change process. Our knowledge system is so large and complex today that no one can master the understanding of all levels. To be creative, we must specialize and then, in Morton's terminology, combine knowledge from many sources for understanding and synthesis by the larger system.

The planned change type of innovative process is a repeated application of the scientific method. It is a flexible, adaptive activity in which, for each area of knowledge specialization, forward and feedback communication links within and between organizational units are formed to propose, test, modify, and retest ideas until a concept emerges that is meritorious enough to command support within the organization's decision-making structure.

For planned change types of innovations to occur within an organization, the organization must have and implement an innovation policy. It must have (and most organizations do) organizational strategies for achieving major organizational renewal objectives.

Zaltman et al. (1973) refer to planned change type of innovation as *programmed innovation*; that is, a strategy that provides for advanced scheduling with defined procedures and routines established to evaluate and implement innovative ideas that pass the organizational tests. They note that organizational success in ongoing operations, high-quality managerial expertise, technological know-how, financial, social, structural, and procedural flexibility, and a willingness to take risks are all necessary attributes of an organization before preplanned adoption of an innovative idea can occur.

To program innovation into an organization is to program organizational risk and uncertainty in the belief that such a strategy is necessary for the long-term viability of the organization. The greater the degree of programmed innovation within an organization over time, the less predictable and logical the organizational behavior will be.

Programmed innovation may and does occur within subunits of the organization, within the organization as a whole, and in many cases in cooperation with one or more independent organizations.

Probably the most interesting and theoretically the most ideal period in the life cycle of organizations for the adoption of innovative ideas is the period of *surplus energy*. This condition is often referred to as *organizational slack*, that

is, when resources are relatively unlimited. Slack-type innovations (March and Simon, 1959; Zaltman et al., 1973) are not the result of the need to survive, an irreplaceable loss, or programmed innovation. They are simply serendipitous, the products of affluence.

The invention and adoption of the automobile is an example of surplus energy innovation. No one really wanted the automobile to solve a pressing transportation or, for that matter, any other kind of problem; it didn't replace an irreplaceable loss; it wasn't even a product of a research and development unit. Some tinkerers in the buggy manufacturing business with surplus energy simply put engines on buggies, and, despite the objection of the horses and their owners, the idea caught on. More recently, human exploration on the moon, the celebrated space walks, and inspace satellite repair are a result of national and international slack rather than of basic survival needs. Because of national affluence, it became acceptable to join the dreamers in space.

Slack or nonprogrammed innovations need not resolve the relative merits of subgroup claims or any other claims. The rationalizations or justification for these innovations tend not to be challenged within the organization. Rather, substantial differentiation of organizational goals and structure occurs at no initial threat or expense, perceived or otherwise, to the subgroups of the organization or to other organizations in the larger social order.

Such innovations do, of course, potentially represent substantial risk, uncertainty, and discontinuity to the organization and society at large. But because, at the time, the resource base is unrestricted, the organization can and does afford such risk, and society generally humors and tolerates such innovative efforts.

Within the framework shown in Figure 3, the two variables—the *kinds of goals* an organization has and the *conditions present* that are favorable for the adoption of an innovative idea—constitute the relationships likely to be present when an organization adopts an innovation. That is, an organization with ordered goals is more likely to adopt an innovative idea when it has experienced an irreplaceable loss (type 1). Organizations with utilitarian goals are more likely to adopt innovative ideas emerging from programmed or planned change conditions (type 5). And organizations with predominantly cultural goals are more likely to experience the adoption of innovative ideas under conditions of surplus energy or conditions of organizational slack (type 9).

It is hypothesized that innovation types 1, 5, and 9 will occur most frequently, are theoretically more effective, and, as such, should be considered congruent relationships. Most, if not all, organizations regardless of goal type will at one time or another in their life cycle experience the condition of irreplaceable loss or surplus resources. When in either of those conditions, organizations are more likely to be receptive to the adoption of innovative ideas. Types 2, 3, 4, 6, 7, and 8 are considered to be incongruent types; while they

may occur frequently, they are considered to be less effective as a condition for innovation.

As a practical matter, most organizations for most of their life cycle tend to find themselves somewhere between the points of irreplaceable loss or surplus energy. It is not uncommon to find conditions represented in Figure 3 as types 2, 3, 4, 6, 7, and 8, which are considered to be incongruent types. A shift from an incongruent to a congruent situation may be attained either by changing the goals of the organization or the conditions favorable for the adoption of innovations.

The Relationship between Power Used and the Adoption Orientation of Members to Innovative Ideas

Organizations must adopt new ideas continually if they are to survive. This must be done while maintaining a level of traditional operation sufficient to sustain organizational life. Both functions require the exercise of power and orientation toward compliance by organizational members as well as the larger social system to the exercise of this power.

Etzioni (1975) provides a classification scheme useful to the study of the interorganizational variables: organizational power, involvement, and compliance. These theoretical constructs are used here to analyze adoption of innovative ideas by organizations. Power refers to an organization's ability to induce or influence its members to carry out organizational directions and any other norm supported by the organization. Compliance refers both to a relation in which an actor behaves in accordance with a directive supported by another actor's power and the orientation of the subordinated actor to the power applied.

Within this framework, the two variables—*the kind of power applied by the organization to its members*, and *the orientations of members to the power used to secure implementation of the adopted innovative idea*—structure the compliance relationships likely to occur when innovation is adopted and implemented by the organization. It produces nine types of compliance as shown in Figure 4.

The phrase *adoption orientations* means the evaluative orientation of organization members and subgroups to the adoption by the organization of an innovative idea. The orientations are characterized in terms of intensity and direction (this is similar to Etzioni's definition of involvement). The typology is presented as a continuum with *alienative* designating intense negative orientations, *calculative* designating low-intensity negative or positive orientations, and *moral* designating highly intensive positive orientations of the organization members as they comply and implement the innovative idea as adopted.

The power continuum includes *coercive* power—the threat or actual appli-

Figure 4

Typologies of Compliance Relations of Members to the Adoption of an
Innovative Idea

	Kinds of Orientations to Adoption		
Kinds of Power Used	Alienative	Calculative	Moral
Coercive	type 1 (− −)	type 2 (0 −)	type 3 (0 ∪)
Remunerative	type 4 (0 −)	type 5 (0 ±)	type 6 (0 +)
Normative	type 7 (0 0)	type 8 (0 +)	type 9 (+ +)

0 − = a low-intensity negative orientation
− − = intense negative orientation
0 0 = a low-intensity nondirectional orientation
0 + = a low-intensity positive orientation
+ + = intense positive orientation
0 ± = a low-intensity negative or positive orientation

cation of physical sanctions by the organization so as to inflict pain, discomfort, deformity, or death; *remunerative* power—the control and allocation of the organization's material resources, rewards, and sanctions; and *normative* power—the allocation and manipulation by the organization of symbolic rewards and deprivations.

In Figure 4 we see that the use of coercive power by an organization will result in intensely negative member and subgroup orientations to the idea as it is implemented (type 1). Use of remunerative power will result in either low-intensity negative or positive member and subgroup orientations to the implementation of the idea (type 5). The use of normative power will result in positive member and subgroup orientation of high intensity around the implementation of an innovative idea (type 9). Types 1, 5, and 9 occur most frequently and are theoretically more effective uses of power to achieve member compliance to the adoption of an innovative idea. As such, they are considered to be congruent relationships.

Every organization, at one time or another, will use all three kinds of power in various combinations (depending upon the nature of the operation at hand) in order to get member compliance. The other six types will occasionally be used. Because they are theoretically less effective, types 2, 3, 4, 6, and 8 are considered to be incongruent. Since congruent-type compliance relationships are theoretically more effective, they are also more desirable. Congruence may be attained by changing either the kind of power applied by the organization or the orientation of members and subgroups to the innovative idea itself.

Summary and Conclusion

This work has identified organizational and interorganizational factors (i.e., organizational goal types, conditions, and power used to secure member compliance) that account for and help explain the adoption and implementation of innovative ideas at the community level. General models of how innovative ideas are dealt with by organizations and how organizations couple to implement these ideas are presented. The adoption and implementation of innovative ideas were chosen because they represent a much more complex and difficult change process than do other more normative and everyday types of change activities. However, normative planned change activities also are accounted for with this work.

If the theory and models presented here turn out to have validity when submitted to repeated rigorous validation testing, we will have created yet another tool with which to plan and carry out community change activities. When using this tool, community change agents should be in a better position to develop more effective change strategies and procedures by which to make our communities better places in which to live.

This organizational approach to community change should not in any way be perceived as an effort to displace or discredit other more traditional and person-oriented community change models. Rather, it is my hope that what is presented here will serve to supplement and extend the utility of the wide array of community change models that are documented in our political, economic, community development, social work, and sociological literature.

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Practice of Clinical Sociology

Clinical Sociology and Preventing Nuclear War

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ABSTRACT

This paper outlines major kinds of social science research, especially sociological, that have relevance for nuclear war prevention and that would be relevant to a variety of clients. Research that has been done as well as work that could be done to help prevent nuclear war are noted. The research topics are related to policy suggestions about lessening the risks of nuclear war. The emphasis is on research relevant to a wide range of US clients and who are not operating in a very short time frame.

Clinical sociological work relating to nuclear war, like any clinical work, is done with clients in mind. In the case of nuclear war, there are a great variety of possible clients. They include the American public, the US Arms Control and Disarmament Agency, congressional candidates, the Nuclear Freeze Movement, college students, the Soviet Institute for United States and Canadian Studies, and the United Nations Institute for Training and Research. We may be working for a client at the client's request or we may be self-appointed. We may be paid by one party to provide information and service to another party, as when foundations support an educational project.

In recent years the number of possible clients in this area has grown significantly. Universities have always been a possible sponsor, since they provide students with concerns about avoiding war and support for research. Recently, student interest in international affairs and in avoiding nuclear war has grown greatly. University centers on peace and conflict studies are growing, vis, the

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University of California. In addition, many foundations have expanded their programs in the areas of peace and national security, preventing nuclear war, and conflict resolution, e.g., the MacArthur and the Carnegie Foundations. State and national institutions working in this problem area are emerging, e.g., the US Institute of Peace. In some Western European countries, peace movement organizations and centers of peace conflict studies are mutually helpful; that is beginning in the US also. In addition, the traditional government agencies and think tanks continue to support policy-relevant research.

Clinical work in this area has some unique features, but it also shares many problems with other areas of clinical work. Certainly, the threat of a nuclear war involves a uniquely extended and complex interaction of factors. In the midst of this complexity, at least one issue is not problematic. Everyone agrees that nuclear war should be avoided. But this does not mean that value issues are irrelevant. In this area, as in others, value differences exist. Different means of avoiding nuclear war have different moral implications; people differ about the morality of paying particular costs and taking certain risks. I will not address those issues in this paper; mapping out research relevant to clinical work oriented to preventing nuclear war is enough of a task.

It is assumed in this paper that we lack sociological theory and established knowledge that can be directly applied by clinicians to prevent nuclear war. We need more and better relevant research and the development of better grounded theory. Obviously, action to avert a nuclear war cannot wait until all the evidence is in. We must act on the basis of what we know. In this paper the kinds of knowledge being gathered as well as the kinds of research which are particularly needed are outlined.

For research to have clinical application, it must have reference to factors and conditions which are modifiable by particular persons. Of course, what is and is not modifiable depends on the time frame being considered. What is and is not modifiable also depends on the power of the actor who is considering policy alternatives. What kind of research has clinical relevance, then, depends on who the client is.

The sociological approach can contribute in many ways to reducing the risk of nuclear war. Thus, theoretical work on the social construction of reality and the relationship between images of reality and social action has great pertinence. For example, the varying meanings assigned to such terms as "security," "defense,"and "nationalism" can channel conduct in different directions (Stephenson, 1982). In addition, sociological work on the relationships between different social levels (e.g., interpersonal relations, small groups, large-scale organizations, and societies) can be the source of significant insights. Related to these areas is the theoretical work on crosscutting and overlapping conflicts and bonds (Coser, 1956; Dahrendorf, 1959; Kriesberg, 1982).

Sociological research methods also have useful applications in studying

factors relating to nuclear war, for example, methods related to using large data sets. But in many ways the sociological research tradition has weaknesses in analyzing the risks of war. The policy interest in nuclear war is a clinical one. Policy makers are concerned with a particular event. How general processes interact to affect particular cases requires paying attention to the historically unique conditions, and we sociologists are only beginning to reflect on how that specification is to be done. Furthermore, in considering alternative policies to avert nuclear war, we are concerned with hypothetical phenomena. We sociologists are ill-prepared to examine hypothetical events. We must think about ways to reason about future possibilities, for example, using projections, analogies, and simulations.

To organize the discussion of research relevant to policies to reduce the risk of war, I will discuss the major explanations for the emergence and escalation of international conflicts into wars. Three kinds of explanations are often given. One explanation stresses domestic factors; a second emphasizes the interactions among national governments or other transnational actors; and the third stresses the global system within which governments and other transnational actors operate (Beer, 1981).

DOMESTIC FACTORS

That wars spring from internal sources of one or more societies is an old idea. Some countries are said to be inherently militaristic, aggressive, or expansionist. Less extremely stated, the dynamics of domestic organizations may impel governments to threaten or to attack others or to act in ways that appear threatening or harmful to people in other societies. Although attributes of countries have not been found to be highly related to wars, they make some contribution to the outbreak of war in conjunction with relational and systemic factors (Weede, 1984; Zinnes, 1980).

Four ways domestic factors contribute to escalating conflict and raising the risk of nuclear war deserve attention. First, popular identification with the nation-state and ethnocentric chauvinism may handicap responsiveness or even understanding of the interests of people in adversary countries (LeVine and Campbell, 1972; Smith, 1971).

Second, popular belief in the effectiveness and necessity of being tough and relying on nuclear weapons or other kinds of violence can interfere with taking conciliatory actions even when they are appropriate. For example, during the Cold War, some deescalating initiatives taken by Khrushchev were quickly dismissed. It is also possible that popular opposition to armed resistance makes a society appear weak and vulnerable, thus inviting aggression or even attack.

Third, leaders may tend to emphasize military power and confrontations with external adversaries (Sanders, 1983; Wolfe, 1979). They may be motivated

by expectations that this serves to mobilize support for many goals. But it may also contribute to an escalation dynamic in foreign relations. Conversely, leaders who are not resistant to external threats may lose office or invite external aggression and later war.

Finally, organizations that are charged with preparing for military defense may expand for internal reasons, unrelated to external adversaries. Other organizations or interest groups may support foreign policies which peoples in other countries experience as economically or ideologically threatening.

There is some research on how these aspects affect the likelihood of nuclear war. More is needed. There are also suggestions on how each can be changed to reduce the risk of nuclear war. But which ones are feasible and effective? Research and analysis can help us decide. Research that is clinically relevant for each of these aspects will be noted.

Chauvinism

It can be argued that reduction in popular chauvinism and exclusive national loyalties would encourage government leaders to be responsive to the concerns of their counterparts from other countries and to pursue less chauvinistic goals.

One way to reduce popular chauvinism and exclusive state loyalties might be to raise the salience of other identities and commitments. Research needs to be done on the extent to which persons and groups in the US, the USSR, and other countries have ethnic, occupational, ideological, and other transnational ties and identities. We also need research on the sources and consequences of such transnational ties and identities. For example, research might be based on interviews with persons in one or more countries who do and do not belong to international nongovernmental organizations (Evan, 1981). Research might also be based upon survey data relating transnational identities and foreign policy preferences. Such research could draw upon and contribute to our theories about system boundary maintenance, crosscutting ties, and relations among different levels of social organization (Grodzins, 1956). Theories about socialization and self-concepts are also relevant (Lambert and Kleinberg, 1967). For example, school instruction stressing nonviolence or military values significantly affects children's outlook on war (Tolley, 1973).

Popular Militance

Research on reducing popular support for toughness, militance, and reliance on nuclear weapons is pertinent to the second aspect of domestic factors. One way to lessen the risks of nuclear war is to reduce popular reliance on nuclear weapons for national defense. This might entail increasing support for reliance on con-

ventional military forces and even for using nonmilitary coercion and positive sanctions (Fischer, 1984; Sharp, 1973).

Research could help account for changing popular support for reliance on nuclear weapons and thus suggest how it could be reduced. Research could also assess how that reduction might contribute to lessening, or perhaps enhancing, the risks of nuclear war. The research needs to be historically and country specific and not limited to the US or to NATO members.

The major kind of research sociologists conduct in this area focuses on the nature, sources, and consequences of popular support for alternative means of defense. Support is usually assessed by analyzing surveys, electoral conduct, public statements, and literary products. A fundamental issue is the extent to which variations in such support arise from domestic sources or respond to the actions of adversaries. There is evidence that general shifts in such support are explicable to a significant degree in terms of domestic sources (Gamson and Modigliani, 1971; Kriesberg and Quader, 1984; Rosi, 1965).

A related issue is the degree to which popular or subelite views develop autonomously and significantly affect the conduct of holders of policymaking positions or conversely the extent to which policymaking elites control and direct the popular and subelite views. The evidence is mixed depending upon the policy matter (Hughes, 1978). At least on major, salient, and long-term matters, the public does not simply follow elite views (Barton, 1974–1975; Kriesberg et al., 1982; Lo, 1982).

A more difficult research issue is the effect of increased support for nonnuclear or nonmilitary means upon the likelihood of war and war escalation. For example, research could usefully be done about the possible counterproductivity of peace movements in the 1930s in the face of Fascism and in the late 1960s during the Vietnam War. Thus, it might be argued that those peace movements reduced the resolve and the appearance of resolve of their government officials and therefore contributed to the aggressiveness of adversary governments and hence to conflict escalation. On the other hand, it might be argued that such peace movements have limited conflict escalation or could have if they had been larger and allied with peace movements in adversary countries.

Leaders' Militance

The third domestic aspect related to the risk of nuclear war pertains to the leaders' own identification with their state or organization and their reliance on military means of struggle. Reducing the identification of the leaders with their governments (the "state is me" syndrome) could improve the accuracy of their perceptions of the adversaries and facilitate their responsiveness to the adversaries (Naroll et al., 1974). Suggestions for reducing identification with the state might

include expanding other identifications and career alternatives. Leading positions in global institutions or important domestic organizations conceivably could reduce overidentification with the state, at least in small countries. That possibility is worth studying.

High officials' reliance on military means for waging conflict might be reduced if other symbols of loyalty and patriotism were available for them to use to rally support. The alternatives developed in societies with minimal emphasis on the military (e.g., Costa Rica) might be studied. Alternative ways for government leaders to express their power might also be considered in such cases.

Organizational Imperatives

The fourth domestic area pertains to the dynamics of military defense related organizations which may expand independently of adversary conduct. But sometimes organizations stagnate and decline and we need to explain both directions of change (Kriesberg, 1984). Periods of reducing military expenditures might be compared to periods of expansion, e.g., Soviet reductions in the early years of Khrushchev's regime and increases in the early Brezhnev years. How coalitions are formed to support the development of "big ticket" military items is worthy of further investigation (Etzioni, 1984).

What suggestions are there to limit or reduce the growth of defense organizations and policies driven by a dynamic that is independent of an adversary's conduct? One suggestion has been the development of conversion plans and alternative work for those employed in defense industries; more analysis of communities where defense-related industries have been closed would be useful. Comparable information about the Soviet experience would be desirable.

INTERACTION FACTORS

Conflicts are social relations; hence, interactions among adversaries must play a major role in the escalation of a conflict into war, even nuclear war. Several problems in interaction can contribute to the deterioration of relations and the outbreak of war. One side may act so antagonistically as to provoke an escalatory response. It is also possible for one side to act in such a conciliatory fashion that the adversary's expectations and demands are raised, further escalating the conflict. Even when negotiations are attempted, they may break down or produce disappointing, hence, unstable agreements.

I will consider policy suggestions about ways to 1) interrupt escalation, 2) conduct negotiations, and 3) reach lasting agreements. In each area, I will discuss clinically relevant research topics.

Interrupting Escalation

Peace researchers and students of crises have many suggestions about interrupting escalation. For example, Osgood (1962) suggests utilizing unilateral initiatives as part of a clearly announced series of actions, a strategy he calls GRIT (Graduated and Reciprocated Initiatives in Tension-reduction).

Others emphasize a "tit for tat" strategy, reciprocating the adversary's moves (Axelrod, 1984). This means reciprocating positive and negative sanctions at the same level as the adversary. The differences between positive and negative sanctions has been elaborated by Baldwin (1971). Research on the effectiveness of different mixtures of positive and negative sanctions in initiating deescalating efforts is only beginning (Kriesberg, 1981).

The works of Sharp (1973) and Wehr (1979) emphasize how nonviolent strategies can limit escalation of conflicts. More attention to the applications of self-limiting means of struggle, even in international conflicts, is needed.

Intermediaries can play a variety of significant roles in interrupting escalation or in deescalating conflicts. This can take the form of nongovernmental, informal transmission of information, facilitating meetings among adversaries, suggesting new procedures when old ones have led to stalemates, suggesting substantive ideas for new solutions, and giving legitimacy to solutions that one or another party would otherwise find difficult to accept (Burton, 1969, 1985; Fisher and Ury, 1978; Kelman, 1977).

There have been many analyses of cases to assess the applicability of particular strategies. For example, Etzioni (1967) analyzed President Kennedy's American University speech and subsequent actions relating to the 1963 Partial Nuclear Test Ban Agreement as an example of the effectiveness of the GRIT strategy. Holsti, Brody, and North (1964) analyzed President Kennedy's handling of the Cuban missile crisis, arguing that the US government's responses were measured and equivalent in intensity to the Soviet government's actions; thus successfully managing the conflict without uncontrolled escalation. Leng (1984) examined three US-Soviet crises and found that US threats of force were generally reciprocated with defiance, which was not likely when other inducements were used.

Several studies have been done of intermediaries in international conflict. For example, Wolf (1978) examined the major international conflicts between 1920 and 1965; those which involved the intervention of global institutions were much less likely to be resolved by recourse to violence than were those which used only state procedures.

Despite the many studies about interrupting escalation, controlling crises, and initiating deescalation, the inconsistencies among the ideas have not been reconciled. We need much more specification to assess the relative contribution

of the balance of coercive and noncoercive inducements, of unilateral initiatives, of intermediaries, and of the content of the proposals in limiting escalation and beginning deescalation. Such specification must include the conflicts' structure, stage, and environment. In developing propositions and hypotheses about crisis management, interrupting escalation, and initiating deescalation, many middle-range social theories are relevant. Specially pertinent are theories of social exchange, coalition formation, influence, and the bases and emergence of social conflicts.

Conduct of Negotiations

Many suggestions have been advanced describing how to negotiate successfully, but not all of them are consistent. For example, it is argued that conflict resolution would be facilitated if a conflict were broken into many issues, if it were fractionated (Fisher, 1964). On the other hand, it is argued that the linkage of several conflict issues can provide the basis for trading off benefits from one outcome against losses from another.

Another issue concerns the content of the proposals being made—to what extent do the proposals recognize the adversaries' interests and not merely assert one side's positions (Fisher and Ury, 1981). Paying attention to the adversary's interests requires openness in the course of negotiations. In international negotiations, however, the complexity of matters in dispute often leads to lengthy domestic negotiations, then rigidity in international negotiations.

It can also be argued that careful preliminary work is very helpful to successful negotiations (Raiffa, 1982). The negotiators can better assess their priorities, consider the possible priorities of the adversary, invent possible outcomes which would maximize mutual benefits, and also assess what is their best alternative to a negotiated agreement as a fall back position.

The role of mediators is also a matter of contention. Some analysts argue that mediators should play an active role, suggesting possible solutions; others argue that mediators should be essentially facilitators and avoid making suggestions about possible outcomes (Burton, 1969; Fisher, 1978). Some analysts argue that mediators should be—or at least strive to appear to be—neutral; others argue that neutrality is not possible and honesty and fairness in conduct is what is important (Kriesberg,1982; Laue and Cormick, 1978).

To assess these and other ideas about mediation, we need to specify the kind, stage, and context of conflict under consideration. In the case of US-Soviet relations, nongovernmental intermediaries, international organization officials, and representatives of nonaligned and allied governments have all attempted to play intermediary roles. We need systematic comparisons of varying consequences of different kinds of intermediary activity for different kinds of conflicts (Touval, 1978; Young, 1967).

Research is needed to assess these different policy alternatives. Comparisons are needed of many cases which vary in the characteristics of the adversaries, the nature of the conflicts, and the negotiators (Snyder and Diesing, 1977). Alternatively, detailed analyses of carefully selected cases might be undertaken. Analyses have been made of concession rates (Jensen, 1984), persuasive arguments (Stone, 1967), bureaucratic politics of each side in the negotiations (Newhouse, 1973; Talbott, 1979), and different kinds of intermediaries.

Theories about bargaining and negotiation have proliferated and expanded (Bacharach and Lawler, 1981; Strauss, 1978; Zartman, 1977). In addition, work on exchange theory, linguistics, communication, symbolic interaction, and conflict theory all can be drawn upon to suggest processes and conditions affecting the conduct of negotiations.

Equitable and Long-Lasting Agreements

Even when deescalating agreements are reached, they often are short-lived. They can sometimes generate reactions that reveal the agreement to be counterproductive. Much of the literature on conflict resolution stresses the possibility that a conflict can have an integrative outcome—one in which the adversaries all benefit or at least do not lose—rather than an outcome by which one party wins at the expense of the other (Deutsch, 1973; Walton and McKersie, 1965). Presumably, integrative outcomes are equitable and should be long-lasting; they should even lead to further conciliatory moves.

Research on the achievement and the consequences of integrative outcomes has been inadequate. Research has focused on more easily assessed outcomes such as disappointment. Not infrequently, after US-Soviet agreements have been signed, some groups are disappointed and believe themselves to have been unfairly treated. Policies should be pursued so that agreements do not create undue disappointment but rather generate vested interests furthering the expansion of the agreements. Expanding the coalitions to gain adherents for the agreement may succeed initially but then undermine the long-run survival of the agreements (Kriesberg, 1984). For example, commitments to modernize weapons systems in order to gain armed services acquiescence to an arms control agreement can nullify many of the presumed benefits of the agreement.

Sociological research on the rise and fall of detente is needed, comparing the consequences of its many component agreements. The deterioration of other US-Soviet deescalatory episodes also needs to be examined. A comparison of the more enduring detente between the Federal Republic of Germany and the German Democratic Republic could be undertaken fruitfully. The role of domestic and transnational groups in the endurance of US-Soviet agreements would be particularly appropriate for sociological analysis. For example, research is needed about the role played by groups in the US and in the Soviet Union upon

the rise and fall of detente. In the US, such groups include business leaders, grain growers, trade unions, research institutes, multinational corporations, East European ethnic organizations, and Jewish organizations. In the Soviet Union a comparable set of groups exist and play analogous, if less significant, roles.

Especially relevant to developing policies leading to equitable and long-lasting agreements is knowledge about the processes of institutionalization and the development of norms. That knowledge needs to be brought to bear on international as well as national rule development. Similarly, theories of the state and of interest groups in capitalist and noncapitalist countries could be fruitfully related to foreign policy.

GLOBAL FACTORS

Finally, we turn to the global system within which the US and Soviet governments contend. Three aspects of the world system increase the dangers of nuclear war between them. First, the world system consists of nominally sovereign states in a highly stratified system with many transnational interpenetrating organizations. The varying power and domestic stability of many countries provide a tempting arena for US-Soviet rivalry. Second, the world system lacks a significant shared culture and in many areas of life there is considerable autonomy among countries. In some ways this reduces the bases for conflict; but the lack of shared under-standings and profound integration increases the chances that a fight will escalate, once it erupts. Third, the lack of transnational institutions with authority to develop and impose rules for conflict management raises the odds that a local or limited fight will escalate into a major war or even a nuclear holocaust. Policy suggestions and pertinent research possibilities in each problem area will be noted.

Instability and Inequality

Policies might be pursued that enhance domestic stability and justice within all countries, reduce inequities among them, or limit US-Soviet rivalry. Significant sociological research has been done in each of these policy areas, but much more is needed. The work in the area of domestic stability and justice has focused upon studies of the relations between socioeconomic development and political order, revolutions, and domestic equality (e.g., Jackman, 1975; Paige, 1975; Weede, 1984).

We need more analyses of how domestic troubles in developing countries do and do not attract US-Soviet rivalry and intervention. Sometimes there is little intervention by either superpower, sometimes there is intervention by one alone, sometimes there is simultaneous intervention by both or by their allies. Systematic comparisons of such cases might suggest ways to better limit the

opportunities for the US and the Soviet Union to seek unilateral advantage. This may include ways to limit the escalation of domestic fights or ways of involving international governmental and nongovernmental organizations.

The second policy area pertains to the development of shared understandings and greater integration. Policies might be pursued to increase the cultural, social, and economic exchanges in a manner that increases mutual and balanced dependence. Three major kinds of relevant research should be noted: mapping the variety of forms of transnational interactions and bonds, particularly between Soviet and US citizens; explaining the expansion and contraction of various kinds of transactions; and examining of the consequences of different kinds of transnational interactions.

International transactions include the movement of people, goods, and ideas. The movement takes the form of trade, of letter writing, of cultural and scientific exchanges, of emigration, and of reading, viewing, and listening to cultural products. The transactions also occur within a variety of organizational settings: international nongovernmental as well as international governmental organizations. The extent of such transactions between different kinds of people and over different time periods needs to be more fully known.

The sources of expansion and contraction in different kinds of transactions need to be examined. A fundamental issue is the extent to which some of these kinds of transactions develop autonomously and the extent to which they are controlled by governmental policies. Another issue pertains to the relative importance of technological, normative, and organizational determinants of the transactions' expansion and contraction.

Particularly important are studies of the consequences of different kinds of transactions. We might ask: What impact do they have upon American and Russian perceptions of each other? Which stereotypes are reinforced and which are changed? What are the effects upon perceived self-interest relative to US-Soviet relations? For example, do people in businesses which have no, some, or significant trade between the US and the USSR differ in views about each country and their relations (Jamgotch, 1985)?

Deutsch and associates (1957) have examined the development of "security communities"—countries which come to pose no security threat to each other. They found that high levels of integration, measured particularly by the movement of people, led to "security communities." In the past, considerable research has been done on views of peoples as affected by visits and media exposure among European countries and between the US and developing countries. We need to conduct such research in the present circumstances in US-Soviet relations (Jamgotch, 1985).

Many bodies of theoretical work are relevant to the research questions listed—work, for example, on the effects of the mass media, on cultural diffusion, opinion formation, socialization, prejudice, ecology, and occupations.

The third policy area pertains to developing means of managing conflicts and mitigating their most adverse effects. Included in this area are three kinds of policy considerations. First, rules for guiding rivalry, disputes, negotiations, and even wars might be developed. Second, existing international governmental organizations (IGOs) might be improved to limit conflict escalation more effectively. Third, new and more supranational regional and global organizations might be created.

Relevant research for each kind of policy should be undertaken. The development of rules for controlling disputes is particularly important. Even some modern wars have been limited. We need to know how that occurs. To what extent does it rest on constraints resulting from fear of retaliation? To what extent does it rest on shared understandings of the appropriate level of coercion between the adversaries regarding the particular issue in contention? What is the role of domestic constituencies, and potential or actual allies of each side? What kind of previous agreements are and are not effective in controlling the way fights are waged?

One way for existing international organizations to better serve in controlling international conflicts is to expand their membership and/or functions. Significant work has been done on the emergence, growth, and collapse of regional, specialized, and global international governmental organizations (Etzioni, 1965; Haas, 1964). Again, more research needs to be done on present-day IGOs and on IGOs involving the US and the USSR. We also need much more research on the way in which the United Nations Secretary-General, Secretariat, General Assembly, and Security Council affect the course of international disputes. What kind of mediating and peacekeeping activity has had what kind of consequences under what conditions (Moskos, 1976)? We need to understand the consequences not only of the use of violence but also of the nature of the conflict outcome.

Finally, research is needed regarding the prospects of developing truly supranational global institutions. World government is not likely to be enacted all at once. The ways in which regional supranational organizations have grown and have been limited in the expansion of functions and members needs examination. The shifting course of development of the European Economic Community provides many cases worthy of analysis (Lerner and Aron, 1957).

Sociological theory about the processes of institution building and the sociology of law are obviously relevant. In addition, studies of the development of the state, formal organizations, and the ecology of organizations are relevant. One area of relevant research that has been investigated is that of international nongovernmental organizations. These organizations precede and solidify IGOs; they also provide opportunities for interactions which can mitigate international conflicts (Evan, 1981; Galtung, 1980).

CONCLUSIONS

I have indicated that sociologists need not feel irrelevant and powerless in the face of the threat of nuclear war. Research that we can do with our sociological skills is relevant to nuclear war avoidance. Awareness that we are part of networks of co-workers enables us to recognize that we can make a contribution to a cumulative enterprise.

Clinical work to prevent nuclear war is not restricted to work with the President of the United States or the Secretary General of the Communist Party of the USSR as clients. Research of the kind outlined here has policy relevance for other significant clients. They include students, peace movement organizations, national governmental agencies, peace research institutes, and international governmental organizations. The major kinds of research outlined above have varying pertinence for different kinds of clients.

The research related to domestic conditions affecting the likelihood of nuclear war is most likely to be relevant for the practice of peace movement organizations, foundations supporting efforts to educate the public, churches, and educational institutions.

The research on intergovernmental interaction is of most relevance to government agencies engaged in international negotiations; the research results could be provided through consultations or through training. Such research also has pertinence for nongovernmental international actors, such as multinational corporations.

The research on global factors and reducing the risks of nuclear war has particular importance for transnational organizations—governmental and nongovernmental. It is also relevant for educational institutions and government agencies.

Neither war nor peace is the result of any single factor or condition. Each event is a configuration of many converging factors. We can change that configuration by changing *one* of the constituent conditions.

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The Sociological Expert Witness in a Case of Collective Interracial Violence

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ABSTRACT

In a case in which riot-melee felony charges were brought against five teenage members of an all-black church in southern Arizona, the legal defense team requested a sociological expert witness. This paper presents 1) the nature of the request; 2) the definition of the situation to determine if serving as a sociological expert witness was an appropriate role; 3) excerpts from the recorded testimony, demonstrating the use of symbolic interactionist emergent norm theory, as an explanation for the defendents' behavior; 4) the disposition of the case; 5) the inherent interventionist advocacy role in expert witnessing; and 6) the implications of sociological intervention by means of the sociological expert witness role, long the primary province of psychology and psychiatry.

This writer's career has involved a mix of basic research on intergroup conflict and conflict resolution processes (e.g., Gordon 1969, 1983) and applied research analysis involving public policy implications (e.g., Gordon 1965, 1978). Late in 1982 a formal request was made by a legal defense team, which would involve a different professional role, that of serving as a sociological expert witness. The request was to serve as an expert witness in a felony court case in order to influence its outcome in a specific way, that of innocence rather than guilt for the defendants (Kerley, 1982).

The case involved a riot on the local high school grounds. Riot-melee felony charges were made against five teenage male members of the all-black Miracle

Valley Church located in the southern Arizona community of Sierra Vista in Cochise County. The Church had transplanted from Chicago several years earlier. Since the move, church members had had a series of conflicts with white residents and police prior to this case. The resultant community tension was such that a change in venue was court ordered so that the jury selection and the disposition of the case occurred in the city of Tucson in an adjacent county (Varn, 1983b:A).

The case touched both my interracial research interests and my personal value commitment to racial justice. The latter interest related to my humanist commitment, influenced by the works of longtime colleague Thomas Ford Hoult (1975), Lee (1973), Lynd (1939), and others who advocate humanistic socio-logical intervention. In recent years, this focus has coalesced increasingly into the practice of clinical sociology (Straus, 1979). Yet, with no prior expert wit-nessing experience, I was not initially clear why I had been asked to serve in the capacity of sociological expert witness for the defense. In this respect I pointed out to the defense attorneys that there were highly capable sociologists with expertise in race relations and collective behavior at the University of Arizona. One of the attorneys, James Kerley, noted that his inquiries of faculty and students at Arizona State University resulted in the request to me.

Before making the commitment to serve as an expert witness I requested background material to help determine if the alleged facts in the case war-ranted—from both sociological expertise and value orientation perspectives—my entering the case. For this purpose I requested and received a number of available materials on the case including 1) Grand Jury testimony and other depositions supportive of both the defense and prosecution positions; 2) newspaper accounts of the case from the time of the April 20, 1982, riot on the high school grounds; 3) a computer printout on the latest census data for Cochise County, the locale, including racial composition; and 4) flyers which had been known to circulate in the community depicting church members in racially derogatory terms.

Given my ongoing administrative research and instructional commitments, there was not time for field work investigation at the riot site in Cochise County, located about 140 miles from my university. I was able to interview a white former resident of the county who represented a text book company and visited the Arizona State campus. She noted in some detail a number of interpersonal conflicts between members of the Miracle Valley, all-black, Church and Anglo members of the county. As noted in newspaper accounts, she confirmed the emotionally charged negative view of the fundamentalist church held by many Anglos in Cochise County.

I had to rely initially on the supplied materials which documented a number of conflict situations between members of the church and other community residents. Beyond information directly involving the case or its immediate back-ground, I also employed statistical analysis as suggested by Loewen in his *Social Science in the Courtroom* (1982). This included a review of U.S. census and

state data on Cochise County. It was of interest that the economic and educational level in the county of the black Miracle Valley Church members was similar to Hispanics in the county and below not only the predominant Anglo population but also below that of several hundred other blacks who had lived in the county for a longer time. Other statistical data employed in preparation for the trial related primarily to the literature on racial stereotyping, covering over a half century from the early studies of the 1920s and 1930s (e.g., Bogardus, 1968; viz., Katz and Braly, 1933) to recent summary assessments (e.g., Simpson and Yinger, 1972:139–164; Vander Zanden, 1983:19–30). The stereotyping trends showed diminished but continuing pejorative perceptions of blacks, and particularly low-income blacks.

Following several weeks' review of the supplied and available materials, including details of the riot, it appeared to me that the charges against the five black young men were ill founded and constituted an injustice. Consequently, I agreed to the request to serve as a sociological expert witness. This was done not without some degree of concerned awareness that this would generate considerable local media coverage on a controversial matter and place me in a courtroom situation in which I had no prior experience. With a supportive wife and children, who thought this was an interesting topic of occasional discussion with their friends, I forwarded my professional vita to the defense attorneys, who sent it to the court for expert witness review. With the court approval which followed, I was committed to officially becoming part of the court proceedings.

Defining the Situation: Considerations and Constraints

My review of the materials led to an assessment that the riot on the high school grounds was precipitated by actions of school officials and police more than that of the five black teens as charged. However, there were cautions in this assessment, including the limited time available to me to review the material prior to the March 1983 trial. As I noted to the defense attorneys, continuing collection of relevant materials could potentially alter my assessment of the riot. My testimony, while likely to support the defendants' positions, would involve a sociological interpretation of the underlying and precipitant causes of the riot-melee just as though I were in a classroom attempting to present and assess all sides.

Along the lines delineated by Straus (1984), based on the materials available to me, it was my definition of the situation which determined my agreement to engage in a sociological intervention effort as an expert witness on behalf of the defendants. The sociological task appeared similar to the one experienced by Kai Erikson, detailed in *Everything in Its Path: Destruction of Community in the Buffalo Creek Flood* (1976). He was called upon by attorneys for flooded out Buffalo Creek miners in a case in which it was alleged that the mining company practices precipitated the destructive flood. Unlike the usual sociolog-

ical approach in which a study area is selected to shed light on a subject of interest to support or to put into question a larger generalization, the opposite process occurred. As Erikson noted: "My assignment on Buffalo Creek . . . was to sift through the store of available sociological knowledge to see what light it might shed on a single human event, and this, clearly, reverses the normal order of social science research" (1976:12). Similarly, my task was to draw upon sociological theoretical insights, based upon empirical research on the nature of human response in collective intergroup conflict situations, and apply these to this Miracle Valley church members case.

About three months preparation time was available before the scheduled trial. It was time to develop a viable strategy before my expert witness testimony, which would include cross examination by defense and prosecuting attorneys before judge and jury. A strategy session was arranged in the Tucson offices of two of the defense attorneys, Armand Salese and James Kerley, where they would have ready access to any needed documentary materials.

An initial topic was my expert witness fee. At the suggestion of an attorney friend I requested, and it was agreed, that I receive compensation prior to my courtroom testimony. The point of my request and concern was to avoid the implication, should the issue ever arise in or out of court, that my being compensated was tied to the nature and effectiveness of my testimony for the defense. Once this matter was resolved we proceeded to the substantive case strategy.

The attorneys noted that the state prosecuting attorneys would call a psychologist. While they noted that sociologists served less frequently as expert witnesses, we agreed that the interracial collective conflict nature of the case lent itself to the saliency of a sociological interpretation. The judicial legitimacy of sociological research had been established in the 1954 *Brown* decision. In that benchmark case extensive use was made of social scientific, including sociological, research findings in the Supreme Court's reversal of the 1896 *Plessy* "separate but equal" doctrine.

The attorneys informed me that no written statement could be read by witnesses nor could any notes be taken onto the stand. They noted that it was important to communicate effectively with the jury as a small attentive audience. In this they stressed a generic point made by Dorran that an expert witness had to appear both knowledgeable and credible in her or his interpretation of the case facts (1982:29).

The attorneys noted that a central problem was credibility before the jury. They observed that the jury was likely to be initially more impressed with such prosecuting witnesses as school administrative officials and police officers. They further noted that this credibility would likely be the case even with white high school student witnesses than with the defendants and other black student witnesses, all of whom were members of the Miracle Valley Church and one of whom had been suspended from the high school where the riot took place.

This raised the issue of jury "overbelief" in established authority, whereby there is a tendency to believe such authorities independent of contradictory evidence or statements (Egeth and McCloskey, 1984; Loftus, 1979). Given the conflicting eye witness testimony, and my not having been on the scene of the events, the task in court was to present what Wells (1984) refers to as a credible "probabilistic" case that the school ground rioting was not precipitated by the five defendants. The strategy designed to accomplish this included planned efforts to denote what Lofland (1976) refers to as the differing subcultural "worlds." These very different social worlds would affect the differing interpretations of the riot events by the black students in contrast to the school and police authorities or of the large majority of white students on the scene.

Before beginning systematic preparation for my expert witness testimony, the attorneys stressed that to be an effective expert witness a well grounded theory that could apply to explaining the events in the case was necessary. My response related to what Gusfield (1978) aptly describes as the cafeteria of sociological paradigms from which to choose. I noted that the nature of the case lent itself to a micro symbolic-interactionist situational case interpretation rather than more macro, and for the jury more abstract, conflict or functional interpretive explanations. After discussion, the attorneys concurred that a theoretical interpretation of the riot events would best focus on the situational communications and other symbolic interactions that appeared to have occurred on the scene. I noted that this approach would not negate bringing to bear larger cultural, institutional, and historical influences on the behavior of the defendants.

On the Stand: Point-Counter-Point

The task of sociologically interpreting the cause of the high school riot-melee was performed in the few months prior to my court testimony in a Pima County Superior Court, March 25, 1983. There was no dispute that a riot-melee had in fact occurred, but there was a dispute on what precipitated it.

In general terms, the relatively low income, fundamentalist, all-black nature of the church, originally from the distant urban setting of Chicago, was viewed as likely having the effect of stirring among white residents long-held stereotypical fears of blacks. Such fears among whites in American society had long been documented in the social distance studies of Bogardus (1968), extending back to the 1920s, and the racial and ethnic stereotyping studies of Katz and Braly (1933), Gilbert (1951), Karlins et al. (1969), and others. More specifically, statements by church members and of white residents indicated that the church members tended to view themselves as morally superior to most of those in the predominantly white community. A local *Arizona Daily Star* (Tucson) news article referred to the settlement of the Miracle Valley Church as akin to being "invaded by aliens" (Varn, 1983a). Hand printed flyers had been reproduced

and distributed widely in the community in which church members were characterized in pejorative terms such as "coons." Defense attorneys had photos of a "Children at Play" sign placed by the government in the road before the church, on which the standard depiction of a young girl playing was painted in bright colors with large lips and other stereotypical Negroid features.

Given this background, two major sociological theories were drawn upon for interpretation of the events. These were 1) the Thomas Theorem self-fulfilling prophecy on false beliefs leading to real consequences (Thomas, 1931); and 2) Turner's emergent norm theory on how prior values and attitudes can influence the emergence of norm activation in cases of collective behavior, including collective conflict (Turner 1964, 1967; Turner and Killian, 1972). Thus, my approach was not so much to draw upon macro conflict or functional sociological perspectives but rather to concentrate on the Cooley-Mead-Blumer school of symbolic interactionism (Blumer, 1969).

The testimony lasted from 9:40 a.m. until noon with a 15-minute recess during that period. The jury consisted of six women and four men, with the only ethnic differentiation being that one of the men appeared Hispanic. The pattern of cross-examination established by the judge was to begin with a defense attorney followed by a prosecuting attorney and ending again with a defense attorney with a final few questions again by a prosecuting attorney. Initial unease at being in such an unusual formal court setting was alleviated when the defense attorney began the cross-examination by asking basic biographical background information such as residence, educational degree, and university employment, and noting a number of my publications in the areas of interracial relations and conflict analysis.

Drawing on the recorded court record (Superior Court, Pima County, 1983:5–6), the strategy of employing the Thomas Theorem and the emergent norm process to interpret the riot event can be seen in the defending attorney's cross-examination.

Q: Sir, can you tell me whether there are generally accepted explanatory theories dealing with behavior of individuals in a riotous or melee situation?

A: Yes, there is a well established theoretical framework called symbolic interaction, which is now over three-quarters of a century old. It began initially at the University of Michigan under Charles Horton Cooley, but became part of the Chicago School, sociological school, early in the century and, as it has developed over the years, part of symbolic interaction theory that relates to crowd behavior, [in] unstructured situation[s], is referred to as emergent norm theory, and part of that is related to what is called the Thomas . . . theorem . . . related to W.I. Thomas, who died about 40 years ago. He was a sociologist at the University of Chicago, and based his studies on the Polish community, but there have been many studies since [his]. The

emergent norm theory has been codified and employed in many [collective] situations by Ralph Turner, who is out of the Chicago School; he is at UCLA, and past president of the American Sociological Association.

The defense attorney then reviewed the case in which a black teenage member of the Miracle Valley Church had been suspended from high school and upon coming onto school grounds during the lunch hour did not leave the campus immediately upon being requested to do so by the Assistant Principal. When police were then called and some of the black student's friends convened along with other students, a crowd developed. Conflicting testimony was reviewed on when and how pushing and shoving began the riot process. The defense attorney concluded with the following statement and question which afforded a socio-logically interpretive response about the relevance of emergent norm theory to the case situation (Superior Court, Pima County, 1983:9–11):

Q: The defendants have testified to a fear of the police, a fear of the situation. Based upon your training and experience, and expertise in the area of race relations, riot control, or riots, can you give any explanatory theories that you are aware of in the field of sociology to help the jury understand the behavior of the participants in the riot-melee?
A: I believe so . . . What emergent norm theory does, and it has been tested . . . in many different situations involving crowd behavior, melees, other kinds of confrontations, and a great deal of that literature would suggest, given the set of circumstances, there would be high probabilities of certain actions flowing, and basically what the theoretical framework would hold is that when the routine of easy interaction is broken, and people are not moving along in normative expectations of behavior, then what occurs, just as if a fire broke out . . . [it] would be a situation in which people would have to develop a normative response to this unstructured situation. Clearly the routine was broken in the school grounds and the nature of the school authorities' social control mechanism that was used [initially calling in the police] appeared to be quite unusual, which would have influenced the kind of emergent norm, that is, what kinds of attitudes and behaviors would be elicited once the police came onto the scene.

I am quite sure this (the riot) isn't what the principal . . . or assistant principal . . . meant in terms of [desired] consequences, but in terms of emergent norm theory, if you communicate to individuals in such a way that there is a break in the normative routine, the values that come into play are based on their past experiences.

At this point the prosecuting attorney entered the beginning of several objections, arguing that as the expert witness was not present during the riot-

melee, he could not interpret the actual riot events (p. 11), a point not stressed when the prosecuting team later brought a psychologist expert witness to interpret the riot events. The questioning by the defense turned on what basis I held the view that the principal's office's call initially to the police rather than to parents or church authorities was not normal school control behavior. The defense asked, in respect to an immediate call to police when there was no violent confrontation rather than to parents or guardians (p. 13), ''How would these individuals react to that, how would they view it?''

A: In my research in Oak Park [Michigan], which involved integration with . . . Carver . . . which was an all black district at the time . . . in the early 1960s . . . It was integrated into the Oak Park high school system, which was a middle class system that never had any blacks there before. When there were incidents that occurred that were of concern to the [high] school authorities, the principal, assistant principal, school teachers, given the polarization and the community hostility to these blacks . . . would . . . attempt to . . . diffuse the situation [by] initially attempt[ing] to contact parents or other guardians or authorities, because by doing that they took the necessary steps . . . to diffuse the situation, which they did successfully there . . . by engaging in that approach they had symbolically communicated to the black students that . . . the authorities were making an attempt to resolve issues and only at the end of that . . . procedure did police come in . . . the black student response tended to be cooperative . . . As I understand it, based on both the [research] literature and police practice and school authority practice . . . that is the general approach . . . and if . . . not taken initially . . . the consequences are very likely to increase the probability of some kind of confrontation . . . in trying to control an interaction with school authority and these black students.

Q: Why, absent that kind of normative contact from the school officials to either responsible people for the kids or parents, how then do the students view that break from the norm [i.e., contacting police before contacting parents or other guardians when no violence is occurring]?

A: Well, that gets into the . . . Thomas Theorem . . . [on] . . . ''Stereotyping and Self-Fulfilling Prophecies'' [sic] . . . there is nationally documented stereotyping data on the general negative images that whites often have towards blacks about being aggressive, about being ignorant, about being dangerous, and unless there are communication steps that have been taken to short-circuit that . . . imagery, it would be highly unusual for blacks to view [police] authorities in a crowd situation . . . in anything but a threatening . . . way . . . increasing the probability of a panic reaction . . . it appeared to me that is what was precipitated. (pp. 13–16)

This line of questioning continued with documented reference by the defense attorney that out of the predominantly white teenage crowd of about 500 had come pejorative shouts including "nigger" and "kill them," to which the defendants had responded in kind heightening crowd tensions among the several black teens, police, and others. The riot, according to police testimony, began when first one and ultimately four more black teens resisted arrest (Miscellaneous Offense Report, 1982). The escape efforts resulted in shoving, pushing, and what was charged to be a riot-melee. Continuing the questioning and my drawing upon Turner's emergent norm theory:

Q: In other words, the actions of trying to get away, of backing up, of even using offensive terminology, was protective as opposed to aggressive?

A: That is what appears to me, and I think it was precipitated by the view that there was high probability of being under attack. That would be more likely to occur in a homogeneous racial or ethnic grouping that is in context of what they perceive to be a hostile environment. That is not unusual to blacks . . . and in the history of ethnic relations, there have been rioting of Irish Catholics in New York, and of Jews, Greeks, Italians and others over the last century, so that is a fairly common kind of response." (pp. 17–18)

Prosecution Counter Cross-Examination: Attacking the Emergent Norm Defensive Reaction Thesis and Setting the Case for An Individual Aggressive Behavior Thesis

The prosecuting attorney had the task of attempting to negate the relevance of the Thomas Theorem and emergent norm theory to the case with its accoutrements of identifying past attitudes and behaviors as instrumental in the behavior of the black teens. On the table next to the prosecuting attorney were two of my books, *A City in Racial Crisis* (1971) about the 1967 Detroit race riot and *Sociology and American Social Issues* (1978), a text about national social issues and policy options.

The cross-examination began by attempting to denote that these books and other witness publications, and sociological research generally, were not about blacks living in Cochise County in southern Arizona where the riot-melee had occurred. He further attempted to characterize sociology, in contrast to psychology, as concerned with social behavior rather than individual behavior and as such irrelevant to this case of specific charges against five individuals. Thus, my first task as a sociological expert witness was to try to establish the relevance of sociology to such a criminal case. From the testimony:

Q: Okay. Let's talk about sociology a litle bit. Isn't it true that sociology is the study of group behavior and group interactions? Is that true?

A: It is . . . and it [sociology] often involves groups, but it gets involved in interpersonal relations. It could be a dyadic relationship, . . involved in mass public opinion and collective behavior, which is beyond a group, but certainly groups are one of our major areas of focus, that is correct.

Q: You are not a psycholgogist or psychiatrist?

A: No . . . I am a sociologist.

Q: So, primarily, you do not study individual behavior, is that correct?

A: There is a branch of sociology that [involves] symbolic interaction . . . This particular area, which is one of my theoretical specialties, overlaps with an area called social psychology. For example, emergent norm theory and the Thomas Theorem are employed by psychologists, Mark Schneider [whose stereotyping work had been cited] . . . is a psychologist . . . he used the Thomas Theorem. Thomas was a sociologist. The Princeton [stereotyping] studies by Katz and Braly, those were conducted by psychologists . . . We have courses in our department on social psychology. That is one of our examination areas . . . it involves individual behavior in a social context. It is what is called microtheory, focusing on individuals in often small group situations. (pp. 20–21)

After several more attempts, addressing me as "Doctor" consistently, to denote that sociologists were not qualified to judge individual behavior as normal or abnormal—in respect to the "normative" in emergent norm theory—the prosecuting attorney went on:

Q: Okay. Sociologist, you are a social scientist, is that true?

A: Yes.

Q: You deal with statistics?

A: That is one technique. There are other methodological techniques I employ . . . interviews and observations and field analysis as well . . .

Q: Would you say it is a precise science?

A: . . . like economics . . . we deal in probabilities and we can predict many behaviors with a high degree of accuracy, but within a margin of error . . .

Q: Okay. Doctor, so what you're saying is that your analysis of this particular situation on April 20 is . . . based upon sociological theory and probabilities? Is that correct?

A: And over a half century of research findings in similar situations.

Q: Isn't it true that many social scientists, sociologists, may have different opinions as to particular group interactions as applied to fact situations?

A: You can find in any discipline . . . trained people who will dissent from the general theoretical and research finding consensus . . . but Jonathan Turner, no relation to Ralph Turner, has a widely used . . . theory textbook. He cites Ralph Turner's emergent norm theory . . .

Q: Doctor, you are not answering my question.

Defense: I object, he is answering the question. [This was one of a series of objections and cross objections.]

The Court: Let him finish.

A: Professor [Jonathan] Turner, University of California at Riverside, cites this as one of the most widely used theories and accepted theories because it is so well established empirically . . . in terms of theoretical acceptance, Robert Merton, who is at Columbia University, and a member of the National Academy of Sciences, in his social problems textbook . . . cited the Thomas Theorem as the most influential [sociological] theoretical [concept] we have developed in the 20th century, and it applies to emergent norm theory and symbolic interactions, so it is a widely accepted theoretical framework. (pp. 24–26)

After a series of questions about not being witness to the riot-melee, the prosecuting questioning shifted to why other minorities—Jews, Poles, among others noted—have not rioted as have blacks:

Q: Okay, Doctor, what I would like to do is ask you precisely why it is that you talk about white/black relationships in a situation that happened on Fry Boulevard, as opposed to other minorities?

A: Situations with other minorities have not nearly the history or the extensiveness of the black experience in American society. We made tremendous changes in attitudes and laws in the last 20 years approximately, but there really is a history of over 300 years of official hostility toward blacks. That isn't changed in terms of socialization within one generation, and the depth of confrontation is much deeper in relationship to black/white relationships than to most other minority groupings. (p. 31)

The prosecuting attorney turned to the potential for violence and asked why school authorities have to wait for violence to occur before calling in police. My response, employing the emergent normative process and citing a source familiar to school authorities:

A: That gets back to a point I was raising before . . . if the initial communication had been with parents or church authorities, even if there had been no response, if that had been communicated to the [black] students, in this kind of situation, I think . . . the likelihood of . . . panic . . . would have been quite different. In terms of school authorities, there is a great deal of literature that has been widely used, the Carnegie Foundation report called *Crisis in the Classroom* came out in 1970 . . . by Charles Silberman . . . and there is a great deal of treatment [in it] of polarized interracial situations in school

settings. I cite that because that became a best seller and has been standard usage in school systems around the country. (p. 42)

The prosecuting attorney then personalized the questioning by referring to the delinquent school record of one of the suspended black students and inquired about how I would react if my family was in the situation:

Q: Do you have any children, Doctor?
A: Three.
Q: Would you want your children going to a school where the school administrator would wait to call the police before [violence occurred]. (p. 45)
A: [Drawing upon prior sociological points of analysis:] I would want school authorities to take the most effective action to make sure that they contacted the home and church authorities. I would not want my children in a situation where there is a high probability of a major confrontation that could produce violence . . . I would feel much more secure if my children were in a school where school authorities understood and went through what I believe to be the normal procedures. I think what occurred here appeared to me a more dangerous approach. (pp. 45–46)

After additional questions, the prosecuting attorney concluded by challenging the application of sociological theory to the unobserved riot-melee:

Q: Doctor, when we're talking about [sociological] theory, aren't you really just speculating as to what happened on April 20?
A: No, there are speculative theories that are not research based . . . Symbolic interaction theories, which is the large framework, and emergent norm theory are much more grounded in actual observations of many different crowd situations. (p. 56)

This ended the main prosecuting cross-examination. The defense team was afforded the opportunity to reexamine.

Defense Counter Cross-Examination: Attempting to Reestablish the Saliency of the Sociological Emergent Norm Defensive Behavior Thesis

The first question by a defense attorney member, a second member of the defense team, and my response set the tone for a stream of questions and responses denoting the defensive, escape nature of the black teenagers' behavior rather than being aggressive riot-melee behavior as charged:

Q: Dr. Gordon, there were some questions asked, I believe in cross-examination, about your testimony about a panic situation developing here. I would ask

you if you could explain that in terms of what you understood from the police reports that you have read in the development of the situation, the development of the melee up to and including the leaving in the car, going off at high speeds to Miracle Valley [by the five charged black teens], with an emphasis on what you mean and why the panic?

A: Yes. There is a specific part of the research literature on panic. That is why under certain circumstances people are likely to panic and why they are not [under other circumstances]. In a way, it goes back to, I think, what Justice Holmes noted in famous terms, that one can't yell "Fire" in a closed theatre when there is no fire, because of the recognition that might induce panic . . . Since that statement there has been a lot of research on why people do or don't panic, because we know in some kinds of situations . . . no panic occurs . . . panic generally occurs when either there is no fearful situation in terms of . . . an unstructured . . . if a mine collapses and people . . . realize that all they have to do is just walk out of an open space there is no panic. There tends to be no panic when people are caught in a totally helpless situation where there doesn't appear to be any avenue of escape . . . It is between these two polar situations that you have a high probability of panic occurring . . . [after citing instances] . . . [people may] panic when they believe they are in a state of threat or very likely to be, and that the only way to get out of that situation is if they escape and they see some circumstances in which it may be possible to escape. (pp. 58–59)

[Note: The charged students had confiscated an auto and had driven it back toward their church in Miracle Valley.]

The last set of defense attorney questions attempted to counter the prosecuting argument that application of theory to an unobserved phenomenon could be scientifically, including sociologically, justified:

Q: Doctor, I have one last question. Do you know if anybody, any human being has landed on Mars or Venus?

A: We have landed on the moon.

. . .

Q: Do you know whether astronomers study Mars and Venus without ever having been there.

A: Oh, yes, certainly.

Q: And obviously you haven't landed on [defendants] Lonnie Hayes and Ricky Lamar, and you can still talk about theories, can't you?

A: Yes, sir. (pp. 69–70)

Case Disposition and Expert Witness Implications for Sociological Intervention

The five black teenage defendants were found innocent of felony-rioting charges by the jury, but three were convicted of assaulting police as they resisted arrest and attempted escape (Varn, 1983c). It was the assessment of defense attorneys that the two and a half hours of sociological expert witness testimony was an influencing factor on the jury's negation of the most serious charges, with the potential of long years in prison for the defendants. It is also possible that the testimony of the prosecuting expert witness, psychologist Al Silberman, influenced the finding of conviction on resisting arrest, even though there was no finding of felonious conduct that would have justified arrest of the teens.

In a brief meeting with the expert witness psychologist after our case testimony, we both concurred in empathizing with the black teens who were caught in a strained and hostile environment. His court testimony included the assessment that the charged assault behavior by the black students "could have been protective behavior, but against an officer of the law, it's criminal behavior" (Varn, 1983a:B1). Our differences were in the relative weighting of provocation which precipitated their escape behavior and which became the focus of jury judgment.

The case pointed up some difficulties and future prospects for sociological intervention to influence behavioral outcomes by means of the sociological expert witness role. First, an expert witness authorizes the contending side to do the same. Thus, a situation is created in which expert witnesses compete for persuasiveness. Potentially, this could involve two or more sociologists contending with each other. Second, while psychiatrists and psychologists have long been accepted in the courtroom as expert witnesses, this is a relatively new role for sociologists. This appeared to be part of the nature of the prosecuting cross-examination challenging the relevance of sociological research to criminal charges against individuals in specific unobserved cases. Further, the judge in the case finally instructed the jury to disregard all expert testimony that dealt with any aspects of the case beyond the riot-melee. Still, this was after allowing a total of five hours of such testimony.

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Helping Couples with Neurological Disabilities: A Job Description for Clinical Sociologists

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ABSTRACT

This essay applies insights from data gathered in a previous study on divorce and disability to suggest contributions clinical sociologists can make to ease the human condition. Intensive interviews were taken of couples one of each of whom was afflicted with multiple sclerosis, a demyelinating neurological disorder. Given the elevated divorce rate among MS couples, the previous study specified some conditions under which the chances of divorce could be reduced. Clinical sociologists can serve in six basic functions, perhaps more distinct in theory than in practice: 1) teacher; 2) forecaster; 3) metaphysician; 4) sociotherapist; 5) facilitator of interaction; and 6) reformer.

This paper is a foray into clinical sociology, in the belief that a humanistic sociology does not just study people—it helps them. The ultimate justification for our knowledge is its practical utility in improving the human condition. This paper is a partner piece to a study reported earlier (Ventimiglia, 1983). Whereas the purpose of the first was to gather data to achieve understanding, the purpose of this one is to apply insights emerging from those data in order to advise and intervene. Going from research to practice, this paper makes recommendations to clinical sociologists as to how they might help couples, one partner of whom is afflicted with MS, a degenerative neurological disorder.

MS—THE CRIPPLER OF YOUNG ADULTS

Multiple sclerosis is the most common demyelinating disease of the central nervous system, afflicting an estimated half-million persons in the United States. It most often strikes young adults between the ages of 20 and 40 and women two to three times more often than men (Weaver, 1974). It causes long-term incapacity and shortens life expectancy by about 15%. Neither contagious nor curable, the disease attacks the myelin sheath around the message-carrying nerve fibers in the brain and spinal cord. Where myelin has been destroyed, plaques of hardened tissue (*sclerosis*) appear in multiple places.

Symptoms vary according to the part of the nervous system affected. They include weakness, tingling, numbness, impaired sensation, lack of coordination, disturbances in equilibrium, double vision, involuntary eye movements, blindness, slurred speech, alterations in mood, tremor, stiffness or spasticity, clonus, weakness of limbs, and loss of bowel and bladder function (Wasserman, 1978). Significantly, impotence eventually affects more than half of the men (Masters et al., 1985), and anorgasmia, nearly as many women.

Though like many other chronic conditions, MS lends itself peculiarly well to a study of stress. It shortens lives, but unlike cancer is not terminal. Patients eventually die of complications, typically arising from pneumonia. It handicaps the sufferer, but the handicap does not stabilize or localize as it does for an amputee. Even a mastectomy is spatially localized and temporally stabilized. MS is progressive, but the course is not precipitous and linear like that of alateral sclerosis. The sexual function is disturbed but probably more intermittently and less extensively than for the spinal cord-injured patient. Like alcoholism, it disrupts family life, but MS lacks the same prospect for recovery.

What is most distinctive of MS is its variability—with respect to site, severity, and progression. Variability makes for uncertainty, which is inherently stressful. One patient may be blind, another lame. Some may sink fast, others hold their own for years. Any given patient may be ambulatory one day, bedridden the next. Other chronic conditions like rheumatoid arthritis show fluctuation, but "none approaches the vagaries of the natural history of MS that never cease to surprise the neurologist" even after a lifetime of practice (Matthews, 1978:25). The protean nature of MS retards coming to terms with it—much like shooting at a moving target. For many, however, the course involves a series of acute exacerbations, partial or complete remissions, slow progression and periods of stability. As a rule of thumb, one relapse is expected every 2 or 3 years for the first 10 years and one for every 5 years thereafter (Brown, 1977).

This uncertainty creates role confusion between the sick role[1] and the spousal role for the ill spouse and between the caretaker role and the spousal role for the well spouse. In the asynchrony characteristic of MS, a wife may resign

herself to the sick role before the husband has accepted the role of caretaker, or else the wife may enact the role of caretaker while the patient still aspires to perform the role of husband. The role partnership is thus off balance.

Among the respondents interviewed, sexual activity was almost invariably curtailed, above and beyond the decline usually expected over the duration of marriage. Although performance of the sexual role was compromised in the couple with MS, one must take care not to overstate impairment of sexual function with multiple sclerosis. First, intercourse is not so difficult for the female patients as it is for the male patients. The challenge of erection seems more formidable for the inserter than lubrication seems for the insertee (Singh and Magner, 1977). Second, while most male patients become impotent, some are spared. Third, even the spinal cord-injured (Knight, 1986) can have erections by reflex, "phantom orgasms," and sexual response through stimulation of some nongenital erogenous zone, such as ears, neck, or nipples. Society arbitrarily overemphasizes intercourse as the proper form of sexual expression between partners. Alternatives to intercourse (Masters et al., 1985) include fellatio, cunnilingus, kissing, massage, cuddling, and the use of a vibrator. Renegotiating alternative forms of sexual expression makes for a sex life which is an improvement on abstinence. Society also prejudicially regards the disabled as asexual, whereas both the spinal cord-injured and those with MS still have the desire to perform, however limited their ability to do so. Zola (1982) calls attention to this insensitivity of society. He participant-observed for a week in a community of disabled people in the Netherlands and poignantly chronicled living with a disability. He believes that the able-bodied make for invalids by invalidating the humanity of the disabled. Denied are not only their personal potentials and their expressions of anger but also their very sexuality.

THE PRIOR STUDY

The data base for the prior study comes from a wide range of experiences, primarily research, secondarily counseling. The principal investigator has known a large network of patients as acquaintances over the past 10 years, has participated in three local chapters of the National Multiple Sclerosis Society, has sat on the executive board of a local chapter, has interviewed three chapter directors, has consulted three physicians, and has observed two self-help groups of patients, in addition to doing research. This research culminated in some 16 intensive interviews of respondents from couples one of each of whom had MS. The interviews ranged from 3 to 7 hours in length and elicited detailed life histories, amounting to clinical case studies. Respondents varied by gender, marital status (currently married or not so), and health (well vs. ill). They were recruited in two states by a process of judgment and snowball sampling, and over 85% of those approached agreed to an interview.

The point of departure of the prior study was the impact of disability on divorce. Divorce rates among MS couples are two to three times those in the general population (Weaver, 1974). It appears that the bias among many marriage and family counselors is to save the marriage, but not at any cost. If the marriage fails, intervention can turn to divorce counseling. Divorce was seen in the study as a bane for the ill spouse, if not necessarily a boon for the well spouse. The ill spouse seldom if ever initiated the divorce proceeding; the disabled spouse would have to be very altruistic, indeed, voluntarily to free the well spouse. Practically speaking, the well spouse is the rejector and ill spouse the rejectee. Therefore, the bias toward marital stability here assumes that the ill spouse has more to lose than the well spouse has to gain.

Yet divorce could be a last resort in some circumstances. One of the respondents provided the analogy of an overcrowded lifeboat. Cruel as it seems, one partner had to be put over the side, or else both would perish as if by drowning. The spouse filing for divorce thus makes a ''Sophie's choice'' which cuts losses but instills a guilt potentially handicapping in its own right. Divorce becomes a matter of survival, not the pursuit of happiness.

The prior study identified some of the unifying and alienating forces in MS couples. By way of summary, the study hypothesized that a relationship might be preserved or prolonged under the following conditions:

1. If the case of MS is light in severity and does not progress much.
2. If the couple enjoys whatever other insulating factors normally protect against divorce, such as an abundance of economic resources.
3. If the marital contract is satisfactorily renegotiated or the relationship redefined.
4. If the spousal roles that maintain intimacy and that cannot be easily reallocated, i.e., sex and therapy, are performed satisfactorily.
5. Failing this, as a temporary solution, if tolerable substitutions are made, e.g., oral sex for intercourse, third parties as confidants.
6. When the well spouse is the provider and the provider values work over family, if the ill spouse makes a critical contribution to the livelihood of the well spouse or at least does not interfere with it.
7. If some sense is made of the tragedy.
8. If an external rather than an internal attribution is made of the incidence of the illness as well as of the patient's emotional reaction.
9. If the self-esteem of the ill spouse is relatively high and that of the well spouse is relatively low.
10. If the personality of the well spouse is prone to nurturance (or an agapic love style [Lee, 1975] or playing the martyr in marital transactions) and/or the personality of the ill spouse is prone to succorance (or a manic love style or playing the victim in marital transactions).

11. If a clinical sociologist or other helping professional intervenes to support
    the relationships involved.

In general, the findings set aside the commonsense idea that the marriage
vows ("in sickness and in health") are binding. To the extent they are taken
seriously, inconsistent actions presumably generate uncomfortable cognitive dis-
sonance (Festinger, 1957) which people strive to avoid. Although many people
nowadays probably regard these words as pro forma ritual, by no means does
everyone take them lightly. Consider, for example, the protest from feminists
who demand replacing "to obey" with "to cherish" and who deplore the ref-
erence to women as the "weaker vessel." The data also set aside the symbolic
interactionist implication that the sentiment of love cannot be reduced to the
principles of exchange (Shibutani, 1961). However altruistic, love cannot in-
definitely flout the Law of Distributive Justice (Homans, 1961). Certain crucial
roles, even in a primary relationship, must be performed.

This research utilized a typology of marital roles adapted from Nye et al.
(1976). Economic provision (1) and homemaking (2) are the traditional roles.
Sexual (3) and therapeutic (4) roles maintain physical and psychic intimacy,
respectively. The therapy role in marriage should not be confused with psy-
chotherapy. Nye describes therapy as untrained counseling, stroking, building
up the ego, and reassuring the worried spouse. Parenting (5) may be divided
into (a) bearing, (b) caring for, and (c) rearing children. Finally, a rather amor-
phous recreation/companionship role (6) is emerging.

MS critically interferes with the sexual and therapeutic functions. Other
functions, like economic provision or housekeeping, can be allocated to a sur-
rogate structure like the state, or hired out to a domestic, but to open a relationship
sexually, or even therapeutically, is to import a Trojan horse. Sex and therapy
are virtually nonreallocatable. Oftentimes, the physical sequelae of the disease
interfere with the performance of the sexual function, and the emotional sequelae
with the therapeutic function.

An Illustrative Insight

If a partner joined his or her spouse in achieving a *superordinate goal* (Sherif
and Sherif, 1969), the marriage could be prolonged. Such a goal is essential for
survival and requires the coaction of husband and wife. Three cases serve as
examples.

Anna M, a victim of MS, is a songwriter cohabiting with her bandleader-
lover. She will not marry for fear of losing benefits like SSI, food stamps, and
Medicaid. Their relationship began as a working relationship. Reputed to have
a genius IQ, she contributes a keen business sense and ideas for songs to their
enterprise. "He wants so much for me to be a part of it," she mused. Their

relationship has so far survived her incontinence, but she acknowledges the possibility of separation given a substantial worsening of her condition.

Robert K is a drywaller who owns his own small business. His disabled wife helps him with bookkeeping and answering phones. An essential part of running the business is bidding for jobs—a task which he finds difficult, but which his wife does quite efficiently. Without her, he says, he cannot manage the business. He dotes on his wife but misses their sex life which has declined by 70%. Having consciously chosen family over career, he passed up a lucrative job opportunity which would have interfered with family life.

Reverend R, now a widower, institutionalized his wife for four years in a nursing home. He spent between $75,000 and $100,000 and still owes $25,000. He called her "baby," she called him "Reverend." He said he had rather commit suicide than divorce his wife, but

> It wounded all of us. My son's [age 25] academics were disrupted. The youngest [a 15-year-old girl in psychiatric care] lives in a world of her own. It damaged me sexually. I begged the doctor to give me something to eliminate the desire.

He refused to divorce his ill wife, but preserving the marriage nearly ruined the family psychologically and financially. He saw his mission as that of a moral example for his congregation, and the disgrace of divorce would have made his professional identity untenable.

THE CONTRIBUTION OF A CLINICAL SOCIOLOGIST

The clinical sociologist can function in a variety of ways to help the couple distressed by MS. 1) Teacher. Clinical sociologists can disseminate information from the corpus of sociological theory; for example, clients can have concepts like role, function, resources, exchange, social contract, etc., explained to them. Clinical sociologists can also act as clearing houses, relaying the typical experiences of respondents surveyed to other patients and their families. 2) Forecaster. Especially those recently diagnosed need an orientation to what lies ahead. Physicians do not deal with changes in man-woman, husband-wife, and parent-child relations. To the extent that these changes are threatening, clinical sociologists can sound the alarm—"forwarned is forarmed." 3) Metaphysician. In particular, clinical sociologists can influence clients' worldviews. They can persuade clients to reinterpret reality, to redefine the situation, and to reattribute causes (Shaver, 1975). They can substitute more adaptive beliefs about God, life, justice, the individual, the system, etc. 4) Sociotherapist. Clinical sociologists can help patients and partners adjust to the social forces with which they must cope, to accept what they cannot control, by acting as agents of resocial-

ization. Attitudes could be modified, now lowering levels of aspiration, now clarifying values. Care can be shown, giving comfort to the patient and conciliation to the partner. 5) Facilitator of interaction. Clinical sociologists can facilitate: (a) dialogue, as discussion leaders in groups of patients or caretakers; (b) decisions, by delineating alternative choices, e.g., among coping methods, marital statuses, and so on; and (c) agreements, as mediators in renegotiation of the marriage contract. 6) Reformer. Strictly speaking, clinical sociologists are not advocates or activists (Glassner & Freedman, 1979). Yet it seems only fair, having emphasized adjusting the couple to fit the situation, to raise the possibility of changing the situation to fit the couple. The prior study on divorce and disability suggested innovations in divorce law and in forms of marriage, but these changes may not be feasible for many reasons. These six contributions are variously illustrated below.

Clinical Sociologist as Teacher

The clinical sociologist can detail the strategies, resources, and facilities available for coping. Patients can be referred to compassionate physicians accustomed to dealing with chronic conditions. They may be urged to follow the guidance of nutritionists to conserve what health remains. Physical therapists are helpful in preventing muscle atrophy, and occupational rehabilitation may forestall retirement.

The earlier study reported specific coping devices of patients. The clinical sociologist can relay such information. One woman used yoga to relax and find inner peace. Others used humor as an antidote to depression. Several became more religious; faced with a problem too big for them to solve, they found value in surrender. Some engaged in values clarification, trying to separate the wheat from the chaff. They determined that what was left was more important than what was lost. The best adapted appeared to treat their disease as a *learning experience*. They tried to find meaning in an essentially meaningless disease, to see order in chaos.

Useful concepts from sociology can be explained to clients. A working knowledge of roles, functions, norms, resources, exchange, and contracts implicitly recognizes the clients' rights to think for themselves. At the same time an educated client should be easier for clinical sociologists to work with in their roles of facilitator and sociotherapist. The information-dissemination functions of forecaster and metaphysician are basically spinoffs from the teacher role.

Clinical Sociologist as Forecaster

The clinical sociologist can warn the couple of role changes likely to take place and of the differential impact of the illness depending on which spouse is ill.

In general, the ill spouse suffers a loss of roles, and the well spouse suffers role overload. If the worker becomes ill, government or insurance benefits may help compensate for the financial loss, but the well spouse may have to look for work. If the homemaker becomes ill, the tasks of housecleaning and food preparation have to be assumed by the well spouse, delegated to the children, or farmed out. Childbearing is often contraindicated for prospective mothers with MS. As for the care of small children, the well father participates even more than before the onset of the illness, and the well mother spreads her childcare attentions thinner. Since rearing tends to be relatively shared by parents, the ill spouse's share tends to be transferred to the well spouse or perhaps neglected.

The recreational role is severely limited when MS strikes, though perhaps more so when the husband is ill, as it is often necessary for the well spouse physically to support or carry the ill spouse. Some recreation is simply foregone, with an accompanying loss of quality of life. The alternative is to seek companionship in recreation elsewhere; this requires no adjustment for already sexually separatist couples,[2] but for others it opens the relationship psychically and threatens marital stability further.

MS also seriously impairs intimacy in marriage. If the wife is ill, her responsiveness in lovemaking is reduced. If the husband is ill, his performance is impaired. One goes outside a closed system for intimacy at grave risk to the relationship which may continue but be irrevocably altered. The sexual role is *nonreallocatable*. The other intimacy-maintaining function on which marital satisfaction depends is therapy (Nye et al., 1976). In traditional relationships, the impairment is not so great when the husband is ill as when the wife is ill, for then it is wives who bear the burden of emotional support, while the task of economic provision falls to the husband. Even among today's dual-earner families, husbands earn the major portion of the family income. All functions are taxed in an MS couple, but perhaps the therapeutic function most.

Clinical Sociologist as Metaphysician

Like theoreticians, laypersons seek to determine causality. In everyday interpersonal relations, this translates as blaming individuals for events. The clinical sociologist can guide causal attributions away from such fallacious reasoning. For example, MS patients are often irritable; irritability causes them to find fault with those around them. Instead, it may be realized that complaints may reveal more about the person complaining than the person complained about. A second cognitive error is to hold oneself responsible for the disease—for not properly exercising, sleeping, eating, in short, not living right. Middle-class individuals who feel that they are the captains of their fates are prone to such self-blame. They are like the mother of the Sudden Infant Death Syndrome casualty who asks, "What did I do wrong?" If there is something a person can do to prevent

MS, it is not known. A low-fat diet, for example, only helps one live with the disease, not prevent it.

Another fallacy to which patients are prone is anger with God for the cross they must now bear. They are as perplexed as Job in the Bible who wrestles with theodicy. As Rabbi Kushner (1981) writes in *When Bad Things Happen to Good People*, the problem lies in their conception of God. If God is all powerful, He cannot be all good; and if He is supremely good, there are limitations on His power. The secular version of this fallacy is known to psychologists as the "just world phenomenon" (Lerner, 1980), whereby people believe that the good are rewarded and the evil are punished for their actions, impressive evidence to the contrary notwithstanding. Rational-emotive therapy (Ellis, 1973) calls it an "irrational belief" to think that justice inheres in the world. An alternative view is that justice be carefully nurtured and vigilantly protected by moral agents with social power.

To remedy such cognitive errors, the clinical sociologist can encourage external attributions. Where problems seem unsolvable, external attributions are adaptive. Families in crisis are more disorganized by unemployment, for example, if the cause is internal, e.g., excessive drinking, than if the cause is external, e.g., economic depression. The blame for MS should be directed at no person at all, not self, not spouse, not physician, but in the words of attribution theory (Shaver, 1975), at the "environment"—dumb luck, blind chance, mad randomness. A religious conviction may be a helpful coping device just because it permits an external attribution ("It's God's will" and "Ours not to reason why") for a problem people find overwhelming. It seems the mission of religion to suggest answers precisely where science cannot ascertain them. Subjects in the prior study who surrendered seemed better adjusted, with the exception of fundamentalists who clung to the belief that a wrathful diety visited vengeance upon them for their sins or the sins of their forebears.

The unique view of sociology, the "sociological imagination" (Mills, 1961), allows for a system to have effects unintended by its participants—emergent effects—as illustrated by Mills' conceptual leap from personal troubles to social problems. Thus, patients and their families can be made to understand, among other things, that they have companions in their misery—they are not alone; that they are subject to laws of individual psychology and interpersonal dynamics that make their experience more or less predictable; and that they are free only within legal and cultural constraints, like laws that disallow MS as grounds for divorce and family forms that restrict sexual and psychic intimacy to the monogamous relationship.

Clinical Sociologist as Sociotherapist

Sociotherapists often try to resocialize patients and families into new perspectives, to make the best of a bad situation. If one's circumstances cannot be

changed, perhaps one's attitude can be adjusted. First, the clinical sociologist can focus on the patient's time perspective. In the pit of despair, the patient can be reassured that the mood will pass; almost anything can be endured briefly. Confronted with an apparently hopeless future, the patient's time perspective may be truncated—life can be lived "one day at a time." Second, although attributions of cause should be external, the patient may be encouraged to turn inward (a difficult task for the anti-intraceptive personality type). Yoga, religion, psychotherapy, and rapping about feelings help in this regard. Third, the patient can do exercises in values clarification, to help distinguish the important and the trivial. As an ill breadwinner's central life interests shift from career to family, for example, the shift may be legitimized. Fourth, most important, in the process of contract renegotiation, the patient's level of aspiration can be lowered. As with the dieter who must now survive on 1500 calories a day, the quality of life may be reduced if the quantity of life is to be conserved. There is no guarantee that the patient and family will accept the lower quality of life, i.e., that the quality will not fall below minimum standards. Indeed, some patients may prefer euthanasia. Finally, clinical sociologists can teach clients the self-teaching perspective. Life can be construed as a process of intellectual quest and growth. Patients do best who ask themselves, "What can I learn from this experience?" and "How has MS made me a better person?" As patients seek wisdom, they grow in depth of character and administer therapy to themselves.

Emotional Sequelae.   The sociotherapist can serve an emotionally supportive "defense" function (Mechanic, 1978) as patients show stress from a variety of typical emotional reactions. No one knows to what degree these reactions are the result of (a) the physiology of the disease, (b) the neurological loss, (c) psychological stress, or (d) situational accommodation. Clearly, the clinical sociologist can intervene more effectively if the causes are social or psychological than if they are physiological or neurological. Whatever the cause, the clinical sociologist can do yeoman's service by sounding the alarm.

One of the emotional sequelae of MS is *denial,* inadvertently conspired in by physicians reluctant to make and announce the diagnosis. Typically, respondents saw more than one doctor over a period of several months before the diagnosis was made. Physicians' admitted reluctance is justified on the grounds (a) that there is no positive test for MS, (b) that the case could be benign, or (c) that the announcement could be traumatic, like handing down a death sentence. Not wishing to be the bearers of bad news and admit to a condition beyond the power of modern medicine, they often procrastinate, waffle, or refer to other specialists. Specialists not schooled in holistic medicine or practiced in bedside manner give the patient short shrift, fail to tease out the social psychological ramifications of the illness, and promote defining the problem as the physical condition of the victim rather than the psychosocial stress on the marriage or

family group. Denial works for those lightly affected and for a brief period, but the disease eventually demands that the inevitable be faced.

A second reaction is intermittent bouts of *euphoria* shored up by occasional remissions and in particular by false hope of imminent miracle cures. With optimism and in desperation, patients travel to Florida, Mexico, and Germany for snake venom, hyperbaric oxygen, and sea kelp. Every huckster with snake oil is bound to get an audience from patients and well-meaning spouses who, in their futile search, may drain the family of time, energy, and money. On the other hand, a case could be made for the placebo effect (Frank, 1961) of some treatment or therapy if the cost is not prohibitive. The alternative of sitting idly by and wasting away in abject resignation is no better than tilting at windmills. Patients steer a delicate course between accepting and succumbing to their limitations.

A third emotional reaction is *bitterness*. In a world believed to be just, victims ask, ''Why me, Lord?'' They curse their fate. The afflicted sometimes feel that they are being punished by a wrathful diety for some sin or otherwise hold themselves personally responsible for precipitating their condition. Bitterness takes the form of anger with God or ''catastrophizing'' about injustice (Ellis, 1973).

A fourth reaction is *self-pity*. By rights, the afflicted have legitimate complaints which make self-pity understandable, but protracted self-pity can displace adaptive responses. It can contribute to the fifth sequela—*egocentrism*. Patients become autistically preoccupied with self, *their* fatigue, *their* temperature sensitivities, *their* pain, striking the observer very much like children in Piaget's experiment who cannot take the role of the other. Egocentrism is pernicious, not so much because of the attention paid oneself, as because of the attention diverted from one's spouse and children. It may contribute to the sixth reaction, a kind of *demandingness*. Just when patients are contributing the least, they often act as if the lives of others must revolve around them. These reactions go hand in glove with an oft-reported irritability which taxes the tolerance of family members.

Another emotional sequela is heightened *sensitivity* to social *stress*. In adjusting to life, molehills become mountains; routine irritants—the job, the budget, the kids, the in-laws—threaten to potentiate symptom severity. This has unfortunate results—the well spouse adopts a pretense or walks on eggshells so as not to upset the patient and evades conflict or normalizes everyday problems that should be confronted. The spouse shelves them for an appropriate time which never seems to come. To spare the health of the patient, then, the relationship suffers from dishonesty and neglect.

The patient's self-esteem plummets from an *erosion of body image*. Muscles atrophy from disuse, grooming suffers from the inability to use one's hands, bellies protrude from sagging posture and lack of exercise, and even symptomatic

treatment with steroids produces a side effect, the appearance of a moon-face. These do not enhance one's aesthetic appeal, and one begins to connive in one's own "denial of sexuality" (Zola, 1982).

Finally, patients have trouble striking the right balance between *independence and dependence*. They may fall and hurt themselves when they should have reached out; they may insist on being babied when they should care for themselves. All this creates ambiguity in the minds of well-intentioned partners who fear helping too much or too little and are not sure whether to play the role of spouse or the role of caretaker.

Clinical Sociologist as Facilitator

To keep the marriage intact, a pivotal concept of which to persuade the couple is that of marriage as a social contract, which should be arrived at by bargaining. Couples resist this argument because of a popular bias toward the notion of romantic love. Contracts sound bloodless, clinical, legalistic, and impersonal compared to the mystique and heady limerance (Tennov, 1979) of romance. Even classic symbolic interactionists have assumed that the principles of exchange do not apply to a love relationship; to suggest that love can be exchanged like money seems to reduce marriage to prostitution!

Yet Walster et al. (1978) cite some evidence to demonstrate the operation of equity (exchange) processes even in romantic and marital relationships. Foa and Foa (1974) also show that exchange applies to primary as well as secondary relationships but that the commodities actually traded—love, services, status, goods, information, and money—differ. Reconciling love relationships with principles of exchange only requires minor adjustments in exchange theory, such as (a) a loved spouse is allowed to incur a larger debt and to take a longer time to repay; (b) commodities like goods and money are zero-sum phenomena whereas exchanging love or status tends to multiply love or status; and (c) love may be treated variously as a cost, a benefit, or an investment. In the last analysis, even relationships between altruistic lovers are utilitarian at their core. Already "utilitarian" couples (Cuber and Haroff, 1965) may resist the contract perspective the least, but relatively "intrinsic" couples may weather the crisis of the disease longer before resorting to renegotiation.

If every relationship is ultimately utilitarian, the idea of a marriage contract[3] not only helps make sense of breakups but also may point the way toward preventing them. The contract can be consciously renegotiated so that the ill spouse accepts more without feeling guilty, and the well spouse gives more without feeling angry. Realistically, the level of aspiration would be lowered, for that data showed no evidence for overall improvement of a relationship from the disease, i.e., for reorganization of the system at a higher level of functioning.

In practice, the clinical sociologist can lead discussions between marital

partners concerning the fate of the role functions previously discussed (provision, homemaking, lovemaking, therapy, recreation, and bearing, caring for, and rearing children). A decision may be reached whether the well spouse shall assume a given function, whether the ill spouse shall surrender it, whether the couple shall delegate it to another member of the family, whether it shall be reallocated to a surrogate, or whether it shall be simply malperformed or foregone.

Whereas the ill spouse is the target of medical intervention, now the well spouse becomes the focus of the contract negotiation, for his or her minimum standard must be met to prevent defection. For the mediator interested in preserving the marriage, the challenge becomes how to convince the well spouse to stay. The greater the relative resources of the well spouse to those of the ill spouse, in toto, the greater the temptation to defect, and, given sex differences in our society, for the male, the gap becomes a bigger and bigger incentive as the couple passes through the life cycle. In the marriage market, well spouses may have high "comparison levels for alternatives" (Thibaut and Kelley, 1959), no matter how their "comparison levels" (levels of aspiration) are manipulated. Low self-esteem can, however, mute the well spouse's comparison level for alternatives by causing an underestimation of marketability. For preservation of the marriage, the best combination is low self-esteem in the well spouse and high self-esteem in the ill spouse; the well member is more likely to be able to accept requests for aid and the ill member to lodge reasonable requests without apology. The worst combination is an ill spouse with low self-esteem and a well spouse with high self-esteem. The latter will be tempted to defect, and the former will lack the robust ego needed to cope.

Counseling may be available in self-help therapy groups either of patients or of significant others (caretakers). Integrating the two groups tends to inhibit freedom of speech. Family therapy is more appropriate than individual therapy in the case of MS; many a well spouse, for example, said, "*We* have the disease." Clinical sociologists can not only do marriage counseling but also facilitate "support groups" of patients or of caretakers. In their ministrations, clinical sociologists are theoretically eclectic but appreciate the importance of social location, sociotypes, social facts, and the sociological imagination (Mills, 1961). The construct of sex role,[4] for example, fine-tunes an understanding of the impact of MS, an experience which interacts with gender. Clinical sociologists are catholic in their methods but favor the use of group processes, sociodrama, and grounded encounter therapy (Swan, 1984).

Clinical Sociologist as Reformer

Strictly speaking, clinical sociologists are not advocates or activists (Glassner & Freedman, 1979). Yet it seems only fair, having emphasized adjusting the

couple to fit the situation, to raise the possibility of changing the situation to fit the couple. The prior study suggested some social changes which could alleviate the stress of the MS couple. Two such proposals are including MS as actionable grounds for divorce and extending the conjugal couple to include at least one or two other members, for example, well husband/ill wife plus ill husband/well wife. MS seems at least as debilitating as alcoholism or mental illness, which constitute grounds for divorce in many states. Allowing MS as grounds for divorce may spare the well spouse but sacrifice the marriage. Apparently, what is helpful at one structural level may be harmful at another.

Extending the family in the direction of group marriage would likewise ease some burdens but not others. The conjugal family with its delicate equilibrium of one husband and one wife hardly has personnel to spare. If one participant fails, the system tends to grind to a halt. Nestling the troubled couple in a communal living arrangement, whether a multilateral marriage, a family cluster, a cooperative, or just a communal neighborhood, provides built-in helpers for the allocation of otherwise malperformed functions. In a group marriage even the sensitive functions of sex and therapy could be shared. They are nonreal-locatable only under the closed system of monogamy whose norms these days may be honored more in the breach than in the observance. Yet group marriage requires that the participants openly violate monogamous norms, that they adopt a collectivistic attitude uncommon in our culture, and that they have the organizational acumen to manage jealousies and hostilities. Such instabilities are liable to arise in groups larger than and not divisible by two.

SUMMARY AND CONCLUSION

Based on a prior interview study of couples one of each of whom was afflicted with multiple sclerosis, a degenerative neurological disorder, this paper has sought to apply research to practice in the belief that a humanistic sociology does not just study people but helps them. Clinical sociologists can help such couples as teachers, forecasters, metaphysicians, sociotherapists, facilitators, and reformers. These roles outline a job description for the clinical sociologist in the case at hand.

NOTES

1. For a quarter of a century, medical sociology has concerned itself with the ideal type of "sick role" introduced by Parsons (1951). Its norms call for the sick person to be excused from normal duties, not to be blamed for the sick condition, to desire to get well, and to seek competent help to do so. Yet the concept of the "sick role" seems inappropriate to multiple sclerosis, an apparent exception to this ideal type in almost every respect. A critic, Freidson (1962), for example, notes that handicaps may not involve the attention of the physician, the motivation to recover, or the exemption from normal activities. No help is competent enough to cure the incurable, but Parsons

was never farther from the mark than when he suggested the norm of exemption from normal responsibilities. As therapists with the severely handicapped (Kir-Stimon, 1977) advise, it is a fallacy for the patient to believe that he or she will be absolved of responsibility because of illness or for the therapist to believe that the patient should be paternalistically treated as a "sick person." MS is a chronic, not an acute, condition. In all fairness to Parsons, however, he has recognized (1975) that recovery may be impossible, whereupon the goal becomes to minimize incapacitation.

2. Sexual separatism may benefit working-class couples with MS. Research (Komarovsky, 1967) suggests a blue-collar pattern in which husband and wife move in different social circles. Compared to middle-class couples, they spend more time with same-sex friends and kin. The ill wife in one of the better adjusted couples in the prior study, for example, had excellent rapport with her blue-collar husband, primarily by sparing him details of her MS. Instead, she leaned heavily on a support system of mother and grandmother who lived nearby.

3. A preoccupation with social exchange, i.e., with counting how much you are giving and how much you are getting, may be symptomatic of a decaying relationship (Brehm, 1985). "Keeping score" bespeaks a basic lack of trust. If this is true, then contract renegotiations may only forestall rather than prevent marital dissolution. Renegotiation is also precarious because it entails so-called "serial polygamy to the same person" (Jourard, 1976). The robust individual married years earlier may bear little resemblance to the hapless spouse transformed by MS. Renegotiation, therefore, resembles matchmaking.

4. The impression prevailed among the directors interviewed that the well wife is more likely to remain in the marriage when the husband is ill than the well husband when the wife is ill. Assumptions that women are more loving or devoted may be exaggerated. When the husband is ill, the wife simply extends her caretaker role to cover her spouse. The well husband may have to delegate caretaking to extended kin, eldest daughter, visiting nurse, etc. As a matter of fact, there is *less net change in the system* when the husband is ill than when the wife is ill. If the wife is ill, change is required in four of the six roles: therapy, sex, parenting (particularly bearing and care), and home-making. If the husband is ill, change is required in but three: therapy, sex, and economic provision. Moreover, if, as in traditional marriages, women report less interest in sex and do more therapy than their husbands, then disturbance in the nonreallocatable functions of sex and therapy has a more deleterious effect when the wife is ill.

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Teaching of Clinical Sociology

Sociologists Teaching in Business Schools: Prospects and Opportunities

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ABSTRACT

This article discusses the issues and experiences facing sociologists who take jobs in business schools, including the differences in political environment, the interaction and differences between sociologists and psychologists and sociologists and economists, teaching style and technique, and consulting opportunities. It also discusses the intellectual opportunities which come from exposure to research literature on a broad range of social phenomena at different levels of analysis and the access to research within and on corporations. Throughout the article the emphasis is on translating from sociology to management language, assumptions, and conventions of behavior.

Since the end of the extended economic expansion of the 1960s and the beginning of the economic woes of the 1970s and 80s, US students—and the populace at large—have showed an increasing interest in business, both as a career and as a field of study (National Center for Education Statistics, 1983–84:118–19). The result has been a tremendous expansion of business schools in the US and the enamorment of the MBA as an academic ticket to success. Simultaneous with the growth of the numbers and sizes of business schools has come a movement toward their accreditation, with increasingly stringent standards. Whereas business schools were for years professional schools dominated by practitioners with "business experience," they have increasingly moved toward concern with developing a research faculty, most of whom have

not worked in business careers. There has not been, however, a sufficient number of research oriented Ph.D.s trained in business schools to fill the demand for new assistant professors. As such, business schools have in the last few years, as never before, opened their doors to graduates of a variety of disciplines. Of interest to this paper is the movement of sociologists into business school positions and careers. Based primarily on my experiences and discussions with others who taught in sociology departments and then transferred to business school jobs, this paper describes the major issues and likely experiences sociologists who take jobs in business schools will face. It also discusses the differences in political climate, interactions with colleagues with training in psychology or economics, teaching and consulting.

Academic Politics and Business Schools

During the 1960s, with social unrest rampant and social change underway in every corner, universities tended to favor their social science departments. The departments grew as students flowed to graduate study in sociology, political science, and psychology. Especially in sociology departments, which see their province as the study of "social problems," an anticorporate and antiestablishment orientation developed among many faculty and even more students. Radical sociologies in a variety of subfields flourished, and indeed, some of the best work by sociologists in the 1970s was done by sociologists who identified themselves as radical, often explicitly as Marxist, sociologists. Yet some of these same sociologists, whose fields of interest often included the study of organizations and the labor market, found themselves on the wrong side of the tenure crunch and subsequently sought positions in the growth sector of the business school.

For many radical sociologists, business represents all that is wrong with the country, if not the world. The business world is seen as one of power and resources to effect self-interested outcomes in all of society. The hype surrounding the growth of the MBA degree has not moderated that image. In fact, it has reinforced it. The talk of fast-trackers up the corporate ladder who, through perseverance, hard work, and unmitigated self-interest, strategically "streamline" corporations to their own benefit but at the expense of millions of workers has been a frequent subject of the press. The image many sociologists have of the MBA way of running corporations is further embellished by talk of power eating, power dressing, and power negotiating.

Not all MBA students are as aggressive or as narcissistic as we in the social sciences often assume. This should be obvious when we consider that as many as 40% of current undergraduates are majoring in job-related fields, including business and management, the health professions, computer and information sciences, public affairs and service, and engineering (National Center for Edu-

cation Statistics, 1983–84:118–19). Of these fields, the largest increase by far has been in business and management; it has far outstripped even the other job-related fields in the increase in the number of majors. This means that many who would have been sociology majors or majors in the other social sciences or humanities have now chosen to major in business, but they may not be any different in their political or social orientations than if they had not pursued a business career. This depends, of course, on how much socialization takes place through the courses one takes, and clearly the intent is that it is substantial, but other social influences still play a significant role in the lives of all undergraduate and graduate students, including those students now working toward an MBA.

Getting a Job in a Business School

Because the recent demand for people to teach in business schools has exceeded the available supply of Ph.D.s in management, it has been possible for sociologists (and those from other disciplinary departments) to get jobs in business schools without specific business training. Although I have not attempted to count the number of sociologists now employed in business school positions, I would guess that there are 50 to 100 with Ph.D.s in sociology now teaching in business schools. Those sociologists most likely to be hired are those with specialties in complex organizations or studies of the labor force. These sub-disciplines translate into what management people call "organizational behavior" and "human resources." Sociologists with backgrounds in social psychology might be asked to teach group dynamics, if hired in a business school, but they would also be expected to teach organizational behavior.

In most management departments in business schools, where sociologists are most likely to be hired, a course in organizational behavior (sometimes called organizational management) is usually part of the required curriculum. The requirement is sometimes divided into a micro course with an emphasis on personality, motivation, and leadership and a macro course with an emphasis on organizational design and structure. Otherwise, both micro and macro issues are combined into the same core course.

Those who get a Ph.D. in management typically will get an MBA degree along the way or at least will take the equivalent of introductory MBA courses. This is not usually the case for sociologists or those from other social science disciplines, and it would not automatically be expected for one to be hired in a business school. What would be expected, though, is familiarity with the types of courses taught in business schools and an understanding of the accepted method of teaching, as well as willingness to adapt one's teaching to the more applied orientation of MBA students. It would also be expected that one would orient one's research to topics more directly related to management issues than is typical of what one does within a sociology department. Of course, any

preparation specifically in business or management would be looked upon favorably.

Sociologists and Psychologists

Sociologists, with or without a radical orientation, have often been skeptical of business schools because psychologists tend to dominate in the business school departments where sociologists are typically hired. The macro orientation taught to sociologists as a professional bias has often manifested itself in a cynical orientation toward problems defined in micro terms. This is perhaps less true for those sociologists trained in social psychology, but they are not typically the ones, in my experience, hired from sociology. The sociologists who are generally hired, namely, those who specialize in organizational sociology, learn of business school studies only the critiques of the human relations school (e.g., Perrow, 1979). As a consequence, they view the management style derived from human relations theory as a disingenuous and manipulative practice in corporations. When such sociologists are hired in departments of organizational behavior or management, they find themselves having to teach about the very subjects that in their lives as sociologists, they considered suspect: motivation, leadership, and the importance of communication.

The gap between sociologists and psychologists is wider than one might expect on a number of dimensions. Sociologists define themselves as ''social'' scientists; psychologists as ''behavioral'' scientists. Although this may appear to be only a semantic difference, it implies a difference in concept and method.

The methodologies typically employed by sociologists and psychologists are quite distinct in practice. In recent years most quantitative studies in sociology have used regression analysis; psychologists more frequently use analysis of variance. Although the two methods are related, there are very different assumptions between sociologists and psychologists about how one proceeds in data analysis. A sociologist would typically use regression analysis with dummy variables to compare differences among groups. A psychologist would do the same analysis with an analysis of variance procedure and may be very suspicious of drawing conclusions from the use of dummy variables. This is, in part, because of some other differences. Sociologists tend to be more concerned with the size and generality of samples; psychologists are far more concerned with research design and the validation of measures.

There are also differences between sociologists and psychologists on the conventions of publishing. Sociologists on large projects do group work and publish with multiple authors occasionally, but there are rarely more than three names on a single article. Psychologists frequently work on group projects, usually publish with multiple authors, and it is not unusual to have three, four, or more authors on a single article. As such, the standards about how much is

Table 1

Distribution of Number of Authors on Articles in *American Sociological Review* (ASR), *Academy of Management Journal* (AMJ) (for Spring, 1983 to Spring, 1985), and *Journal of Applied Psychology* (JAP) (for 1983-1984). Number of articles (percent of total).

	ASR	AMJ	JAP
1 author	61	30	34
	(53.5%)	(25.0%)	(21.1%)
2 authors	41	69	74
	(36.0%)	(57.5%)	(46.0%)
3 authors	11	16	31
	(9.6%)	(13.3%)	(19.3%)
4 authors	1	5	19
	(.9%)	(4.2%)	(11.8%)
5 authors	0	0	1
			(.6%)
6 authors	0	0	2
			(1.2%)
Total Articles	114	120	161
Average # Authors	1.55	1.84	2.29

enough productivity is often distinct for the two groups. Most psychologists from good schools come out of graduate school with several published articles done in conjunction with research projects organized by their major professors. Sociologists are more likely these days to have publications by the time they graduate than was true a decade ago, but more typically, whatever they have published will be from a masters thesis or dissertation, not from a project designed and organized entirely by their major professors.

Table 1 provides data on the distribution of the number of authors on articles published in three journals over a comparable two-year period: *American Sociological Review* (ASR), *Academy of Management Journal* (AMJ), and the *Journal of Applied Psychology* (JAP). This is a conservative test, because among sociological journals, ASR is more likely than others to have joint- or multiple-authored articles. AMJ, which is the major journal in organizational management, is more likely than a psychology journal to have single-authored articles, even though it is dominated on its editorial board and among its authors by those with training that is more psychologically than sociologically oriented. JAP is one of the major research journals for organizational psychologists.

The table shows that the average number of authors on articles published during this period was 1.55 in ASR, 1.84 in AMR, and 2.29 in JAP. If these differences are typical, and I believe they are, any given psychologist compared with any given sociologist is likely to have more articles published, for example, at the time of a tenure review. The scholarly productivity of sociologists, therefore, will appear to be less than for those from psychology backgrounds, and one may wonder if this disciplinary difference in publishing conventions is taken into account when candidates are evaluated. And, if this is a conservative test, as I claim, the differences would be even greater than is suggested here because much sociological research is completed and published by individual researchers, and many sociological journals would have even fewer multiple-authored articles than ASR.

Sociologists and Economists

In addition to being hired into departments usually dominated by those trained in psychology, sociologists also find themselves in schools otherwise dominated by economists or specialists in finance. (The distinction between the two within business schools is very clear, but their training is sufficiently similar to consider them together here.) Economics, of course, is the other field toward which sociologists hold a fascination, but a critical one. Those trained in quantitative methods are intrigued by the methodological precision required in econometrics, but at the same time, they feel that the very things which make economic models precise is what divorces them from the realities of social life.

The differences between the disciplines of sociology and economics, like those between sociology and psychology, are also more than might meet the eye. The language, as we all know, is different, and it often seems strange to hear someone trained in another discipline describe phenomena with which you may have thought you were familiar. For example, sociologists, with their frequent orientation toward social problem analyses, often balk when economists talk, for example, of "preferences" for substandard housing or for leisure over employment. Sociologists are also often surprised to learn that many economists do not use data in their academic work, but rather concentrate their efforts on model-building. In contrast, sociologists are very data oriented and almost always try to find ways to test their models on the "real world."

Even with these differences, though, the accommodation of sociologists to economists is perhaps less difficult for sociologists to make than to psychologists. The more macro orientation of economists, compared to psychologists, is more consistent with sociological perspectives. Even micro-economics, which is, of course, the foundation of current economic thought, is macro compared to psychology in that the outcomes with which micro-economists are concerned are behaviors in the economy as a whole. In that sense it is analogous to the use of

survey analysis of individuals by sociologists. In contrast, psychologists are often concerned with the behavior of an individual person or a small group, but they rarely discuss general psychological trends in the country. For sociologists teaching in business schools, though, the similarities between sociology and economics may seem few, when sociologists realize that in the tenure review process, their work will most likely be reviewed by economists, as well as by psychologists.

Teaching Style

In part because the faculties of management departments are likely to be trained in psychology, the style of teaching typically done in a business school—at least in management departments—is quite different from that most often used in sociology departments. In a word, teaching in a management school is "experiential," whereas in sociology departments, it most typically is not. According to Hall et al. (1982:3), experiential learning is based on five assumptions drawn from learning theory (or the psychology of learning): 1) Learning is more effective when it is an active rather than a passive process. 2) Problem-centered learning is more enduring than theory-based learning. 3) Two-way communication produces better learning than one-way communication. 4) Participants will learn more when they share control over and responsibility for the learning process than when this responsibility lies solely with the group leader. 5) Learning is most effective when thought and action are integrated.

In business schools, experiential learning includes the use of experiences and cases. Experiences are ways to practice a concept or relationship or ways to make it appear relevant to the individual learner. In practice, it may involve a large class breaking down into small groups for discussion with provision for reporting back to the larger class, a role-play (or an open-ended way of acting out a given situation or interaction), a game (usually with competing teams), or other means to effect the same end of actively involving the class in the learning process. In business schools, cases are stories of real-life organizations facing a crisis, an important decision-making situation, or even an example of success. Most good cases are also open-ended in that they do not present a specific and defined question or problem to resolve, but rather it is left to the students to determine through discussion how the case applies to the concept or issue at hand and what action might be recommended. The most famous example of the use of cases is at the Harvard Business School (HBS). Much of the teaching at HBS is done through cases, and they make cases widely available for sale for use in business schools throughout the country.

Sociologists attempt to effect the same results as occur in experiential learning by using examples in lectures. But despite good intent, examples are often an afterthought and far fewer than students want. Also, examples are still theoretical in that they present additional material to students to assimilate, without

involving them actively in the process of their own learning. In contrast, experiences and cases force students to be engaged with the material, and learning theory indicates that they are thereby more likely to learn it. What I am claiming here about sociologists, of course, is probably generalizable to much of the teaching done in the arts and sciences.

Students—and faculty—who have been exposed primarily to a lecture format in teaching are often puzzled by experiential learning techniques when first confronted with them. In some cases, they may be actively hostile and feel that teaching has turned into game-playing. I have found, however, when I compare the classes I taught in organizational sociology in sociology departments with comparable classes in organizational behavior in management, that students in the latter are far more satisfied with the course. Whether they also learn more I cannot say, but they think they do.

Teaching by way of the experiential method has another dimension, namely, it is also consistent with the way managers in corporations think about learning. Of course, many managers were trained in business schools and are exposed to experiential learning through their own training departments. They are often quite puzzled by the academic penchant for theoretical discussion, compared to practical application. Even if the goal of interaction with corporate managers is to get them to change an attitude or to make a specific kind of decision, the chances of success are far more likely with easily understood applications than with theoretically based logic. For both consulting and research, knowing this difference in orientation may be important for sociologists who want to gain access and resources.

In addition to style, the technique of teaching is different in business schools, and hence, in corporations. Faculties from business schools frequently (if not always) use overhead projectors in all presentations, especially those in the classroom. Classrooms are frequently equipped with projectors and screens. The same is true for managers in corporations. They take for granted the use of "overheads" or other visuals in presentations. Even when the visuals are not really visual, but verbal, every major point is presented on an overhead, so that it can be read at the same time it is being discussed. Learning theory again applies: a picture is worth a thousand words. Those who can see what it means (or even see it, period) are much more likely to learn than those who only hear it. This distinction would be readily apparent to anyone who attended both the American Sociological Association meetings (ASA) and the Academy of Management (Academy). One will find at ASA few, if any, presenters who use an overhead projector. That would not be the case at Academy meetings, where many, if not most, will do so.

Classroom techniques carry over into other interactions as well. In my experience in business schools, almost every meeting, no matter how informal, will have a written agenda provided by the person running the meeting. This is

true for faculty meetings, for working lunches, and for more formally identified task forces or committees. It is assumed that putting the agenda in writing will save participants from having to spend time discovering what the session is about. And it does.

Teaching materials, in my experience, also differ between business schools and sociology departments. In the years I taught in sociology departments, I never assigned text books for classroom reading, and I knew few others who did. Instead, I typically assigned a series of "issue" books. That is, class time was used for presenting the basic material, while assigned reading was for illustrations, examples, and applications. This style is the exact opposite of what I now do in business school teaching, where class time is for illustration and outside reading is for learning the literature and research.

In addition, among the many textbooks sent to me for use in sociology classes, I remember only a few which included a teacher's manual of any substance. This is quite different in business schools. In management classes for the MBA, textbooks are frequently used, and they are accompanied by a mountain of supplementary materials for the assistance of the instructor: a teacher's manual with prepared lectures and suggested formats, discussion questions and answers, test questions, experiences, cases and case analyses, and "overheads." Some currently available textbooks also provide computer exercises—with answers, of course. Although, as is typical for textbooks, these materials may be quite variable in quality, they are exceedingly useful for the instructor and provide a means to incorporate structure in the unstructured experiential learning format.

Consulting

Being in a business school provides sociologists with opportunities for consulting, which are also available, but on a much less extensive scale for those within sociology departments. That difference need not be true, but it seems to me that sociologists have not been used by corporations as consultants as much as they might be because they have not been sufficiently attuned to the differences in the use of language and conventions and have not had a clear sense of their markets. To be successful as a consultant requires that you know what it is you have to sell. Sociologists who want to do consulting with corporations sometimes make the mistake of trying to sell skills for which psychologists or economists are better trained and better known, instead of selling those skills which are unique to sociology (or at least more familiar) and which are more easily credible with the business community.

Organizational sociologists are, perhaps, most vulnerable to this temptation, because sociological theories of organizations often seem far removed from prescriptive action. For example, one may know that the relationship between measures of centralization and stratification in organizations is positive and

between .2 and .3, but this does not easily suggest action to be taken. Furthermore, sociologists have not typically stressed outcome measures, such as efficiency and effectiveness, although there has been substantial work on innovation. In fact, some have criticized organizational sociologists for orienting their work even to an implicit image of efficiency (e.g., Mouzelis, 1968).

If sociologists want to use such theories for consulting with organizations about how to improve their functioning, they should know the conventions of how this might be done. Changing organizational structure is done, for obvious reasons, at a very high level. In management, it is linked to what is called "strategy" or "policy." Strategy involves both internal and external analyses of where the organization fits and how it might best shape itself for profitable endeavors over a given period of time. Internally, strategy involves helping the organization understand what its business is really about. Externally, it involves helping the organization understand what forces impinge upon it that may affect its ability to reach its goals, who its competitors are and their likely actions, and niches of opportunity, given the characteristics of the organization.

This sort of work is clearly the province of MBAs, usually working with major consulting firms, in conjunction with the highest levels of corporate management. It is unlikely that sociologists would be hired by major corporations for such work, in competition with the myriad of management consulting firms filled with MBAs trained in strategy and policy. There may, however, be a large market for such work with medium and small businesses, but even they are likely to want strategy as defined by major business schools. Organizational theory in sociology, then, has more to do with what management people call "organizational design"—i.e., how to structure the organization—than it does with strategy or policy. Even so, management consultants usually recommend changes in organizational design only after a careful analysis of strategy from a business perspective. For sociologists to use their knowledge and skills successfully to help design or redesign corporations, they need to learn the language and orientation of business, including most likely, some accounting.

Another area where sociologists might want to use their skills in consulting is in the area of organizational development and change. I recently talked with a young woman who saw this as an area where she could develop a business career from a sociological background. However, by development and change, she meant the same kinds of theories about centralization, formalization, and innovation that I just discussed. In the business world, however, organizational development and change has more to do with creating an atmosphere within the organization to facilitate organizational members working well together. It involves such things as team building and sensitivity training. Again, sociologists can easily learn how to do it and how to adapt what they know to problems of interaction, but they must know that that is what is involved when businesspeople talk about organizational development and change.

Another area where sociological training would seem to be a natural extension is training, and businesses do a lot of it. The primary skills needed are good communication and presentation skills. Even here, however, sociologists should know that some adjustments must be made, for training departments in corporations will assume the same teaching techniques, based on the psychology of learning, that were discussed earlier. They will assume the use and familiarity with flipcharts, overhead projectors, and slide projectors, and presentations with a lot of visual material.

The kind of topics which are most often covered in corporate training programs are things which may appear mundane, like written and oral communication, how to run a meeting, or time management. Again, these are topics which have their own conventions within the management literature. Sociologists can easily learn them, but they need to be aware of the wealth of material already written on such topics. Even so, this need not be a major barrier to doing consulting in training departments because many large corporations use already prepared materials and simply need people skilled in presenting it.

If you are asked to write a new course or presentation for a corporate audience, you should be aware of the conventions of instructional design, a subfield within education. One of the major guidelines in instructional design is the writing of objectives. All material to be learned is to be organized with clearly laid out objectives which are presented upfront in any course and reinforced throughout. Instructional design also presumes knowledge of learning theories, including the need for constant reinforcement and the involvement of the learners in their own learning.

These are just examples of areas where sociologists could be involved in corporate consulting, but where they also may make many mistakes if they approach it without doing some preliminary preparation as to the language, assumptions, and conventions of the business world. There are many other areas as well where sociologists could consult with business and where they have a great deal to offer. But, they will not be utilized if it is not packaged correctly and presented in a way that corporate managers will understand what is being sold. Examples include: the whole range of topics dealing with small group interaction, including conflict resolution, understanding power and influence techniques, communication skills, and negotiation tactics; analysis of communication flows and information processing needs; industrial relations; leadership; employee attitudes; and compensation studies.

To some extent, what sociologists can most offer in building a consulting record are the methodological and general social science skills they have. Many businesses need or want surveys done. Typically, they hire nonacademic consulting firms, but could just as well hire academics. Reasons they go to nonacademic firms are: they want quick turn-around, and they want sophisticated, but clear and to the point reports (again, with many visuals, not just tables).

Because of the decline in social science jobs in universities, many Ph.D.s have ended up in corporate careers, so it is not unlikely that the person who will hire you to do a survey in a corporation will be a fellow Ph.D., with some background in statistics and methods, but with very precise business needs.

In addition to surveys, sociologists also have skills to run what in the corporate world are called "focus groups." These are typically groups of consumers, for example, in advertising, who are asked to talk about their responses to a product or service. The person running the meeting must know how to get the group to reveal their thoughts, without intimidating them, guiding them, or permitting group dynamics to get out of hand which will undermine the goal of getting good information. Sociologists learn these skills in a variety of ways, not only in running classrooms, but also through the use of unstructured interviewing techniques. Businesses of late have also been very interested in qualitative studies, as they have become more and more intrigued with the notion of corporate culture and want to know what the underlying values are within their firms.

Opportunities for consulting are available in business schools, but are not necessarily automatically provided. Many of the largest and most prestigious business schools are regularly called by potential clients who are then referred to members of the faculty, either individually or through a school-organized consulting program. In most cases, though, I think that people develop consulting practices through their own efforts, by making contacts and letting people know what it is that they can provide for them. The easiest way to develop contacts is to write or publish something or to give a presentation of which businesspeople become aware and see as of value to their business. Consulting opportunities can also grow out of research. One may gain access to a corporation for research purposes, then after the research is completed be asked to do other work for the corporation on a consulting basis. Such an outcome is more likely if one provided the corporation with a useful report on the research results, as a tradeoff for the opportunity to gain access.

Advantages of Teaching in a Business School

For business schools, the interest in hiring sociologists is their research training. And, because the business school position is often a second job rather than a first, sociologists who are hired in business schools usually have a record of publication by the time they are hired. For sociologists, the interest in business school jobs is not only because the prospects for obtaining a position are often greater than in sociology departments, but also because they have been caught by the same cultural wave that has led students to major in business in ever increasing numbers; to put it bluntly, it is where the action is. Business schools pay higher salaries, provide more resources for research, access to consulting, and importantly, access for research.

The greater access to data on the corporate world can provide a tremendous source of enlightenment for sociologists on many of the problems they have wanted to study. A good illustration of this interest is the recent emergence of a new subfield called "economic sociology." It typically involves many issues which have been the province of business schools: capital structures and flows, interlocking directorates on corporate boards, the structure of decision making and internal labor market mobility within corporations, etc.

Because of the social movements of the 1960s, however, the discipline of sociology has negative connotations to many businesspeople. Thus, it is undoubtedly more difficult for sociologists from sociology departments to gain access to study corporations regarding any of these issues than for sociologists from business schools. This is also true because sociologists often do not use the same language as businesspeople. For example, a sociologist who has not been involved in consulting work may refer to "organizational intervention" and mean the actions a corporation takes in the community, whereas a management person will mean by the term the use of a program within the corporation to effect change. Yet, for the same reasons discussed in regard to teaching and learning theory, being on the inside and seeing what is happening enables one to learn so much more than is possible by theorizing about it from the outside.

Another advantage of being in a business school is the exposure which one can gain from the closer contact with psychologists and economists to the study of a wider range of social phenomena than otherwise would be possible. Sociologists in business schools may find their own sociology better informed because in business schools they frequently have to shift levels of analysis and give thought to how different levels might be integrated. (Of course, this is not true for all sociologists in business schools. Some may just as well narrow their focus, but this is much less likely, because unless the business school is very large, the interdisciplinary nature of the school will make it difficult to avoid exposure to this broader perspective.) The failure of most sociologists (and for that matter psychologists as well) to integrate levels of analysis is exemplified in my earlier comments about the cynicism which sociologists of organizations have often expressed about work on motivation, leadership, and communication. Although in the last few years, the subjects of organizational culture, symbolism and myth have received more currency among sociologists than previously (e.g., Meyer and Rowan, 1977; Meyer and Scott, 1983; Pondy et al., 1983), these are still well within the realm of sociological thinking. Motivation, leadership, and communication are still not familiar topics to most sociologists.

An example of how a more integrated perspective can better inform sociological thinking is easily found in the response of sociologists to work on leadership. Those from schools of management often write as if leaders create change in organizations and shape behavior within them at will. Their actions are fundamentally linked to notions of strategy, and it is assumed that strategy determines structure (Chandler, 1962).

Such work is part of the body of literature taken for granted by organizational sociologists, but it is also often used as a foil against which "sociological" or "structural" interpretations of organizational behavior and change are presented. In fact, an active debate about the relative efficacy of leaders versus structures gained substantial attention in the literature. Those arguing for the importance of leadership were typically from management schools, while sociologists took up the banner for structure. The debate ended with a compromise, which within sociology is called "strategic contingencies" theory. It argues that under certain conditions, decisions by leaders make a difference, but otherwise the effects of structure prevail (Child, 1972).

What is still at issue is the breadth of those strategic contingencies. How much latitude does a decisionmaker have, independent of the constraints of organizational structure and the environment? If one reads the currently popular business press, which has apparently also had a major effect on the development of the sociology of organizations, leaders have a great deal of latitude. In fact, selling leadership has become a new growth industry within management (which always provided a ready market). But leadership in this form borrows heavily from sociology: leaders are said to be charismatic, the symbolic embodiment of values in the corporation (Deal and Kennedy, 1982; Pfeffer, 1981; Trice and Beyer, 1984). The need for each discipline to enlighten the other in the meaning and manner of leadership is obvious in this case, but the same could be said for theories of motivation with theories of socialization and theories of communication and of information-processing with theories of social interaction, for example. Without belaboring the point, it seems clear to me that sociology could be informed by exposure to levels of analysis other than the structural (see DiTomaso, 1982)—and vice versa.

Both the intellectual and the occupational advantages of teaching in a business school are many. However, there are also clear disadvantages. Among other things, a business school is a different environment from a sociology department, and as such, taking a job in a business school constitutes changing fields. It requires learning a new language and literatures, meeting new colleagues, developing new networks, writing for new journals, and attending new conventions. It means that some aspects of sociological training can be developed far more extensively than might be possible in a sociology department, e.g., organizational sociology (or organizational theory and behavior) and studies of the labor force (or human resource management). But, the tradeoff is that other topics within sociology are likely to be part of one's past or indulged only in infrequent engagements with other sociologists.

There need not be isolation, however. In my case, I have an appointment in a sociology department and I attend the sociology conventions. In addition, there are now so many sociologists teaching in business schools across the country that it is easy to maintain a network of like minds within management.

At the same time, the market for sociologists in business schools may be narrowing, because of the leveling off of growth of business schools and the increase in the number of Ph.D.s in management. On balance, though, the advantages, from my view, outweigh the disadvantages, and evidently that is the judgment as well of many other sociologists.

Conclusion

Teaching in a business school is only a step away from teaching in a sociology department, and yet it brings one much closer to the application of theory than is often necessary within sociology departments. In a disciplinary department, like sociology, one can choose to do applied work or not, but most often the focus and rewards are to those who do theory. In a professional school, like business, research is rewarded, but it must be done in the context and with an orientation to the application of conclusions. In addition, teaching in a business school is more consumer oriented than is often true in a sociology department. One often finds in a business school that the best known researchers are also good teachers; that is not necessarily the case within sociology departments. Whether students in your classroom or corporate clients in your consulting activities, both are looking for usable knowledge and may have little tolerance for knowledge for its own sake.

Although such an attitude may appear crass and anti-intellectual to those of us whose lives are spent in universities, the positive challenge is that it forces one to think more seriously about the linkages between theory and action, and in doing so, we often find that our theories are made better for the effort. There may be a temptation to be too opportunistic, in which case we develop theories around limited applications and later find that the theories do not hold when tried in another context. The value of linking theory and practice, however, is that we often learn more about theory when we attempt to use it. That is why those with ''experience'' seem so much more valuable to a university or a corporation than those fresh out of classroom training.

Teaching in a business school may not be markedly different from teaching in any professional school. Most are more oriented toward application than is true of disciplinary departments, and in most the interdisciplinary composition of the faculty forces one to confront the boundaries of one's assumptions. It has been only recently, however, that sociologists have developed a visible presence in business schools, and this opens the door to new opportunities and challenges for sociological theory and practice.

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Studying Socialization and Learning about Oneself in the Classroom

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ABSTRACT

This paper describes an experimental effort in a sociology class to learn about socialization and about oneself from personal experience. With the help of autobiographies and self-disclosure sessions, problematic and/or "irrational" areas of everyday life were examined. The distress engendered, and the accompanying emotion, were brought into special focus by each class member. These everyday experiences were considered in light of past experiences in the socialization process to which they seemed connected. The outcome of this effort, it was hypothesized, would lead to improvement in the lives of student participants. Self-reports of students themselves provided evidence in support of the hypothesis.

I

Although psychoanalytically oriented theories are popular among clinicians and some educators, they currently face formidable challenges from a series of new approaches to human growth and development. The new approaches offer the promise of understanding ourselves in ways that make higher levels of well-being more readily available, to larger numbers, within shorter time intervals, and with increased adaptability to the customs of highly technological, industrial societies.

One of these approaches to human well-being that has made some impact among educators has focused critical attention on the break-up, or separation, between the emotional and intellectual life. It argues that the emphasis on science and technology in our Western culture has led to a divorce of the intellect from emotions, and that their separation has disposed us to increasingly nonfunctional,

and disfunctional, adaptations (Brown, 1971; Brown, Phillips and Shapiro, 1976). Many of our social and personal problems such as crime and delinquency, divorce, and violence, it is argued, can be traced to this source. This approach seeks a confluence, or a putting back together again, of the intellectual and the emotional aspects of ourselves in the learning process, that is, in education. Such confluence, the assumptions argue, will be instrumental in the achievement of more healthy human adaptations. Basically, it is an aspect of this assumption that this paper addresses.[1]

The growing literature on clinical sociology has potential for modifying our theoretical and conceptual thinking and our practice of sociology in important ways. There are several new directions in this emphasis that are challenging and provocative: making sociological research and knowledge relevant to change; emphasizing Verstehen, intersubjectivity, and the subjective in human behavior; encouraging honesty and openness with research subjects, and inclusion of this as part of research methodology and reporting; taking into account the connection between one's research area, or issue, and its importance and meaning in the life experience of the investigator. While in some ways these directions are not totally new to the sociological enterprise, their inclusion in a disciplined emphasis should surely produce new thinking and important new modifications of our work and in our person. Although the current research was not conducted with the clinical sociological vision, as such, in mind, it is clear that many of my sociological concerns are the same as promoted in this emerging sociological specialty (*American Behavioral Scientist*, 1979; Berg and Smith, 1985; Swan, 1984).

The research described in this report is the result of an experimental effort to utilize the subjective life and intersubjectivity in a sociology class to learn about socialization and the self from personal experience.

For the past several years I have developed, refined, and utilized a teaching format based essentially on the same assumptions as the confluent idea. In this format, use is made of the socialization concept, which refers to the process of internalization of norms, values, and behavior patterns by individuals. This central idea in sociological and social-psychological thought has a direct bearing on group and individual behavior. Yet, the concept has not been sufficiently mined for its utility as a source of personal insight, understanding, and growth.

Promoting personal growth and development in academic settings has been the focus of a number of earlier efforts. The work of Jan Fritz (1979), a clinical sociologist, has important similarities to my own. Both efforts seek to engage students in the subject matter around central concepts of the discipline (socialization in my case and a range of concepts from introductory sociology in hers). We both attempt to bring the concepts into the meaningful, important, and problematic areas of student lives. While many academic courses accomplish this by the sheer force of the subject matter, such efforts as ours are by more

deliberate design. Sociology 183AB, an academic class in a major university, has been the focus of my work in this area.

Students in the class are expected to learn about themselves and their socialization through autobiographies and to relate past experience to current problematic aspects of their lives. As the distress surrounding past socialization is identified, discussed, and emotionally responded to, the theory suggests more effective functioning in the here-and-now. The outcome of classwork with this viewpoint should mean that things begin to improve in the lives of involved persons. Currently, this remains largely an assumption in need of documentation. One way of beginning to test this claim empirically in an academic environment is through self-reports of students who have been class participants. The following discussion is addressed to two primary assumptions on which the course rests, to a description of the course itself, and to reports of students who took the class. The implications of these findings will also be discussed.

II

Proposition 1: The learning and relearning that characterize the therapeutic process are also major goals and outcomes of formal education, especially in liberal, democratic educational and social systems.

Sociological attempts to explain the dynamics of early socialization and the rise of problematic behavior go back to the work of George H. Mead and the tradition now called symbolic interactionism. It emphasizes the importance of communication, cue-taking, and taking the role of the other as crucial for understanding cooperative social and interaction processes. We know, however, that this is but part of a more comprehensive picture. Underemphasized and sometimes missing from this view, is the realization that conflict, antagonism, and breakdown are ever-recurrent realities in social relations. Cue-missing is probably as extensive as accurate cue-taking. Even in contexts where participants appear cooperative, this may rest on unreasonable and debilitating constraint and dissatisfaction by one or more parties.

Symbolic interactionism does not fully encompass the conflictual and dissociative aspects of socialization. This is due to its failure to map the socially relevant analytic units of intrapsychic life, which I believe is based on its inadequate acknowledgement of repression and the unconscious as central dynamic features of the socialization process. On this issue, the clinical tradition offers clear and unambiguous testimony.

The work of most clinicians who use a distinctively therapeutic format, an artifice or special contrivance of primary relations, shows the importance of repression and the unconscious on intrapsychic process and constructs. At the same time, clinical work makes plain the association between intrapsychic life,

interpersonal relations and the social organizations and institutions of the society. These intrapsychic constructions (often submerged in the unconscious) and their relationship to one another, to individual behavior, and to the cultural and social patterns of the society (also often submerged in the unconscious) are brought into awareness in therapy. This awareness gives rise to new thoughts about oneself and one's world, thereby making more satisfactory personal adjustment possible. This appears to happen in spite of the lack of agreement among clinicians as to causation of such changes.

Of the several ways of understanding severely disjunctive, debilitating, or traumatic aspects of early socialization, some provide promising directions for further and sustained research (Freud, 1953; Goldberg, 1984; Gruntrip, 1973; Kernberg, 1976; Klein, 1975; Mahler et al., 1975; Segal, 1964). For example, Margaret Mahler has described how trauma may occur during the very early years of infant and toddler development as the new person emerges from symbiotic attachment to the mother toward "individuation." Freud emphasized the same early years but focused on erotogenic zones and the intrusion of "instinct" development into psychic life. For Kohut (Goldberg, 1984) the patterning that results from early instances of severe "empathic failure" is particularly pathogenic, giving rise to narcissism and borderline conditions.

The experience of Soc 183AB is assumed to have a corrective influence on such past trauma. Each class participant's increasing range of accurate information about him/herself and about past and present severely distressing experiences allows redefinitions to occur. These redefinitions give rise to a more integrated conception of oneself and of one's world view, or just as Dewey (1916) suggested. An associated emerging development is a decline of perceptual distortion in selected role-enactments, and a consequent increase in cooperation and satisfaction in social interaction with others in these selected areas.

The pioneering work of John Dewey on this problem is instructive. His writing has guided my understanding of what maximum growth and development mean. It was Dewey, perhaps more than any other American educator, who emphasized intelligence and its use in problem solving as essential and distinctive ingredients of the human condition. In his view, human beings utilize their psychic, organic, and social resources in a continual effort to remedy, correct, and improve themselves and their condition. This essential process is what distinguishes human from nonhuman enterprise. Knowledge of human nature, of proper upbringing, etc., are matters of vital importance in this thinking.

Intelligence employed for human betterment, Dewey stressed, permits us to come to grips with and resolve the conflicts among standards in many different aspects of everyday experience. The process of discovery and resolution of these inevitable conflicts and contradictions in our individual lives and in our cultural heritage is what the achievement of maximum individual growth means. In this way individual experience becomes more unified. In other words, for Dewey,

and consistent with the argument presented here, the construction, definition, evaluation, and redefinition of experience in the problematic areas of individual lives leads to personal growth and development. It is a process that brings greater unity to individual lives and consequently greater personal satisfaction. This process, argued Dewey, is a necessary core, or essential creed, of democratic social systems. In addition to the greater unity and satisfaction it brings to individual lives, the process is a democracy's primary antidote against the many and varied forms of authoritarianism and tyranny.

In *Democracy and Education* (1916), Dewey argued that education is a process of growth through the continuous reconstruction of experience. This growth process is cited as the supreme moral purpose of a democratic society rather than particular economic, political, or social creeds. This means that education must gear itself to helping maturing persons develop according to their own interests, needs, and purposeful activities. He also argued that persons are to be treated as ends rather than as means in the process, which requires having high regard for each person's capacity to develop his/her independent thinking. It also utilizes freely projected goals and means and experimentation with the construction and ordering of ways to achieve them.

Sociologically, the significant difference between traditional classroom learning and learning within the usual psychotherapeutic setting is the degree of social distance maintained in the two settings. Relations between participants in most traditional classrooms are what Cooley (1909) has referred to as "secondary relations," whereas a psychotherapeutic setting more closely approximates what he called "primary group relations."

The point here is that an effective therapeutic process can be seen as a particular variety of primary relations, and for a very important reason. The distinctively therapeutic work itself (which is client self-disclosure, client expression of painful emotion from past traumatic socialization experiences, and client redefinition of self and world) is facilitated by the very conditions that define primary relations. In impersonal, social settings, where secondary relations prevail (such as traditional classrooms) much more extensive social distance is maintained. Role prescriptions do not necessarily include a "we" feeling, or personal satisfaction, or any of the elements of primary group life.

Proposition 2: Sociology 183AB is a curriculum offering which promotes the development of important redefinitions of self and world by class participants, thus increasing their cooperativeness, satisfaction, and coping ability in interpersonal relations.

This is the primary proposition to which the following discussion is addressed. First, a brief description of the course itself.

III

A format was devised for Soc 183AB, drawing on elements of the gestalt approach, the "confluent" view referred to above, reevaluation counseling, and the use of socialization as a primary conceptual guide. It was expected that the first quarter of the two-quarter sequence would deal mainly with learning the conceptual and theoretical framework on which the course rests. Following is the course description, available to all students interested in the class:

> Sociology 183A is the first segment of a two-quarter sequence designed to explore in some detail the *socialization* process. In doing so we will learn the details of a format that has general applicability and can be used in a wide variety of social contexts to greatly improve the quality of our lives and those around us. This means increasing the zest for life and experience. It means increasing our ability to act intelligently and thoughtfully in a wide range of situations and with a wider range of other human beings. It also means increasing our ability to facilitate mutually satisfying and cooperative transactions and engagements with others involved in our everyday lives.
>
> Each class member will make a thoughtful and minute examination of his/her socialization history to date. Close attention will be paid to our agents of socialization (persons who were in charge of our upbringing) and what they taught us about who we are, about what is permissible and what is forbidden, and why. In addition to the content of the socialization process we will put great emphasis on its form—that is, on the manner (style) and emotional content of the process. Our objective will be to rediscover crucial past experiences that are thought to have some bearing on current problematic areas of our lives. This is, in effect, a disassembly of elements of past socialization and an assessment of how they have conditioned our current experience. The particularly distressing aspects of these elements will become the object of "reevaluation" and therefore change.

The first ten weeks of the academic year (one quarter) are devoted to mastery of the theory and format of the course, as well as to exploration of past socialization. There are usually 25–30 students in Soc 183A, about half of whom continue to the second quarter of the series. An attempt is made to keep class size smaller in the second quarter than in the first. No more than 12 students are hoped for during the second quarter, largely because of the increased intensity of the work involved and the consequent need for more time per person "to work before the group."

The course description for the second quarter, likewise available to all students interested in the class, is as follows:

> This quarter our emphasis will be on identification of patterns, both intermittent and chronic. Our goal will be to identify two or three patterns of our own and to develop some awareness of how these patterns propel us into irrational (unwanted, bothersome) behavior. This means determining where in our everyday lives the "irrationality" is to be found, what social circumstances provoke it, and how it may be linked with aspects of past socialization. An additional goal this quarter is to discover and begin implementation of directions *against* the patterns. Much of our class time will be used discovering ways of going against the patterns. In this way the undesirable patterns and the irrationality that they stabilize in our lives can be changed.
>
> The discovery and counteraction of irrational patterns can be highly rewarding in that, as we effectively achieve these goals, our lives can be expected to work better. This is based on the assumption that we are thus better able to recover our zest, our intelligence, and our basic cooperative disposition as the distress associated with these irrational patterns is diminished.
>
> Consequently, then, our weekly sessions should focus on current experience, especially *unsatisfactory* or *problematic* areas of this experience. Usually, such areas will not be difficult to determine because they are ordinarily "on top," along with many other things. Beginning your sessions with events, experiences (etc.) from the recent past may be a helpful way to start (after news and goods). This will usually lead to sensitive areas and to clues regarding internalized distress. As the distress is discharged the pattern holding it in place is broken down and progressively replaced by more appropriate behavior and ideation.
>
> Around mid-quarter it should be possible to begin to be *somewhat* articulate about what we are discovering as patterns. At this point we will begin to work on counterstrategy. That is, to work on ways by which we can construct new experiences in our environment(s) that do not permit the running of our lives by irrational patterns.
>
> Each of us should be able to find a direction and agenda for meaningful work within this general frame of reference.

A comment on the ethical issue of giving a course in an academic environment with therapeutic content is in order. The essence of this issue is the

freedom to choose or not choose the course and to withdraw participation without penalty. Soc 183AB is an elective, meaning that it is not a mandatory curriculum offering. The course content is fully described, with illustrative exercises, at the first class meeting to give students a full view of what is to come. The difference between this course and the more typical lecture format is emphasized. Those students who do not feel comfortable with the format described are urged not to take the course. These circumstances, I believe, militate against a student inadvertently and unknowingly becoming involved in Soc 183AB. It should be added that students are allowed to drop classes without penalty until well into the academic quarter.

A second point is that many traditional courses, consisting of the usual lecture-discussion format, have major emotional, cognitive, and therapeutic impact on students. This is true especially of courses that deal with heavily contradictory and controversial areas of our lives. Courses on the Viet Nam war, the oppression of women and ethnic minorities, and child abuse are examples. For many students, such courses arouse deep emotion, introduce new information, and touch the lives of students very personally. These courses often promote catharsis and a new integration of experience, qualities that an effective therapeutic experience also promotes. The major difference between such courses and Soc 183AB is that the personal meaning of problematic experience for individual students, as determined by the student, is primary in the latter. In addition, Soc 183AB involves a sharing of these meaningful, distress-producing experiences.

Class sessions, of which there are ten of 2½ hours duration, consisted of the following elements:

1. Some activity at the beginning of each class designed to deflect the preoccupations brought from the cares and concerns of a busy day

Sometimes we begin with a brief mini-session. This gives each person three minutes to talk openly with another class member about whatever is immediately on his or her mind. In each case this talk was to an attentive, interested listener.

2. Lecture and discussion on the theory and format of the class

Usually, there was a sharp focus on some selected aspect of the theory and/or format each week. Questions and general discussions usually followed. The socialization process as characterized in the text, how past internal distress is externalized, how one can become more effective as client and/or as counselor are examples.

3. Mini-sessions, or meeting in small groups of three or four persons

There was constant concern to make these classes cohesive and supportive of each person, thereby making it easier for the students to share and discuss problematic areas of experience. Mini-sessions were an important part of this. Usually there was an assignment of topics to be addressed in these small-group sessions, especially during the first few sessions of the academic year. For example, it is usually suggested that each student spend the first few sessions as client on the topic "what growing-up was like for me."

The following hand-out to the class is suggestive of the build-up of mutual support. It is a guideline given to each student and discussed at length in the class.

> The appropriate orientation to Soc 183 is nicely summed up in the following words of a former student to other class members:
>
> "I would like your attention. I would like your support, and I would like your good-will toward me as I review, analyze, dissect, and discuss the problems and issues of my life. I'll gladly give the same to you."
>
> More specifically, in Soc 183 we want to:
>
> —listen to one another with full attention
> —listen to one another without inappropriate challenge, contradiction, or objection
> —regularly validate one another as intelligent, capable, delightful human beings
> —express our deepest thoughts and secrets and our most painful recollections, knowing that they will be heard with respect, compassion, and kept in good confidence
> —know that nothing dwelt on in our work together will diminish our mutual admiration and respect, or thwart our very best effort to be mutually helpful to one another

4. Work before the group

Each person, usually voluntarily, was expected to come before the total group and talk about some aspect of his/her life considered problematic. This work before the group was normally supported and guided by the professor, who stood with each person working before the group, held the hand of the speaker, thus encouraging open and free expression. In this way class members were able to "get in touch with" important problematic areas of their lives. Expression of strong feelings and emotions associated with the subject of discussion was en-

couraged and, with few exceptions, achieved. This work always began with something new and good in one's life.

In order for each class member to have equal time before the group, which was an important rule, time limits had to be put on each speaker-participant. One of the important features of organization of these classes is striking a balance between the need for all to have some time before the group and the need for some to have a great deal of time to express their feelings and thoughts about damaged areas of their lives. The class was constantly short on time—never enough to allow each person full and complete time in work before the group. Yet it was expected that topics opened up in class would be continued in sessions outside class.

5. The ending circle

This final feature of the class started about 20 minutes before the end of each class. The entire class made a circle, with arms on each other's shoulders, and each member spoke to a common issue. The ending circle was designed to further increase the solidarity of the group—sometimes achieved by group members "validating" the person next to them. The ending circle was also meant to be supportive of each individual person. "Self-validations" were sometimes employed in the ending circle. The final event was the requirement that each class member have a minimum of three hugs prior to leaving class. There was no maximum number of hugs, and no refusals were allowed.

During the week interval between classes, class members were required to have a cocounseling session. Class members were paired for the entire ten weeks and each pair held 1½ hour sessions once a week as an assignment. One person was "client" for 45 minutes and then assumed the role of "counselor" for the additional time. In this way each person in the class had roughly 7½ hours of individual client time during the quarter. A good deal of class time was spent initially describing and illustrating the manner in which these sessions should be conducted. It was emphasized that the counselor role required attentive listening, good eye contact, supportive handholding where appropriate, but not taking away the client's initiative by interpretation and expression of opinion. The client role permitted and encouraged free expression of thoughts, feelings, and emotions regarding those issues that were "on top." As the class progressed, there was regular prompting and discussion of ways that each person could improve in the role of client and counselor.

Course grades in Soc 183A are based mainly on a mid-term and a final exam, although attendance and class participation are considered. The mid-term exam is an autobiography and is graded on a satisfactory-unsatisfactory basis. One requirement of the autobiography is to "describe and characterize the three most distressing experiences of your life." Normally, one of these experiences becomes the focus of attention in cocounseling throughout the quarter. Primary

criteria in evaluation of autobiographies is length and whether or not the paper reflects a serious effort to review one's life and specific important problem areas. The final exam is a rigorous three-hour in-class written paper on the theory and format of the class. In addition, students are asked to discuss the problem area they worked on, what they feel was achieved, and what important areas of their lives, if any, they feel need further work.

The second semester's (Soc 183B) grade is also based on a mid-term and final exam. The mid-term this semester normally centers around readings directed toward restimulation of emotions and experiences that most of us share. This is sometimes accomplished by use of novels. For example, *Child of Our Time* (1976) by Michael Del Castillo has been very useful in this regard. Students are required to write about those aspects of the novel that had particular meaning for them and why. In addition, the mid-term asks students to write on theoretical questions regarding the specific approach to socialization taken. The final exam is primarily based on a comparison of the theory and format used in Soc 183AB with other formats that might serve a similar purpose. One book found to be especially helpful is *Mind as Healer, Mind as Slayer* (1977) by Kenneth Pelletier. Biofeedback and meditation are often selected by class members for this comparison.

While no formal measures of impact of the class on the understanding students have of their socialization experience were used, students were asked to indicate whether or not they felt there was improvement in areas of their lives on which they worked in the class. On the whole, students felt they benefitted from participation, and reported improved relationships with family and friends. More improvement was reported by students who took both semesters of the course than by those who took only the first semester. The proportion of students who reported improvement remained consistent over the years the course was given.

An additional bit of evidence in support of the meaningfulness of 183AB to student participants comes from formal university class evaluations. These evaluations are comparisons of any one course offering with: all other evaluated courses in the Sociology department for the same quarter; all other evaluated courses in the Sociology department over time; all other evaluated courses for the entire campus over time. Thirteen students handed in the evaluation form. It consists of 16 items, three of which are presented below as illustrative.

1. Taking everything into consideration, how much do you feel you have learned in this class?
2. Would you recommend this class to your friends as an elective?
3. What is the quality of student discussion of class materials in section meeting?

In most instances of comparison, the student response to Soc 183AB was much more favorable than to other courses.

The following descriptions are by students in Soc. 183A. They further demonstrate the workings of the class and its value to participants. These statements are responses to the following, an item to which all class members responded.

Discuss the major problem(s) worked on during the quarter and what you achieved through this work. Please be detailed in your discussion.

Statement #1:

The major problem I worked on this quarter was my mother's alcoholism. It has been (until this class) my best kept secret. I always viewed it as a reflection upon myself. As the child of an alcoholic I would grow up to be the same—at least that is what I believed the stereotype was. It made me different. It was something I went out of my way to hide and to deny.

I felt very confused towards my mom. My pattern of behavior towards her was (is) latent, perhaps purposely so. I felt angry that her work was meaningful enough to stay sober for, yet the family (me) was not. How could I understand her willingness, eagerness (?) to be drunk during my time with her? I was also very hurt. She is my mom and I love her, but I hate her at the same time. When she is not drunk I like being around her. I talk with her, go places with her, and enjoy her company. She is witty and very intelligent.

When she is drunk I view her as a different person. She is irritating, annoying, not worthy of my time or love. I feel like I am trying to punish her—yet my actions change even before I have a chance to think about them.

I always believed that I kept her alcoholism a secret to protect her, so no one would laugh at her, so nobody would say bad things about my mom. But I did them to protect myself! I didn't want to be pointed at and laughed at. I didn't want to be ostracized. It was her fault and I hated her for it.

Each time people commented on how alike she and I are, I always thought of it in negative terms. I didn't want to be like her. I hated her. I hated what she did to me and my life. I also blamed her for things that were none of her doing.

I have done a lot of shaking, mutilating of leaves (my session met on the lawn), and some crying over her and me. I know I still have a lot of crying to do, but I feel the control patterns are probably at work. My sessions were helpful in forcing me to understand my mom and to understand myself. Her drinking is nothing personal against me. She does love me. She and I are alike, something I think I am beginning to appreciate.

My work in the mini-sessions in class were more helpful than my sessions in the community. It was in the mini-sessions that I received the most effective counseling and that I feel like I effectively counseled others. It was in these mini-sessions that Diane finally broke my control pattern of "poise." She had me shake my arms and slouch. It worked and I cried. I "acted out" a talk with my mom, and instead of feeling tired afterwards (like I usually do when I cry) I felt better. I was content with what I had done.

I know I have more discharging and more understanding to do, but I feel I have a good start. My attitude toward my mother has changed. I am not a bad person because of her, and she is not bad either. Her chronic pattern has greatly affected me, but just being able to talk about it is a huge change. I have written quite a few autobiographies before, always nearly deleting my mother.

I'm not ashamed of her anymore. I'm not ashamed of myself either. I've begun to remember incidents of her drinking that I had no memories of in the past, and now I actually want to talk about them. So, as when I began this class I thought I had no unresolved problems to deal with, now I have a few. But I also have the knowledge of how to deal with them.

Statement #4:

I think I was shocked by how much I discharged through the reevaluation cocounseling method. I felt I had talked enough about my past distresses in life, but through this class I realized that I never did release all of the emotions bottled up inside me at the time the experiences took place. The three major problems I worked on were: 1) my brothers' drug addictions; 2) my parents' divorce; 3) my graduation and future.

Most of my time was spent talking about my brothers and why I think they turned to drugs and why it is so hard for them to get off the drugs. Why I spoke on this is because through their lives, in which the drugs have played a major part, they have continually disturbed my life, preventing it from being a stable life. There exists some resentment, but not much, since I can understand their behavior. Their behavior is a reaction (irrational one) to the way my father treated them. My father likes kids and has fun with them just so long as they're not his kids. I think he just does not know how to be a father and was unsure of himself. His lack of communication on top of his bad temper, which he took out on my brothers, has led both of my brothers to the feeling that he (my father) does not love them. I know this is not true, but my brothers do not. My older brother especially is affected by my father and turned to drugs as an escape.

My younger brother got into drugs by my older brother. For most of my life my brothers have been using drugs daily so that their actions are affected by these drugs. The need to support their habit also controls their actions. Their actions affect me. My family is always yelling at one another due to my brothers. My father refuses to communicate with them (he talks at them but never with them), and my sister, mom, and I have to try to straighten things out. I especially feel the need to work things out between my brothers and my dad because I want the family to be able to spend good quality time together before my parents die. The task of working things out between my brothers and my dad is difficult since both sides are stubborn. Anyways this subject was my main focus in the class.

The second one I worked on was my parents' divorce which I did not spend too much time on because I was more disturbed about the other two. My parents' divorce was probably one of the worst times of my life, because this was just an added problem in the household on top of things I mentioned earlier. The tension in the house was high the year my parents tried to work things out instead of getting a divorce. I was caught in between. Who likes to decide which parent they want to live with? No one, yet I knew I could not live with my father. My father wanted to keep the house, which meant that if I wanted to remain in the house, I would have to live with my dad. I did not want to move far from my school and my friends, not at this time in my life, so I feared my parents' decisions. Not only was this going on, but my mother shared her feelings of despair over the situation (divorce), so I felt sorry for her. My only thoughts at this time in my life (junior in high school) were how much I wanted to leave that house and go to college.

My third major problem was on the scared feeling I had as my college graduation neared. I hate trying to make plans years in advance, even months in advance, on my future because they can never be guaranteed to work out. I spent a lot of time in sessions discussing this problem and notice a difference in how I felt about this at the end of our counseling period. I no longer am worried to the extent I was about leaving college.

By talking out each of these problems, I discovered some latent patterns of mine that I never realized before (e.g., I cannot act rational when the yelling in my family takes place). I also liked having someone listen for once without interrupting me so they could speak. What I have achieved from this counseling process is a greater understanding of myself and what improvements I would like to make in my life. I have also learned to be a better listener, which

is an effective tool in developing relationships. I have enjoyed the
work I have done through the reevaluation process and hope to use
what I have gained in my future.

SUMMARY AND CONCLUSIONS

A description of an undergraduate sociology class has been presented. The
theoretical assumptions on which the class was founded were discussed. Data
on student response to the class supported the claim that it was viewed as a
meaningful experience and helpful in the conduct of students' everyday lives.
The data did not prove the theoretical assumptions; rather it supported them.

Soc 183AB was described as a class emphasizing learning from an expe-
riential vantage point, that is, it takes the everyday socialization experiences
(past and present) of each participant as the focus of analysis and understanding.
It promotes assimilation of segmented or separated aspects of experience (or in
Dewey's terms "resolution of the contradictions and conflicts of our lives and
our culture") and the formation of new meanings, as new discoveries. These
discoveries are seen as important in reconstruction of aspects of everyday ex-
perience, and make possible for each discoverer greater clairty and unity of
experience. This kind of outcome is, I suggest, essentially the same as is sought
by an effective therapeutic process. This means that therapy is not the exclusive
province of medical doctors nor of those who carry on in the more orthodox
tradition of the great Sigmund Freud in distinctively "clinical" contexts. Shorn
of its cosmetic trappings, the therapeutic process may be seen as broadly, un-
evenly, and sporadically operating throughout the culture.

The various therapeutic approaches that tell of organization of the self and
psychic life provide new and effective means by which relearning and new self-
knowledge are becoming more widespread. Some of the new approaches to
psychic organization carry a vision of it that is essentially compatible with the
education or learning process as it occurs in formal educational institutions of
the society. Pedagogy and therapy become one and the same in a manner con-
sistent, I believe, with the outlook of John Dewey.

One of the major obstructions to operationalizing these views in the class-
room has been the failure of educators to fully appreciate the need and opportunity
for education on the self and in self-development. By this I do not mean education
about self-development as an outside observer and describer of the process, but
education in the promotion of personal growth and development. Education of
the latter variety can make good use of the cumulative wisdom of the clinician
and be an essential strength of "democratic" education as the Dewey tradition
heartily would acknowledge. Yet, effective implementation of self-education as
suggested here requires recognition of an essential distinction not made by
Dewey.

Therapy, or education in self-development, differs from formal educational arrangements in requiring a fundamentally empathic environment. Formal education as a rule does not. Empathy as used here refers to an intersubjectivity between class participants. Intersubjectivity means a preoccupation and involvement with the subjective life of and by class participants for the purpose of understanding compartmentalized, repressed, and previously unconscious elements and how they affect current problematic life experiences. This process requires a degree of trust, confidence, safety, concern, and mutual respect that a typical classroom experience does not. That is, an environment of primary relations intelligently crafted. Furthermore, the goal in such an environment is an increasing awareness of one's own history of past experiences and development, and explanation of the importance of this history for present-time functioning. The emphasis on empathy renders classes designed to generate such an environment less amenable to the instrumental goals and timetables of educational establishments, especially those that array each student along a unidimensional scale of evaluation. Rather, the emphasis is on self-expression, self-disclosure, and redefinitions of past and present problematic reality (Ornstein, 1978). For each person this is a uniquely valid experience and an exciting analytic enterprise, not to be assessed, measured, or evaluated in light of the performance of others as happens in most traditional classrooms. Such classes require a special freedom from certain kinds of organizational imperatives, especially those that proclaim one participant's performance ''better'' than another on the basis of some standard criterion. The experience and analytic work in classes like Soc 183AB can be effectively engaged in by all participants, and the effort to do so is judged as an important and welcome gesture toward self-discovery and self-assessment.

NOTES

1. The author acknowledges his debt to Harvey Jackins, whose influence on his work can be detected throughout this paper.

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The Clinical Approach to Successful Program Development

Elizabeth J. Clark
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ABSTRACT

To more adequately meet the needs for the decade ahead, it is essential that sociology departments evaluate their existing curricula and plan new programs or concentrations that will interest and attract students. Using the example of clinical sociology, this article focuses on general guidelines for developing a variety of program models in sociological practice. The guidelines are divided into the three parts of assessment, planning, and implementation, and an inventory of ideas and suggestions are given for each phase. Relevant issues of the importance of labels, leadership and independence, and rationales for program development are discussed.

There are over 90 graduate programs in sociological practice in this country (American Sociological Association, 1985) and a growing number of undergraduate ones.[1] Over the last five years, we have served as consultants to many departments and conducted study visits to other colleges and universities to learn about their sociological practice programs, their plans, and their problems. We also have been involved with a variety of experiential education and adult learning program models. On the basis of this work, we have developed some guidelines for departments interested in starting a new program or concentration in sociological practice or improving an existing one. One of the first concerns of these departments is understanding the similarities and differences between clinical sociology and applied sociology.

DEFINING THE FIELD

Sociological practice has been part of American sociology since the beginning of the field in the late 1800s (Fritz, 1985), and many of the early sociologists

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were reformers interested in social progress and intervention. The "practical sociology" of the early 1900s (Barnes, 1948:741) has influenced the two contemporary areas of sociological practice—clinical and applied sociology.

Clinical sociology is sociological intervention. It is the application of a sociological perspective to the analysis and design of intervention for positive social change at any level of social organization from the micro to the macro. Clinical sociologists have specialty areas—such as organizations, health and illness, forensic sociology, aging, and comparative social systems—and work as action researchers, organizational development specialists, sociotherapists, conflict interventionists, social policy implementors and administrators, to name but a few. Many clinical sociologists, depending on their level of training, also have the skills of an applied sociologist and use qualitative and/or quantitative research skills in assessment and evaluation in their intervention work. The field is humanistic and interdisciplinary.

Applied sociology refers to methodology and "includes the research model of problem solving, the research model of formulating and testing options, and the research model of evaluation" (Mauksch, 1983). Olsen and DeMartini (1981) suggest that applied sociology uses five general research methods: problem exploration, policy analysis, needs assessment, program evaluation, and social impact assessment. The applied sociologist, then, is a research specialist, and not necessarily a direct interventionist, who produces information that is useful in various kinds of problem solving.

The comparison of the two approaches of clinical and applied sociology is not meant to say that one is a better approach than the other. It is meant to emphasize that the two approaches have a somewhat different, but compatible focus. Sociologists tend to have early knowledge of emerging social problems. Research about these problems is essential; so is the development of specific intervention strategies that relate to these emerging social problems.

Sociological practice programs may emphasize one area or the other, but it is our hope that programs will realize the importance of providing training in both clinical sociology (intervention) and applied sociology (research). A program that provides this combined training will offer students broader career options as well as train better researchers and intervention specialists.

Before providing program planning guidelines, we would like to identify several important issues that need to be discussed by a department before it begins a planning effort: the importance of labels, leadership and independence and a rationale for program development.

THE IMPORTANCE OF LABELING

Does it matter whether your practice program is identified as *sociological*? Yes, it does. Your label—sociological practice, clinical sociology, or applied soci-

ology—will let potential students know what you offer and will let employers know that it is sociology—not criminal justice, business or allied health—that provides the training in this area. The generic label should be paired with a functional specialization, such as policy development, forensic counseling, or program design. This combination of labels lets the community know that sociology provides the education and training and pairs this discipline with well-known functional job titles. If we don't begin to pair the discipline with the functions, other disciplines, departments, and organizations will, and they will be offering the education and training in a number of years rather than sociology.

LEADERSHIP AND INDEPENDENCE

A lot of time is spent talking about the value of leadership with regard to program development. Leadership, in this case, means assessing what is going on in the national and local community and making some decisions about what your department would like to be doing now and in the future.

More than likely, your department will be interested in what other departments, fields, and organizations are doing in your areas of specialization or in trends that would affect your program. Studying these developments is interesting and rather comfortable for departments. Leaders know, however, that a study phase (or avoidance phase) should end at some point, and that new directions need to be established. What would happen if every department waited to see how sociological practice programs fared somewhere else? Take up the challenge and break new ground. It's exciting for a department to test a national model.

While working cooperatively with other disciplines and being interdisciplinary is stressed in sociological practice, too often this has meant that sociology departments decide to "cooperate" in a venture in which the other discipline or group controls the jobs that are available at the end of the education period. A sociology department needs to recognize that there are times to be independent. Controlling or housing the interdisciplinary program and being a primary influence on the targeted job market can be very beneficial for the maintenance and growth of the department and of the discipline.

RATIONALE FOR PROGRAM DEVELOPMENT

During this difficult economic period, students are becoming increasingly practical about their approach to a college education. They look for assurance regarding the use of their education and skills in the job market after graduation. This concern is coupled with declining enrollments in the social sciences—a decrease of 19% since 1977 (National Institute of Education, 1984). Additionally, the employment of sociologists is expected to increase more slowly than the average for all occupations through the mid-1990s.

According to the 1986-87 edition of the *Occupational Outlook Handbook* (U.S. Department of Labor, 1986):

> Bachelor's degree holders will find few opportunities for jobs as professional sociologists . . . [and] persons with a master's degree will find few, if any, academic positions, even in junior and community colleges. They also will face strong competition for the limited number of nonacademic sociology positions open to them . . . [at the doctoral level], an increasing proportion of Ph.D.s will enter careers in sociological practice.

The *Handbook* says there is expected to be a strong demand for those with clinical and/or applied training in criminology, environmental sociology, medical sociology, social gerontology, and demography.

Demographic shifts also will necessitate some program revisions. The number of college students in the 18–24 year range will continue to decrease throughout this decade, and there has been a steady increase in the number of older, returning students. Clinical and applied sociology courses often appeal to these older students, who want to combine their college education with their already established career plans and experiences.

Given these facts, it is essential that sociology departments evaluate their existing curricula and add new or revise existing programs or concentrations to interest and attract students to sociology. The following suggestions are for faculties who want to refocus their offerings and ensure the success of their new and revised programs.

PROGRAM PLANNING GUIDELINES

We have found it helpful in working with teaching units to provide some general guidelines for program development. The following suggestions are intended to be of use for a variety of program models. The guidelines presented here emphasize the development of a program or concentration in clinical sociology.

We have emphasized clinical sociology, in part, because any kind of grounded example will help to enliven a general discussion. But mainly we have been concerned that most of the sociological practice programs now in place are not labeling, and in some cases not even recognizing, the clinical components of their programs. We hope, by providing this example, to facilitate and strengthen the development of these programs.

The guidelines are divided into three major sections—assessment, planning, and implementation—and are intended as an inventory of ideas and suggestions for each of the phases.

GUIDELINES FOR ASSESSMENT

Futuring.   Imagine what you and your department would like for the future.

Assessment of Occupational Trends.   Look at national and international developments in other fields and assess how these affect sociology. Study trends in sociology enrollments and occupational prospects.

Assessment of Community Needs.   Identify the community you are serving or would like to serve, and assess the needs of this community.

Employer Needs.   Understand employer needs. What are the competencies employers expect? These competencies are often in addition to traditional skills and techniques in social research.

Student Survey.   Ask your students what they would like. What would be helpful to their career goals? Remember that the audience for a clinical sociology program does not have to be restricted to sociology majors.

Inventory of Faculty Strengths and Weaknesses.   What are the current capabilities and what would faculty like to do in the near future?

The program areas that can be covered successfully by the available faculty should supply the direction and foundation for the program or concentration.

It would be very difficult for a clinical program to cover all levels of intervention. It is generally useful to specialize in one or two (e.g., organizational development, conflict intervention, sociotherapy).

Any new program should begin in an area of strength.

Areas to check include: substantive experience, interdisciplinary training, qualitative skills, quantitative skills, practice experience (including consulting, contract research, direct delivery of services, community networks), availability.

Assemble and Review Available Resources.   While it is important to individualize your program, do not omit checking resources that are already available such as syllabi sets, textbooks, and journals. Order these for your department and your library.

Set a Firm Date to Move out of the Assessment Phase.

GUIDELINES FOR CLINICAL PROGRAM PLANNING

General Considerations for Program Development

Program should match the basic values of the field. This means, at least, content should be humanistic and interdisciplinary.

Program should not be purely utilitarian. It also should have a strong theoretical base in sociology.

Program should be developed in light of any existing program standards.

Program Content

1. Sociological Core

Provides program unity for majors no matter what their program options.

Identifies the discipline and its concepts.

Includes separate or combined courses in sociological history, social theory, methods (qualitative as well as quantitative), stratification, and other courses covering the major areas of sociological concern.

2. Clinical Sociology Track

Fundamental sociological concepts, theory and methods should be part of each course.

Separate or combined courses should be offered covering:

Clinical sociology (survey course including some information about each of the major levels of practice).

History of sociological practice (clinical and applied).

Social theory for practitioners.

Methods (including hiring and evaluating a research consultant, video techniques, report writing for different kinds of audiences, executive summaries).

Courses in selected areas of specialization such as sociotherapy and counseling, organizational development, community organizing, conflict intervention or policy development and implementation.

Practicum (internships).

Ethics.

3. Internships

Supervised training ideally should be provided by a certified clinical sociologist.

Experiential learning in a practice setting should have the roles of the intern, faculty supervisor and immediate supervisor clearly defined.

One or more internships should be included in each area of specialization.

4. **Special Techniques and Skills**
   The intellectual process of application should be part of each course.
   Courses should include the following skills:
   Problem-solving skills (e.g., problem framing, impact or needs assessment, case-study analysis, program design, grant proposal writing).
   Communication skills (e.g., appropriate language skills, report writing, interviewing, in-service education, group dynamics, formal presentations, providing expert testimony).
   Intervention skills in specialty areas (e.g., consulting, sociotherapy, organizational development, community organizing, mediation, administration, policy implementation).
   Qualitative skills (e.g., listening, observing, interviewing).
   Quantitative skills (e.g., evaluation research, research design and instrument construction, data analysis, computer skills).
   Integration skills (e.g., integration of social science theories, recognition of different levels of focus).

5. **Interdisciplinary Component**
   This requirement may be met in a variety of ways:
   Student may complete a second degree or a certificate program in a related field.
   Student may have one area of specialization in a related field.
   Required interdisciplinary course(s) may be part of the sociological core.
   Required course(s), structured alternatives or electives may be part of each area of specialization.
   Course(s) may be interdisciplinary in nature.

GUIDELINES FOR PLANNING IMPLEMENTATION

Operationalize goals and desired outcomes.
Determine sequence and realistic timeframe for implementation.
Identify personnel for specific tasks, and if necessary, do the following:
   Retrain some current faculty (e.g., encourage attendance at workshops and training events, taking part in guided consultancies).
   Include faculty from other departments (this adds to the interdisciplinary nature of your program).
   Hire additional personnel (sociologists in practice settings often make excellent adjunct faculty).
Develop a strong support system:
   Establish both intra- and interuniversity linkages.
   Locate community support. You may find it useful to establish an advisory committee composed of internship supervisors or potential employers of

your graduates. Or you may agree to offer continuing education for selected
professional groups.

Be creative in seeking financial resources:

Check foundation funding for developmental activities and/or apply for small
grants for start-up activities such as printing of new brochures or adver-
tising.

Assess potential for organizational backing for such activities as establishing
an endowed chair for a visiting professor of sociological practice.

**Anticipate resistance and develop strategies for employer and university
acceptance.**

**Establish plan for data collection and design both process and outcome
evaluation measures.**

Design faculty evaluation to match program building efforts.

CONCLUSION

Successful program planning depends on a variety of factors. It should be based
on need and must be comprehensive and multifaceted. Support for the program
needs to be developed and this should be done, in part, by documenting positive
change and disseminating this information.

The guidelines presented here focus on the development of a clinical so-
ciology program or concentration and are based on the experiences of a variety
of programs and practitioners. As such, they are intended to be used as an aid
for sociology departments that want to develop programs which will more ad-
equately meet the needs of their students during the next decade.[2]

NOTES

1. This figure is based on the programs listed in the "Index of Specialties" in the *1985 Guide to
Graduate Departments of Sociology,* Washington, DC: The American Sociological Association,
1985.
2. The authors would appreciate receiving any suggestions you may have about these guidelines.
They particularly would like to hear from any department that uses the guidelines as part of their
development process.

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The Practice of Clinical Sociology and Sociotherapy, by L. Alex Swan. Cambridge, MA: Schenkman Books, 1983, 160 pp., $18.95 cloth, $11.95 paper.

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Since the reemergence of the field of clinical sociology 15 years ago, various writers have set forth their agenda for this area of sociological endeavor. Among these is L. Alex Swan. Throughout *The Practice of Clinical Sociology and Sociotherapy*, he makes the urgent plea that sociologists recognize the primary underpinnings that clinical sociology provides for the fields of psychology, social work, and psychiatry, but that are not recognized by its mother discipline, sociology. He argues that sociologists, who after all have done most of the research in the field of family, must become involved in clinical aspects as well. As Swan sees it, clinical aspects have been left to those who focus primarily on the individual apart from the individual's group relations. Swan argues his positions in six chapters, sometimes freshly, sometimes redundantly.

Throughout the monograph the theme is the same: it is now time for sociologists to take seriously their own contributions to the field of clinical knowledge and behavior, to share in the further development of the clinical field. Swan presents strong arguments for taking sociology out of the traditional realms of theory, research, and, more recently evaluation, and into the day-to-day activities and needs of people who are struggling to live life with some sense of meaning and wholeness. Because sociologists are oriented to intervention and change from the group context, the current need for sociological intervention in both counseling and therapy is, he argues, self-evident.

In his first chapter, "The Liberation of Marital and Family Therapy," Swan argues the need to liberate marital and family therapy from the individual approach and the medical model. He maintains that sociologists, who have contributed so much to the development of knowledge in the marriage and family areas, are doing the least in the field and have by default left it to those less knowledgeable, less qualified, and less oriented to seeing the person or family in need in a wholistic sense. There is a serious gap between those who look at problems from strictly an individual and psychological perspective and those who see individual and family problems in a dynamic group-related or system perspective.

In Chapter 2, "Clinical Sociologists: Coming out of the Closet," Swan examines the definition, scope, and focus of clinical sociology, primarily as a step in the development of legitimacy in the clinical area and also in a desire

to avoid potential rifts between sociological colleagues. In Chapter Three, "Clinical Sociology: Problems & Prospects," Swan's theme is the nature of clinical sociology and the issues, problems, and prospects related to being clinical. He maintains that for clinical sociology to be used effectively, it must create procedures and methods that are reliable, valid, and verifiable, and must produce scenarios and models of tested interventionary and interactional responses.

Swan sees the social situation as the base from which definitions and interpretations for intervention and change must eventually be secured. Having taken this position, he then expounds, in Chapter Four, on the diagnostic and therapeutic potential of Grounded-Encounter Therapy (GET). He argues that the social illness of the clients' situation, and any difficulties in relationships in their personal lives or interactional patterns, can be discovered through Grounded-Encounter, which, in turn, serves as the foundation for eventual therapy. GET, he argues, "combines theoretical and methodical perspectives in the process of discovery in situational analysis so that the conclusions and explanations, as well as the prescriptions and plans for change, are grounded in the particular social setting of the clients" (p. 62). As an exponent of this theoretical approach, Swan proceeds to develop his thoughts as to how this approach should be utilized by practitioners in the field. His examination is only introductory at best and must be greatly expanded with substance and example if it is to have an impact on the field.

In his final two concluding chapters the author attempts to give a broader focus to the field. In the Fifth Chapter, "Doing It in Groups," he notes the value of group therapy in a context of group theory and sees the need to focus on both group dynamics and group situations in order to reach a more complete understanding of the individual and his or her actions. He discusses the advantages, varieties, and effectiveness of group therapy and articulates his belief that group therapy is the best method, having replaced the medical model and psychoanalytic approach with a broader social-psychological basis for understanding human behavior. While admitting little evidence exists supporting the effectiveness of group therapy, he nevertheless supports its usage and adoption in a clinical sociological framework.

In pondering "The Future of Clinical Sociology" (Chapter 6), Swan notes the importance of the specification of clear and definable needs and on the application of sociological knowledge and thinking to those needs. He argues strongly against the cooptation of clinical sociology by those already in practice who have accepted an underlying psychological/psychiatric orientation. If clinical sociology becomes simply a replica of what already exists, it will have no real need for existence. What clinical sociology should be, however, is a dynamic field based upon the theory and research of sociology, augmented, as needed, but not dominated by those disciplines that focus more on the individual and downgrade the impact of society upon the individual and the individual's inter-

actions. He also contends that sociologists must work as agents of constructive change within communities as well as organizations, groups, and with individuals. Clinical sociologists should be concerned with the enhancement of clinical skills and techniques that will validate and legitimize the clinical sociologist's competency before the public. This can be done either by *inventing* or *creating new techniques* and *skills*, or by *redefining* or *rearranging* the *logic* and *content* of the techniques that are *currently used*. A third way is to *refine existing techniques* that are close to the theoretical and methodological orientations of sociology for use by clinicians in the field.

In summary, Swan contends that sociology can be useful in the diagnostic and therapeutic process, and that a closer interplay between research, education and practice must be established. He also argues that certification and accreditation programs will enhance the practice of clinical sociology. Clinical sociologists must develop ways of relating to those who are already practicing as clinical psychologists, psychiatric social workers, and psychiatrists. And ways must be found to overcome the opposition from within the sociological establishment to enable an even fuller development of clinical sociology.

Overall, Swan's work is interesting but often redundant. He says many things that need to be said, but says, within this short work, the same thing many times with varying veneers. His claim that sociology has not contributed adequately to its natural extension, clinical sociology, is well taken. His expectation or hope that sociology will be able to avoid the battles between researchers and clinicians that have marked psychology strikes this reviewer as being somewhat naive. While he makes the case that sociological data are being preempted by those who are ''not entitled to it,'' and that sociologists should utilize their own data, he tends to discount the reciprocal contribution made by other disciplines that focus primarily upon the individual. He does recognize, however, that there are movements in psychology, psychiatry, and even psychiatric social work which are developing a more interactional and/or systems foundation for understanding individual problems.

The time has clearly arrived for the legitimation of the field of clinical sociology within the mainstream of sociology. Ultimately, this is where a large number of sociology students will be working and earning their living. However, the field must offer more than Grounded-Encounter Therapy (GET) to its practitioners, although GET does offer a place from which to begin sociologically. The overall value of Swan's work, therefore, rests not so much upon its final conclusion but rather in the posing of many of the questions that need to be raised with regard to the practice of sociology. If Swan has encouraged the debate and caused one budding or even established sociologist to commit his/her work to the further development of the clinical field, his monograph has been more than valuable.

Words and Values, by Peggy Rosenthal. New York: Oxford University Press, 1984, 295 pp., $7.95 paper.

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Symbolic interactionists have emphasized the importance of symbols in social life. Phenomenologists, and even Zen Buddhists, attempt to strip away social constructs embedded in words to reach to the essence of a phenomenon. Words set patterns of thought, feeling, action, and interaction. This too brief introduction—in my sociological manner—lays the frame around the work *Words and Values* by Peggy Rosenthal.

Rosenthal jumps into this world of words and social realities to analyze roots of words, their interconnections, and consequences of definitions (boundaries put on reality) for social and human life. She traces ideologies hooked on words, especially ideologies linked to humanism and social science. She picks out some leading words to determine where they lead us. She not only picks out words but "picks on" them too, because she is critical of consequences of certain common uses. Words such as individual, feeling, develop, growth, alternative, opinion, relationship, self, holism, and systems are worked over by the author.

Rosenthal, Adjunct Instructor in Humanities, College of Continuing Education, Rochester Institute of Technology, is especially good at tracing root meanings of words. She moves from the history of words to social criticism when she perceives limiting consequences of words and their ideological bases. One example: The word "develop" and its ideological base are analyzed. We judge by standards of "development," and rarely question the values behind the word as we use it. According to the standard of "development," "developing" and "developed" are of course good while "undeveloped" is bad. It is this judgment that leads us to "develop" "undeveloped" forests into resorts. To call real "neighborhood wreckage" "urban development" leads to massive destruction viewed as a good. It is hard to stand against "development."

She delivers a blow to humanistic psychology, especially in its perceived excesses. People under the influence of such ideology search for "feelings" and "growth." But what is meant by that? What does it mean for those in love "relationships" torn asunder by someone because "I needed to grow"? The loose uses and misuses of such common words as "grow," "relate," and "feel"—I admit—give an opening for cult leaders and even manipulative dates to lead targets to drop their defenses. Talk "feelings," and "relationships," and how I need to "grow" and someone "feels good" enough to "give body and soul," sometimes to be hurt later when dropped by the person who, now sexually and emotionally satiated, needs "space" to grow—in another direction.

The words Rosenthal analyzes have the ability to have a lot of ideological "stuff" loaded on them with consequences for freedom of thought and actions. But the very nature of those words which easily allows ideology to bond to them also allows uses for clinical intervention and change. She emphasizes the negative consequences and neglects the clinical uses. The loose, metaphorical, analogical uses of many words she analyzes and others are prime tools of clinicians who use them to "trance" clients to "reframe" past, present, and future, to change symbols, to shift social structures, leading anorectics to eat, suicidal people to stay alive, and relief of many other symptoms. Salvador Minuchin, practitioners of therapy in the model of neuro-linguistic programming, clinical hypnotists such as Michelle Ritterman, and Ericksonian therapists, all in their own ways "mix it up" in mind and in social systems (mainly family systems).

They help access deeper parts of the mind. They help people to "see through the mind's eye," and "listen with the third ear." The subconscious mind, and the power of social systems, are accessed by metaphors, parables, fairy tales, and induced "feelings." A shift is achieved by linking the words with many meanings to deeper and alternate feelings, thoughts, perceptions, skills, and biological responses. When it works, people and groups are changed. Rosenthal evaluates the words and their uses *logically* and they fall short of precision. Therapists use the words *analogically* and they rank high in clinical utility because they link into the force where change occurs, the place in the brain cells where codes are tapped, which release pain-killing chemicals, new visions, immune system disease-blockers, and more.

I can order you with logically precise words to make your immune system work, or to be happy, and strain as much as you wish it is to no avail because the flow is not touched. But "talk up a storm" in the "talking up function" (coaches and other charismatic leaders do this with followers), tell a tale and use words with appropriately layered multiple meanings, and if the brain gets the message, the necessary chemicals flow with curative clinical consequences.

Tell a tale of a delicate flower with soft velvet petals, densely packed in foliage, dripping with dew drops, flushed with nectar. In that perfect flower lies a glistening pearl, a magic pearl, a pearl which grows, feels, heals, appeals. There are times and places where a logical discussion of sexuality in precise words do the job, as in some medical texts. There are other situations where the analogical story of a magic pearl creates responses, even clears clogged neural pathways, beyond logical reasoning.

The analogical in loose use goes beyond the bounded world of things to no-thing, to the flow of life as the cells know it, in a language they respect. "Nothing is perfect." Reread this as "No-thing *is* perfect." Words come from thinking. They set boundaries around loose force and mass and we have the social world we call "things." Words which are amorphous—by which I mean boundaries that throb, that envelop much, that have many sides, that are vaguely

defined—are closer to the reality of the physical and biological world of no-thing than words with sharp and clear boundaries. These fluid characteristics provide clinical power. The sharply bounded words "thing" and reflect a socially constructed world we think, especially so the constructed world favored by logical scientists.

Rosenthal is aware of metaphorical utilities of words. It would have made, I think, a better book if her precision in tracing root meanings and her ideological critique could have been balanced by a portion of the book devoted to the functions of the fluid uses of these words, as in love, in sweet nothings (read it as unbounded "no-thing") whispered in a lover's ear—and in clinical work.

The New American Poverty, by Michael Harrington. New York: Penguin Books, 1984, 271 pp., $7.95 paper.

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In 1962, a book was published that awakened the social consciousness of many in this nation to the existence and plight of the poor and moved a young presidential hopeful to make poverty a major issue in his campaign. John Kennedy was assassinated before he could bring his idealism into fruition, but his successor, Lyndon Johnson, launched an attack on poverty that rivaled the New Deal in potential if not reality. The book was *The Other America*; the author was Michael Harrington.

Harrington's most recent book, *The New American Poverty*, is not, by the author's own account, "The Other America Revisited." It is just as well. There is no knight to hear a call to arms. Camelot's round table is gone and in its place sit the representatives of corporate America whose goal is maximizing profits for an increasingly entrenched elite. The poor, if considered at all, are an unnecessary expense. In Harrington's words, his most recent book deals "not with an ignorant indifference that makes the poor invisible, but with a sophisticated and 'scientific' attempt to define them out of existence" (p. 7). The books differ in other respects as well.

The 1962 book can be described as "the shaming of America." In it, Harrington described those Americans untouched by and outside of an affluent society. Hungry, without adequate housing, education and medical care, they lived, for the most part, in the hidden recesses of the richest country in the world. They included the unskilled workers, the migrant farmworkers, the aged poor, minorities, and society's rejects: the disabled, the retarded, and the disturbed. That two nations, one affluent and the other impoverished, could live side by side in a society dedicated to the ideal of equality, was for Harrington not only unconscionable but unnecessary. The author was and is a writer with

considerable talent. Those who read that book walked, for a time, with the poor and were forced to recognize and acknowledge them.

Harrington's latest book can best be described as "the warning of America." In 1962, the author was like the child in the fable who pointed out that the Emperor was naked; this time the author is concerned with the Emperor himself. This time he points a finger not at the invisible poor, but at middle-class America itself, a class dangerously close to becoming part of that impoverished world. Harrington no longer shames us into sharing with our brothers and sisters; he is warning us that without drastic structural change, we will join that other America.

Harrington's warning and the arguments on which he bases his warning are reason enough to recommend the book. This is no mere political diatribe, no good-guy/bad-guy polemic, no play in journalistic histrionics. Rather, it is a thoughtful essay, well documented, on what has happened, is happening and can (will?) happen to the poor, the near poor, and those American workers who are only a job away from becoming poor. The author makes a political statement that I hope will be heard, but the book is more than a political statement.

Harrington presents a well-documented historical account, the best I have seen, of the events leading up to the War on Poverty, the beginning efforts and the problems encountered. The War on Poverty was not a failure. It never really began, for it was usurped by the war in Southeast Asia. This book substantiates with national figures what those of us who worked in the field at the local level saw. Given the small amount of money allocated, remarkable advances were made. Harrington exposes the cruel use of this "failure" by conservatives to make the poor a scapegoat for the economic crisis of the 1980s. Contrary to the conservative line, the "cheats" who drain our country economically are not welfare recipients; they are the very rich who hide behind tax shelters to amass huge profits. The first book described the poor; this book describes the techniques used by the elite to pit the middle-class against the poor and the poor against other poor, e.g., unskilled underemployed workers against undocumented aliens.

Regardless the new emphasis, the reader is once more transported into the homes of the poor, the streets on which the homeless loiter, and the shelters in which the displaced live or rather exist. Harrington is no arm chair philosopher; he walks the streets and he carries his readers with him. His coverage of the poor is probably not exhaustive, but it is explicit. He is certainly open to suggestions to other categories of poor. In his first book, he was sharply criticized for not including the most impoverished American minority, the Native Americans. His inclusion of this group in this book, and his description of his first encounter with them, should serve as an example to all of us who work with or plan programs for those in need that those in greatest need often touch our lives, yet remain unseen.

It is Harrington's description of the working class caught between a corporate world interested in profits not jobs and developing nations with a labor force willing to work for low wages that makes this book a must for both the practitioner and the activist. The notion of a middle-class that lives only one crisis away from being poor is not new. Billingsley (1968) introduced the term "precarious middle class" to compare blacks and whites in the 1960s. Harrington, however, is not comparing the middle-class with a minority; he is describing working-class America, the class that pays the greatest proportion of the nation's taxes. It is this category of people that must be included in the liberal's concern for fair play and as part of any coalition for social action.

In focusing on this group of people, however, Harrington ignores those who work in social service rather than production-oriented jobs. He points out, and rightly so, that closing a factory or plant results not only in personal tragedy, but in national loss in tax dollars as well. Much has been said in the liberal literature about the myth of the so-called safety net. Unfortunately, little attention has been given to those who worked in service agencies and lost their jobs as a consequence of the budget cuts. For many, such as senior aids or outreach workers, this job was their first step out of underemployment. For others for whom the job was an additional income in the family, loss of job meant return of a family to lower class status. As with the factory workers, the loss was both personal and national. These workers paid taxes. Too often we see social services as benefiting only those who receive the service, and ignore those who render it. Social programs create new jobs just as much as building factories. I would not expect the Reagan administration to admit this even if they recognized it, but I wish Harrington had.

My other disappointment with the book is not Harrington's fault. Despite the misery described in his first book, it was a joyous book, full of hope. *The New American Poverty* is different. This is a foreboding book. It is an important book, however, perhaps even more so than the earlier one. Harrington is an astute critic, not just of the conservative, but of the liberal view as well. Analyzing facts and figures for himself, he cuts through both the lies and myths of the right and the unrealistic dreams of the left. This book is a must for all who claim "to care."

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Roots to Power: A Manual for Grassroots Organizing, by Lee Staples. New York: Praeger Publishers, 1984, 176 pp., $29.95 hardcover, $8.95 paperback.

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The message in Lee Staples' *Roots to Power* is in the subtitle: *A Manual for Grassroots Organizing*. His organizing model emphasizes the individual and direct participation. He contrasts this with Alinsky's approach of building organizational coalitions. Here an individual achieves an identity in the larger organization through membership in an existing group. While the distinction is made, it is not pursued. What is emphasized is that in both models the organizing principles are the same, though there are differences in tactics and required skills. The importance of the distinction lies in political philosophy: one who believes in participatory democracy is less likely to make compromises and tradeoffs to achieve goals than one who believes in coalition.

Direct organizing has had a rocky road since the days of the War on Poverty. Cloward and Piven, in an interesting introduction, say that local organizations have a high failure rate and seldom directly influence national affairs. Nevertheless they believe in them. They reject calls for building national organizations. Local organizations which are supposed to have influenced centralized power include labor during the depression, the Southern civil rights movement, Islamic peasants, Polish workers, and Druse tribesmen. The first two of these were, in fact, remarkable examples of Alinsky-style coalitions. Polish workers have been crushed by a ruthless and centralized authoritarian government. Islamic peasants represent fanaticism on the loose, and Druse tribesmen in Lebanon, and to some extent Syria, will become a client of anyone who will help them achieve their goals of dominating those around them. These examples say more about the politics of Cloward and Piven than about participatory democracy and local organizing.

Roots to Power, despite occasional slips, is not a political tract. Staples is an experienced organizer whose current interest is an organization called ACORN—Association of Community Organizations for Reform Now. The manual consists of chapters on understanding an organizing philosophy, putting an organizing model into place, selecting issues and strategy, putting it into action, and paying attention to the do's and don'ts of organizing.

While it is called a manual, there is a clear recognition that what must be understood are principles. All the tips and advice do not provide an automatic solution to any community problem. Solution of community problems depends on the application of the principles, tips, and advice by a creative intelligence. The emphasis in the book on thought, rationality, and research reflect how far neighborhood organizers have come from the days when anyone over 30 was considered untrustworthy.

There is nothing remarkable in the material presented. It is practical and the presentation is clear and concise. One is told such things as: ask for the big favor first, and don't talk too long when people are ready to sign up and pay dues. Material like this is available in other books on organizing, how to run meetings, and salesmanship. Old ways die hard and occasionally there are jarring references to such things as getting the "enemy" to the bargaining table or the claim that neighborhood people can do better research than Ph.Ds. The chapter on "Do's and Don'ts" is divided into sections and consists of a series of short articles by Staples' associates. A lot of this, as well as some other parts of the book, are reprints or rewrites of other materials. Since the original publications did not have a wide distribution, it is a service to draw them all together and make them available in book form.

The book has serious deficiencies in style, format, and production. In an effort to avoid "sexist" language neologisms are used: "s/he" for she or he, "hsr" for his or her, and "hmr" for him or her. There are paragraphs where I thought I was reading Yugoslavian.

The index could have been better. If it is intended to be a manual, a clearly organized and labeled outline of where to find techniques on specific procedures would have helped. The book is cheaply produced. If you leave it on your desk the cover curls up, and if you put it on the shelf on a warm day it sticks to the book next to it. The binding is of such poor quality that I am not sure it will survive another reading.

In the end, this book serves the purpose for which it was put together. It gathers a lot of useful principles and tips about how to build and run an organization. If it were better organized and sturdier, I would say that it should be on the shelf of any group concerned with accomplishing community goals. It is not a textbook because it doesn't lead readers to think for themselves, but it might be useful as supplementary reading for practice courses or for those who want to think about the social philosophy of this approach to direct neighborhood organizing.

While I question the social philosophy that drives this book, and see the content as prosaic, there is something else to be said about Staples, ACORN, and the people connected with it: They have dealt with issues that sociology tends not to study. They have a phrase: "Don't knock it, do it." One can well read this book, not to find something new about organizing, but to think about the issues ACORN has chosen to involve itself with and to ask why others don't follow suit.

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