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# **CLINICAL SOCIOLOGY REVIEW**

**Volume 6, 1988**

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*The Clinical Sociology Review* is published annually by the Michigan State University Press, in association with the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists.

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

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**CLINICAL SOCIOLOGY REVIEW**  
**Volume 6, 1988**

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

The *Clinical Sociology Review* acknowledges with thanks the following special reviewers:

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# CLINICAL SOCIOLOGY REVIEW

## Volume 6, 1988

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## Editors's Preface

This sixth edition of the *Clinical Sociology Review* marks both a continuation and a new beginning. The new beginning is our relationship with a new publisher, The Michigan State University Press. It is particularly helpful to the Editor to have the publisher just across campus. The continuation is the organization and focus of the *Review*. As in years past, contributions are organized into the general areas of History of Clinical Sociology, Theories and Methods of Clinical Sociology, Practice of Clinical Sociology, and Book Reviews. There is no section on Teaching of Clinical Sociology in this issue; no papers on teaching were received for review this year. The reasons for this are not clear.

As in years past, the Editor wishes to acknowledge the contributions of many reviewers who give so generously of their time and effort to provide constructive comments on manuscripts sent to them for comment. Without the help and dedication of these colleagues, the *Review* would not see the light of day.

**History of Clinical Sociology.** This year's section on the history of Clinical Sociology is devoted to the work of two early pioneers in the uses of sociology to improve the relationship between blacks and whites in our society. Both are black, both are sociologists, and both were active in race relations long before the Civil Rights movement. Both demonstrate in their work how sociology can be used to bring about meaningful social change.

**Jan Fritz** introduces the work of **Charles G. Gomillion**. Gomillion was active in civil and voting rights at Tuskegee and in Macon County, Alabama. He was responsible for the Supreme Court case which outlawed gerrymandering of city boundaries to prevent blacks from voting. His published article on "The Tuskegee Voting Story" and three unpublished articles are included in this section.

**Herbert M. Hunter** reviews "The Clinical Sociology of George Edmund Haynes." **George Edmund Haynes** was one of the founders of the National Urban League, and later of the Department of Race Relations of the Federal Council of Churches of America. He pioneered the use of interracial committees by churches to reduce tensions between blacks and whites. His 1946 article, "Clinical Methods on Interracial and Intercultural Relations" is reprinted in this section.

**Theories and Methods of Clinical Sociology.** The section on theories and methods of clinical sociology presents four articles; one dealing with organizational adaptation, two dealing with counseling, and one discussing the clinical research process. Organizations must respond to external threats. Using the FAA and airplane hijackings as an example, **David W. Britt's** article, "Ana-

lyzing the Shape of Organizational Adaptability in Response to Environmental Jolts" presents a theoretical scheme for looking at organizational performance in response to these threats. **L. Alex Swan** gives an overview of Grounded Encounter Therapy, a means of helping individuals rooted in sociological understandings of how persons behave. **Melvyn L. Fein** looks at a specific helping technique. "Resocialization: A Neglected Paradigm" discusses a counseling technique in which clients are helped to assume new roles and hence new behaviors. Sociologists involved in participant research are also involved in clinical work. In "Fieldwork Relationships on an AIDS Ward: Verstehen Methodology as a Source of Data" **Roberta Lessor** shares her experience as a participant researcher and discusses the trade-offs between being helpful to the group studied and gathering data.

**The Practice of Clinical Sociology.** Four examples of practice are presented in this section. **William E. Thornton Jr.** and **Lydia Voigt** discuss "The Roles and Ethics of the Practicing Criminologist." They suggest that it is the settings, and not the roles, which distinguish practicing from academic criminologists. **Cheryl Anderson** and **Lydia Rouse**, "Intervention in the Case of Women Battering: An Application of Symbolic Interactionism and Critical Theory," discuss sociological bases for helping battered women. The sociological bases for intervention are reflected as well in **Martin L. Abbott's** "An Intervention Model for Homeless Youth." **Jonathan Freedman** shows how a knowledge of social theory became the basis for treating a woman who believed she had been hexed in "Cross Cultural Intervention: The Case of the Hexed Hair."

**Book Reviews.** **Ann Marie Ellis** finds "The Sociologist as Consultant" edited by Iutovich and Iutovich to be helpful in discussing the range of professional consulting, but disappointing in its discussion of setting up a practice. The conference report on "The Use, Non-Use, Misuse of Applied Social Research in the Courts" edited by Sacks and Baron was first published in 1980. **G. Melton Mobley** reports that it is still helpful to both sociologists and trial attorneys, but would have benefitted from greater participation by practicing professionals. **Sarah Brabant** recommends "Special Children-Special Risks: The Maltreatment of Children with Disabilities" edited by Garbarino, Brookhauser and Authier to both professionals and the parents of disabled children. **Ira Reiss'** "Journey into Sexuality: An Exploratory Voyage" presents a coherent, although still developing, sociological theory of sexuality. **Ruth Elizabeth Andes** feels it will be useful to clinicians, researchers and teachers. **Melvyn L. Fein** reports the Garbarino, Schellenbach, Sabes and Associates' "Troubled Youth, Troubled Families," although interesting, promises more than it delivers. **David J. Kallen** sees "Social Support and Health: An Annotated Bibliography" by Bruhn, Philips, Levine and Mendes de Leon to be a useful collection of abstracts of relevant literature in the area of social support.

## About the Authors:

**Martin L. Abbott** (An Intervention Model for Homeless Youth) is Associate Professor of Sociology at Seattle Pacific University. He is teaching and conducting research on applied sociology. Currently, he is completing manuscripts that address youth homelessness and youth services policy. He is co-author (with Gerald F. Blake) of several publications in the areas of education and employment policy.

**Cheryl Anderson** (Intervention in Cases of Women Battering) is Assistant Professor at Baylor University School of Nursing. She holds a joint appointment in nursing and sociology. Her areas of research are family violence from fetal abuse to elder abuse, minority health care, and obstetrical issues. She has published on family violence in nursing and in sociology journals.

**Gerald F. Blake** (An Intervention Model for Homeless Youth) is Professor of Urban Studies at Portland State University. His teaching and research are in the areas of community development, juvenile delinquency, and public policy. Dr. Blake is co-author (with Martin L. Abbott) of several works dealing with school-to-work transition policy. In October Dr. Blake was awarded special recognition for his work with youth by the U.S. Department of State and the U.S. Department of Housing and Urban Development in conjunction with the United Nations International Year of Shelter for the Homeless.

**Melvyn L. Fein** (Resocialization: A Neglected Paradigm) is a Certified Clinical Sociologist (C.C.S.) who has a private practice in resocialization. He is currently associated with the New York State Office of Vocational Rehabilitation, the Rochester Psychiatric Center, and the DePaul Mental Health Clinic. He is completing a book entitled *Role Change: A Resocialization Perspective*.

**Jonathan Freedman** (Cross Cultural Intervention: The Case of the Hexed Hair) is Director of Education and Training at the Hutchings Psychiatric Center, Syracuse, New York. He is on the Faculty of the Department of Sociology at Syracuse University, the Department of Psychiatry at the Health Sciences Center of Central New York, and the Department of Health Services Administration at the New School for Social Research in New York City. He is a director of the Institute for Human Evolution. Dr. Freedman is a past president of the Sociological Practice Association (Clinical Sociology Association.)

**Jan M. Fritz** (Charles Gomillion, Educator-Community Activist) is a Science Associate with the National Cancer Institute. She is the author of the *Clinical Sociology Handbook* and numerous articles about the history of clinical sociology. She also is co-editor of *Sociological Practice: The Development of Applied and Clinical Sociology*. She is founder and past president of the Clinical Sociology Association and the Chair of the American Sociological Association Section on Sociological Practice.

**Herbert M. Hunter** (The Clinical Sociology of George Edmund Haynes) is Associate Professor of Sociology at Indiana University of Pennsylvania. His current research interests are on the impact of structural and cultural influences on adolescent sexual decision making and pregnancy and the history of Afro-American social scientists. He is co-editor with Sameer Y. Abraham of *Race, Class, and The World-System: The Sociology of Oliver C. Cox*.

**Roberta Lessor** (Fieldwork Relationships on an AIDS Ward: Verstehen Methodology as a Source of Data) is Assistant Professor of Sociology at Chapman College and Assistant Clinical Professor of Social Medicine in the University of California, Irvine, College of Medicine. In addition to her work on AIDS caretakers, she has conducted research and published on women's occupational health and on women's career development. She is currently beginning a study of patient work in emerging reproductive technologies.

**Linda P. Rouse** (Intervention in Cases of Women Battering) is an Assistant Professor in the Department of Sociology, Anthropology, and Social Work at the University of Texas, Arlington. Her interests in family violence have centered on battered women/battering men and abuse in dating relationships. Published works include "Models, Self-Esteem and Locus of Control as Factors Contributing to Spouse Abuse" in *Victimology*, "Battered Women/Battering Men" in *Family Life Education*, and "Abuse in Dating Relationships" in the *Journal of College Student Development*, and a 1986 book, *You are Not Alone: A Guide for Battered Women*. Currently she is involved in research on acquaintance rape and courtship violence among college students.

**L. Alex Swan** (Grounded Encounter Therapy: Its Characteristics and Process) is Dean of the College of Arts and Sciences, and Professor of Clinical Sociology and Sociotherapy at Texas Southern University, Houston, Texas. A doctorate from the University of California, Berkeley, he is author and editor of six books including *The Practice of Clinical Sociology and Sociotherapy*, *The Politics of Riot Behavior*, and *Families of Black Prisoners*.

**William E. Thornton Jr.** (The Roles and Ethics of the Practicing Criminologist) is professor of sociology and the Director of Criminal Justice at Loyola University—New Orleans. His most recent published work is a co-authored text, *Delinquency and Justice* (Random House, 1987). He is currently writing a criminology textbook. He is also an applied criminologist and has a consulting practice specializing in crime analysis and criminal justice evolution.

**Lydia Voigt** (The Roles and Ethics of the Practicing Criminologist) is associate professor and chairperson of the sociology department at Loyola University—New Orleans. Her publications include *Delinquency and Justice* (Random House, 1987), a delinquency textbook, and *The Limits of Justice: A Sociological Analysis* (1984) which examines the inherent dilemma in applying the concept of criminal justice to social problems such as abortion and correctional punishment. She is especially interested in the problems of youth from a cross cultural perspective, and has been concentrating on the study of delinquency in the Soviet Union. In addition to her academic pursuits, she maintains a family counseling practice which specializes in adolescent adaptation to joint custody and blended family relationships.



# Charles Gomillion, Educator-Community Activist

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*Jan M. Fritz*

## ABSTRACT

Sociologist Charles Goode Gomillion has devoted his life to improving the status of black Americans living in the South. This essay provides information about Gomillion's years in South Carolina and Alabama and his professional work at Tuskegee University. His civil rights activities in Macon County, Alabama—including his involvement in a landmark Supreme Court case—also are discussed. Four documents written by Gomillion follow this essay.

Sociologist Charles Goode Gomillion has devoted his life to improving the status of black Americans living in the South. His work certainly is remembered by students and faculty who were with him at Tuskegee Institute over a forty-year period and by adults of the city of Tuskegee, Alabama where a public building and street have been named in his honor. Civil rights scholars and activists also remember him because of his involvement in a landmark Supreme Court case. Unfortunately, his writing and clinical activities have gone largely unnoticed by sociologists.<sup>1</sup> This essay is intended to correct that oversight.<sup>2</sup>

Charles Goode Gomillion (1987a) was born at high noon on Sunday, April 1, 1900, in Johnston, a small town in rural Edgefield County, South Carolina. His father, a custodian, was illiterate and his mother could barely read and write. But both parents encouraged Charles and the three younger children not only to work hard and be frugal but also to recognize the value of asking questions and reading. Gomillion remembers going alone or with his mother to ask "white folks to give us magazines," and his mother regularly bringing home *The Chicago Defender*, a weekly newspaper directed at black readers, and the NAACP's *Crisis*.

At the age of 16, Gomillion left his hometown to attend high school at Paine College, a small Methodist school in Augusta, Georgia.<sup>3</sup> He was admitted on

probation because he had completed only 26 months of formal education. Gomillion worked the whole time he was at Paine to pay for his education, but began every new academic year in financial debt to the school. Of the 35 students who were in his entering class, only Gomillion and five others were graduated.

Gomillion continued his education at Paine and was graduated cum laude in 1928. He had become a social science major in college because the school dropped psychology, his initial major. Also, Gomillion lost interest in psychology while taking an introductory sociology course from Professor Isadore Williams,<sup>4</sup> a graduate of Howard University. Her primary text was E. A. Ross' (1920) *Principles of Sociology*, and Gomillion (1987a) "fell in love with the processes of social interaction" which Ross emphasized.

Bertram Doyle was another one of Gomillion's teachers at Paine. Doyle, Dean of the College and Professor of Sociology, had graduated from the University of Chicago after writing a dissertation on the etiquette of race relations. Gomillion took only one course from Doyle, but the class only had half-a-dozen students and it was a good opportunity for him to get to know the teacher. Gomillion was very impressed by Doyle's knowledge, his excellence as a teacher and even his speed reading ability. Doyle later moved to Fisk University, and Gomillion was drawn there because of his respect for Doyle.

Gomillion held many jobs to pay for his education—in Philadelphia; Augusta and Milledgeville, Georgia; Detroit; and Hartford, Connecticut. But after he finished undergraduate school, he spent most of his career at Tuskegee Institute in Macon County, Alabama. Gomillion passed up a position selling life insurance in 1928 to take a one year position teaching history in Tuskegee Institute's high school program. His mother-in-law had found the position at Tuskegee and his work there developed into a relationship lasting more than forty years.

Tuskegee Institute, founded by Booker T. Washington in 1881, was to be a high school and college for black students with an all black faculty and administration. The school was located in the city of Tuskegee, approximately forty miles east of Montgomery, the state capital, and about forty-five miles southwest of Columbus, Georgia.

Gomillion taught in Tuskegee's high school for five years<sup>5</sup> and then was promoted to the college program. He later became a professor of sociology, and served as Dean of the School of Education, Dean of Students, Chair of the Division of Social Sciences and Dean of the College of Arts and Sciences. Gomillion (1987a) stayed at Tuskegee, he says, because he "had total freedom. No president interfered with any of my activities. There was no criticism if (because of my activities) I made arrangements to cover my classes." During his tenure, Gomillion (e.g., 1942, 1947, 1952, 1957b, 1959b, 1962a, 1965a) published articles about civil rights, voting and the status of blacks in the South.

Gomillion (1987b) says he “never wanted to be anything other than a teacher” and reluctantly accepted a number of administrative posts at Tuskegee only because he was allowed to teach one or two courses per academic session. Gomillion (1987a) described his teaching in the following way:

Most of my courses start out with, ‘Who am I? What courses am I taking? How can these courses help me as a citizen or worker? and What can I use from this course in the kind of work I’ll be doing?’ I want to teach (students) their roles as citizens and as college graduates . . . what they could do and should do.

Gomillion thought if he could get his students to think about these questions, they would do better in school and in later life. To do his best as a teacher, he thought he needed to give his students the same kind of freedom that the presidents of Tuskegee had given him.

In the early 1930s Gomillion wanted to go to the University of North Carolina for full-time graduate study and to take part in the research that was being conducted on the sociology of the South under Howard Odum. But the University of North Carolina did not admit blacks to its graduate school at that time, and Gomillion couldn’t afford to attend any of the prestigious colleges in the North.

Gomillion (1987a) did arrange a leave from Tuskegee for one year, 1933–34, to take graduate courses at Fisk University in Nashville, Tennessee. There he decided to study what he wanted rather than take the courses required of those enrolled in a degree program.<sup>6</sup> He came to work with Doyle, who had moved from Paine College, E. Franklin Frazier,<sup>7</sup> who had left the Atlanta School of Social Work, and Charles S. Johnson, who had been with the Urban League.<sup>8</sup>

Seven years later, in 1941, Gomillion received a scholarship allowing him to spend one quarter in the Ohio State University’s graduate program in education. While there, he was advised to enroll in the graduate program in sociology. He had to drop out periodically for financial reasons, but finally received his Ph.D. in sociology in 1959, when he was 59 years old. His adviser was Brewton Berry, an expert in race relations, and Gomillion did his dissertation on civic democracy in the South.

In addition to his work at Tuskegee, Gomillion (1987c) engaged in a number of “eye-opening” field experiences. In the summer of 1934, after completing a year of work at Fisk University, faculty member Charles Johnson asked Gomillion to join a field research project. Supported by a grant from the Rockefeller Foundation, the project would send teams of researchers to selected counties to interview tenant farmers, plantation landlords (if possible), and business people, such as grocers, who had connections to agriculture. Gomillion was asked to be part of a team of three individuals assigned to visit one county in Texas and two in Mississippi.

After Gomillion heard that two blacks were lynched in Mississippi, he tried to withdraw from the project. He had early childhood experiences that contributed to his fear<sup>9</sup> and, as he put it, "I'm not good at controlling my temper. I was afraid I wouldn't survive" (Gomillion, 1987a).

Johnson convinced him to take part in the project by telling Gomillion to leave the talking to a light-skinned black woman who was part of the team, and the team leader, Lewis Jones:

Let Edmonia be Miss Ann, the other guy will be the chauffeur and you be nigger boy in the back of the car (Gomillion, 1987a).

Gomillion said it was difficult at times, but "I kept my mouth shut."

In 1937, Gomillion worked in the field once more—interviewing cotton and tobacco farmers in Alabama, North Carolina and South Carolina. He worked for the U.S. Department of Agriculture in the Division of Resettlement, under the direction of sociologist Edgar A. Schuler. The government wanted the information for a study comparing farmers who were being resettled with those who were not. Collecting the facts and helping to analyze them once again gave Gomillion the opportunity to learn more about the problems blacks were encountering.

While Gomillion's teaching and written work were known locally, he is remembered nationally for his involvement in the civil rights struggle.<sup>10</sup> He was the forceful, patient President of the Tuskegee Civic Association (TCA) from 1941–45 and again from 1951–68 and in 1970. As President, he began to challenge Macon County's treatment of black citizens.

The struggle was long and difficult. Numerous legal actions had to be initiated and a boycott of the city's white businesses began in the early 1950s, several years before the Montgomery Bus Boycott. The boycott—or, as it was called in Tuskegee, the trade with your friends campaign—was officially endorsed by the TCA in 1957 and lasted two more years. It was so successful that half of the white-owned businesses were gone by the spring of 1958 and sales were down 45–60% for those that survived. As a result, white resistance started to diminish, voter registration began to take place, and the courts started to be responsive.

Gomillion won his most impressive legal victory (Gomillion versus Light-foot) in the U.S. Supreme Court in 1960. Gomillion's successful suit stopped the local gerrymandering which had kept all but about ten blacks from voting in town elections. According to the attorney for the Tuskegee Civic Association (Guzman, 1984:xi), "the Gomillion case is one of the landmark cases of the century. It opened the door for the redistricting and reapportioning of various legislative bodies from city hall to the U.S. capitol and also laid the foundation for the concept of 'one-(person)-one-vote.'"

Gomillion's activism was in organizations that wanted to improve the position of blacks in the community. Activism, however, is not always popular and, even when it is, it is not acceptable to all segments of the community. Gomillion's involvement, for instance, as a board member of three organizations—the Highlander Folk Center, the Southern Negro Youth Congress and the Southern Conference Educational Fund—was suspicious to some because these groups had been accused of being Communist front organizations (e.g. Anonymous, 1964; Georgia Commission of Education, 1957.)<sup>11</sup>

Gomillion (1987b) was willing to work with people with different political leanings if they shared his objective, civic democracy. Gomillion never publicly denied the charges of communism because he thought "those who know me know I'm not a communist and those who don't know me wouldn't believe me anyway." He told two successive Presidents of Tuskegee that he was willing to resign if they thought his behavior in any way embarrassed the school. His community actions were never criticized by university officials and they never even asked him about the accusations of communist affiliations.

In the 1960s, when progressive northerners joined hands with southern blacks and whites to address issues of racial inequality, Gomillion didn't march. He (Gomillion, 1987b) was berated by some for this, and he particularly remembers an occasion when a Tuskegee student confronted him about his lack of involvement in the Selma to Montgomery march. He replied, "Any dumbbell can march, no dumbbell can do what I'm doing" in organizations and in the courts.

Gomillion (1987a) had made a strong verbal response. He let the student know about his expertise but did not tell her his point of weakness. Gomillion always tried to avoid the possibility of a physical confrontation. He "tried to stay out of positions where (he) might lose it . . . because of anger." He worried about confrontations because he wasn't sure he "could turn the other cheek." As Gomillion put it: "I can't tolerate anyone interfering with my movement . . . I can take verbal abuse . . . (but) don't block my movement."

Four documents written by Gomillion are reprinted in this issue of the *Clinical Sociology Review*. The first, "The Tuskegee Voting Story," appeared in a 1962 issue of *Freedomways*, a quarterly review of the Negro freedom movement. The article is included to give readers a better understanding of life, at that time, in Tuskegee, Alabama.

Two letters follow this article. The first was sent in February, 1959 to Charles Gomillion by a member of a White Citizens Council in Lake Charles, Louisiana. Gomillion's response, written in March, was published totally or in an abbreviated form in a number of newspapers.

The third item, "Questions Which Might Be Asked in Planning a Program of Social Action," was written in the late 1950s and published in the 1966 anniversary program of the Tuskegee Civic Association. The brief list was used,

for many years, by the leadership of the Tuskegee Civic Association in deciding which cases or projects the association should take on or support. The association was very interested in determining in advance, as best they could, the possible impact of a project in relation to expenditures of money and time.

The final article is an unpublished paper, "The Role of the Sociologist in Community Action in the Rural South." Gomillion was scheduled to deliver this paper at the annual meeting of the American Sociological Association in Chicago in 1965. He was unable to attend the meeting but the paper was presented by a southern newspaper editor, Ralph McGill.<sup>12</sup> Gomillion's style in this paper—gentle, non-confrontational—is characteristic of the approach he used in papers to be delivered at sociology meetings. In this article he encourages sociologists to be active in bringing about progressive social change.

## Conclusion

Gomillion (1987a,c) describes his life's work as that of an educator and community activist. He wanted his students and colleagues to understand the importance of using their gift—their education—to improve conditions of the society. He seems almost embarrassed when he discusses his research and writing. He thinks he didn't publish enough and he wishes he'd had a better writing style, one that was interesting, breezy and polished.

Gomillion (1987a) says "sometimes I felt I hadn't done what was expected of me . . . the research that gives prestige. But when I hear from my students and alumni, I think maybe I wasn't intended to be a research sociologist."

Perhaps we need to do a better job of defining our field. We need to let an 88 year-old sociologist who has spent over 25 years solving important community problems and writing about community changes know that we value, encourage and publicize sociologists who are scholar-practitioners as well as those who are research sociologists.

## NOTES

1. Gomillion's work is discussed in Smith and Killian's (1974) "Black Sociologists and Social Protest" and in Butler Jones' (1974) "The Tradition of Sociology Teaching in Black Colleges."
2. I am indebted to Dr. Gomillion for sharing his materials and agreeing to a series of interviews about his work. The detail he provided would have been very difficult to acquire without his help. Any errors in fact or analysis, however, are the author's responsibility.
3. Many of the black colleges began as high schools and later offered both high school and college programs. The pastor of Gomillion's church, Bethel CME, was a student in the theological program at Paine College and recommended the high school program to Gomillion.

4. Gomillion (1987a) has established "a little prize at Paine in honor of her introducing me to sociology." The award is given each year to a graduating student with the best academic record in sociology.

5. Among the courses he was teaching was the only one he had failed at Paine. This was a history course and Gomillion had been yelled at by the teacher about a window shade that had been pulled down incorrectly. Gomillion (1987a) recalls "the teacher was a white Mississippian and he shouted 'stop sitting like a knot on a log and pull the shade down.'" Gomillion said he left the room, wouldn't apologize and never returned to the class.

6. According to Gomillion (1987a), I "took what I wanted to take to help me do a better job of teaching. I knew I wanted to teach at Tuskegee and work with organizations in the South to help them do what they could to change things in the South." Gomillion was "trying to raise the status of blacks, economically, politically and educationally."

Gomillion was able to attend Fisk because a professor who had known him at Paine College arranged for all tuition to be waived and the Bethlehem Center in Nashville gave him room and board. Gomillion was divorced from his first wife and had custody of their two young daughters at this time. Gomillion's sister, who lived in Washington, D.C., cared for his daughters while he attended Fisk, and Tuskegee continued to pay him his full salary, which allowed for the support of his family while he was in school.

7. Gomillion (1987a) thought "Frazier was good in research and seemed not to be afraid of whites . . ."

8. All three professors received degrees from the University of Chicago.

9. When Charles Gomillion (1987a) was a child, his father had killed a white man. The court said this had been done in self-defense but after the trial his father never went out of the house at night. He also would not let the children do anything that would put them at risk (e.g., "deliver newspapers to the homes of whites, dance for white men for pennies") and cautioned the children to "play with white children but don't take any foolishness off them."

10. Gomillion's leadership role is documented in Robert Norell's (1985) *Reaping the Whirlwind*. This volume, winner of the sixth annual Robert F. Kennedy book award, is an excellent account of the civil rights movement in Tuskegee. Ray Jenkins, in his 1985 review, said "In the final analysis this is a profoundly depressing book, a tale about two peoples who have an immense amount in common—notably crushing poverty and isolation—and a single irrelevant difference—their color—and yet that difference has made them perpetual enemies."

Another important source of information about Gomillion's role as an agent for change is Guzman's (1984) *Crusade for Civic Democracy*. Guzman, a former history professor at Tuskegee Institute, "is remembered by former students as an excellent teacher (who was) a stickler for accuracy and thoroughness. Her book embodies these characteristics" (Vernon, 1984:B8).

11. Gomillion (1987a) said J. Edgar Hoover thought the Southern Negro Youth Congress was a communist-front organization. The alleged communist-connection was one of the reasons Gomillion decided not to travel abroad except for Canada. As Gomillion noted, "even the President of Tuskegee had problems getting papers for international travel." Though he would have liked to travel abroad, Gomillion said "there was enough for me to see and do in the U.S."

12. Gomillion (1987a) is not sure why he was unable to attend the meeting. His wife Jennie, who died of cancer in 1967, may have been ill or he may have had to be in court or had to prepare materials for a court hearing. Ralph McGill, the white editor of the *Atlanta Constitution*, who was supportive of the TCA and a "staunch opponent of lynching," was going to be attending the meeting. McGill accepted Gomillion's invitation to present the paper for him.

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# The Tuskegee Voting Story

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*C. G. Gomillion*

The story of voting in Tuskegee, Alabama, is a long and complex one, but only selected aspects will be told here. In recent years, the story consists mainly of the political beliefs, aspirations, and activities of the members and supporters of the Tuskegee Civic Association, a civic education organization in Macon County.

Tuskegee, a town of approximately 6,000 citizens, is the county seat of Macon County in east central Alabama, about 44 miles southwest of Columbus, Georgia, and approximately 38 miles east of Montgomery, the capitol of Alabama, sometimes known as "The Cradle of the Confederacy." In 1960, the total population of the County was 26,717, of which 22,287 (83.4%) were Negroes. In 1950, Macon County had a higher percentage of Negroes in its population than any other county in the Nation. In the town of Tuskegee in 1961, following the restoration of the city limits which existed prior to the gerrymander in 1957, Negroes outnumbered whites about three to one.

Macon County is somewhat atypical of counties in the rural South in that a higher percentage of gainfully employed Negroes is found in the professions and clerical occupations than is true in other rural counties. Most of these professional and clerical workers are employed by Tuskegee Institute, the United States Veterans Administration Hospital, and the Macon County Public School System. The percentage of Negroes with annual incomes above \$5,000 is higher than is true of other counties in the State. The percentage engaged in business and in manufacturing is low. Because a high percentage of the gainfully occupied rural Negroes is engaged in cotton farming, the median income of the total Negro population in the County is low.

Negroes have been voting in Macon County since the Reconstruction Era, but until 1950 the numbers and percentages had been small. Just prior to 1881, when Tuskegee Institute was founded, Negro voters in Macon County promised to support a white candidate for the Alabama Legislature if he would seek an

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appropriation for the establishment in the County of a normal school for the "training of Negro teachers." The candidate was elected, the appropriation was made, and Tuskegee Institute was founded. Although Negroes continued to vote during the last years of the nineteenth century, the provisions of the Alabama Constitutional Convention (1901) virtually disfranchised most Negroes. In 1930, there were only 30 Negro voters in the County. During the decade following, stimulated by the Roosevelt New Deal, a few Macon County Negroes began to encourage their fellow citizens to become more civic-minded and politically active. By 1940, the number of Negro voters had risen to 75. Most of the leadership in this ten-year effort was provided by persons in the Tuskegee Men's Club, composed of approximately 30 men who were interested in community welfare.

Race relations in Macon County and in the Tuskegee Community throughout the years following the emancipation of the slaves had been quite similar to those existing in the majority of Southern communities. There was segregation of the races, followed or accompanied by discrimination on account of race or color. This resulted in a superordinate status for whites and a subordinate status for Negroes, and differential civic opportunities favoring the whites. The nature of race relations in Macon County is revealed somewhat in a statement by a white public official who said to a white citizen from a Northern state in 1940 that "Sometimes some of the rural Negroes and some of the colored professors at the Institute think that we don't treat them fairly, but in general we manage to keep them pacified." Briefly put, the relationship between the races has been characterized by domination and exploitation by one group and submission by the other.

During the 1930s there arose in the County a small group of Negroes who believed that "political democracy is government of the people, for the people, and by the people," that "voting intelligently is a civic responsibility," that "the ballot is the citizen's best self-help tool," and that one "who is without the ballot is politically disarmed." There was the further belief that through intelligent political actions Negroes would be able to improve their other civic opportunities.

Accordingly, in 1941, this group succeeded in reorganizing the Tuskegee Men's Club into the Tuskegee Civic Association, and admitted women to membership. The specified objectives of the Association are (1) intelligent study and interpretation of local and national civic and political issues and trends, (2) collection and dissemination of useful civic and political data, and (3) intelligent and courageous civic and political action.

The officers of the TCA have considered their major responsibility to be that of the civic education of all citizens in the community, Negro and white, and facilitation of intelligent civic action on the part of an increasing number of Negro citizens. Civic education meetings have been held regularly, weekly

for three years, and semi-monthly at the present time. As a result, the number of Negroes manifesting interest in political affairs has been steadily increasing. As the political interest and action increased, the resistance of the members of the County Boards of Registrars increased.

Varied techniques have been employed to limit or prevent the participation of Negroes in local politics, the most obvious of which have been the following:

1. Requiring Negroes and whites to register in separate rooms and in separate parts of the Macon County Courthouse.
2. Registrars frequently reporting for work late and leaving early, thus reducing the number of hours available to Negro applicants.
3. Permitting only two Negro applicants in the registration room at the same time.
4. Requiring Negro applicants to read and transcribe articles from the Constitution of the United States, in addition to filling out the voter-registration questionnaire.
5. Conversing with applicants as they write, which disturbs them, and stimulates making errors.
6. Permitting a Negro voter to vouch for *only two* applicants per year.
7. Preventing some Negroes from vouching for any applicant.
8. Failing to issue certificates of registration to Negroes immediately upon the successful completion of the requirements for registration.
9. Failing to inform unsuccessful applicants of their failures to fulfill the requirements for registration.
10. Failing to work on many registration days.
11. Resigning from the Board in order not to register Negroes.
12. Refusing to appoint any Negro to serve on city or county government committees or agencies.
13. Enacting legislation which permits Board of Registrars to use twelve of their working days for clerical work only, and in even years to use up to twenty additional days in the precincts away from the courthouse.
14. Gerrymandering the city of Tuskegee in such a manner as to eliminate from residence in the city 400 of its 410 Negro voters. (Not a single white voter was removed from the city.)

Between 1940 and 1942, the political conflict between white and Negro citizens was almost continuous. Negroes worked in a variety of ways to increase the number of Negroes registered to vote. They complained about the discriminatory behavior of the Boards of Registrars. Open letters were published in daily and weekly newspapers; letters and petitions were sent to Governors and to other members of the State Board which appointed the County Board of Registrars; letters and telegrams were sent to selected members of the United States Congress, and to the U. S. Attorney General; legal suits against Boards of Registrars

were threatened or filed. In 1943, a threat to sue resulted in the Board's repealing its rule that only white voters could vouch for Negro applicants to register. In 1945, William P. Mitchell sued the Board for a certificate of registration which he declared was due him. The case was carried to the U. S. Supreme Court, and was the Fifth U. S. Circuit Court of Appeals, on its way back to the Supreme Court, in 1947, when Mitchell was informed by public officials that he had been legally a registered voter "since January 29, 1943." According to a public official, Mitchell "just had not been notified."

In spite of the numerous difficulties experienced by Negroes in their efforts to become voters, there was a two-year period (1949-50) during which one Board of Registrars certified as voters approximately 700 applicants. This success was followed by greater resistance. Another suit was filed in 1953. In 1954, Mrs. Jessie P. Guzman, a Negro, was a candidate for membership on the County Board of Education. Although more than 500 votes were cast for her, she was not elected. This event seemed to have intensified the fear and the belief on the part of whites that Negroes were trying "to take over" the governments of Tuskegee and Macon County.

As the number of Negro voters approached 1,000, bills were introduced in the Alabama Legislature (1957) to gerrymander Tuskegee and to abolish Macon County. On July 13, 1957, Senate Bill No. 291 became law without the signature of Governor Folsom, thus gerrymandering Tuskegee so as to put outside of the city limits approximately 3,500 of 5,000 Negro residents, and approximately 400 of the 410 Negro voters.

The reaction of Negro citizens was immediately aggressive. When their pleas to local and state officials were not honored, Negroes publicized their plight through national news media. They urged Congress to enact the Civil Rights Bill, and they drafted a bill providing for Federal Registrars, which was submitted to a Congressional Committee. When local white merchants refused to speak out against the proposed gerrymander, many Negro citizens withdrew their patronage from them. (During a period of two years, 26 businesses operated by whites ceased to operate in the community. One moved to another town.) The Alabama Attorney General retaliated by securing a temporary injunction against the TCA and its "followers," and on January 21-22, 1958, sought in court to prove that the TCA was violating Alabama's Antiboycott statute. On June 21, 1958, the judge ruled that the Attorney General had not proved his charges and dissolved the injunction.

On August 4, 1958, 12 Negroes filed suit in a Federal Court, seeking to enjoin local and state officials from enforcing the gerrymandering legislation. The case was taken to the U.S. Supreme Court, which sent it back to the District Court for trial. On February 17, 1961, Federal Judge Frank M. Johnson enjoined Alabama public officials from enforcing the act, and ordered restored the

boundaries of Tuskegee which existed at the time of the gerrymander. The 400 Negro voters were again residents within the boundaries of Tuskegee, but they had missed the September, 1960, Municipal election.

In 1959, following numerous complaints of Macon County Negroes to the U. S. Department of Justice, the Department filed a suit against the Macon County Board of Registrars, charging it with discriminating against Negroes applying to register. On February 20-23, 1961, Judge Frank M. Johnson heard witnesses in the case, and on March 17, 1961, ordered Alabama officials to cease their discrimination practices against Negroes.

The following listing reveals the increase in the number of Negroes registered to vote in Macon County between 1954 and 1962, inclusive:

1954-857; 1956-953; 1958-1,030; 1960-1,095; 1962-2,434. In the County, there are approximately 3,200 white voters, but in the town of Tuskegee, as of 1962, Negro voters exceed white voters.

The civic education program of the TCA has been relatively successful. Many local Negro citizens are well-informed on local and state politics, and some of them seriously study political issues and the records of public officials and of candidates for public office. Members of the TCA are very active in the Alabama State Coordinating Committee on Registration and Voting, are helping to organize civic or political clubs in other counties, and are serving as consultants. During the past five years, Tuskegee Negroes have used to advantage the Civil Rights Acts of 1957 and 1960, the U. S. Civil Rights Commission, and personnel in the U. S. Department of Justice. The struggle for the ballot in Tuskegee and Macon County is almost won; the major task now is to educate for its intelligent use.

# Thoughts of a White Citizen Council Member\*

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To Charles Gomillion:

Who I am is unimportant. The important thing is that I'm a southerner from Lake Charles, Louisiana, and I have a few things to say to you. I have just finished reading an article in a Coronet magazine labeled *The Integration Fight is Killing Tuskegee*.

You and your ideals make me sick. You and the rest of the colored race had it made before you started all this integration crap. I belong to a branch of the White Citizens Council here in Lake Charles, La. I just want you and the rest of your friends to know that we will never integrate! We will stop integration if it takes bloodshed!

A few years ago I knew several negro boys my age. We were fairly good friends. Now, I would not speak to them because of what their race is trying to pull. Now I hate all niggers.

Its people like you who are leading the rest of the negro's down the wrong trail.

I do not think of myself as better than a negro. But I believe that if I want segregation and the majority of the people in the south want segregation we should be able to have it. In fact, we are going to have it!

I believe in the negro having everything that I have, just as long as he stays on his side of the fence.

I don't want to see intermarriage between a colored man and white women. It may happen up in yankee land but it won't happen here.

In short, Gomillion, you and your associates are fighting a losing battle. And I assure you there of (are) many like I who are ready to fight anywhere, any sort of way for segregation. And as far as the Supreme Court is concerned they can go to hell! If they want another civil war they will sure as hell get it.

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\*The letter above was not dated, was not signed, and did not carry a street address. The envelope was postmarked "Lake Charles, La., Feb. 26, 1959 6:30 P.M." It was addressed to "Charles G. Gomillion, Tuskegee Institute, Tuskegee, Alabama "

If you don't like it in the south why not move to the north. Those damn Yankees love niggers. Don't they?



# Reply

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March 7, 1959

The Southerner  
Member of a Branch of a White Citizens Council  
Lake Charles, Louisiana  
Author of the letter to Charles G. Gomillion,  
Tuskegee Institute, Tuskegee, Alabama;  
Postmarked February 26, 1959

Dear Sir:

Thank you for the very informative letter which you sent me. It happens that I was not at home when it was delivered. Please pardon my delay in responding. Some of the delay is due to my uncertainty as to whom or where to send the reply. I regret that in your effort to enlighten me you neglected to identify yourself by name or address. This failure makes it impossible for me to send you a personal and private reply, which I should like to do. Since this is not possible, I think that it is courteous that I endeavor to have it published, in the hope that you will discover that your effort was not in vain.

I regret that you underestimate your importance. Who you are is important. Your behavior affects many persons, even me. Because you are important, and because my well-being, directly or indirectly, is affected by your conception of yourself and of your relation to others, I hope that you will consider how important you are.

You are more than "a southerner from Lake Charles, Louisiana"; you are an American, I presume, and one who has probably read the Declaration of Independence, and the Constitution of the United States of America. It is quite likely, also, that you have pledged allegiance to the Flag of the United States, our Homeland. I am inclined to believe that at some time in the past you have professed to believe in the concept of democracy, the principle of equality of opportunity. I am inclined to believe, further, that basically you are a "good American," because you have chosen (1) to inform me of your affiliation, and

of your intention, (2) to warn me of impending danger, and (3) to advise me as to what I should do. For this I am grateful.

Congratulations on your reading *CORONET*, which magazine frequently contains important articles. Unfortunately, however, the title of the article which you read, "The Integration Fight is Killing Tuskegee," is misleading. If Tuskegee is being killed, it is not being killed by the "integration fight." If it is being killed, might it not be by short-sighted, narrowminded, and undemocratic public officials and citizens who deprive some American citizens of civic rights and opportunities by refusing to register them, and by gerrymandering a city? Those in favor of integration did not reduce the size of the city, nor did they propose to abolish a county. They do not seek to destroy the integrity and the prestige of an historic municipality; they try to build its resources, enhance its prestige, and make it a model for democratic living and progress.

By this time, I hope that you have recovered from your illness. I regret that you were made "sick" by me and my ideals. Whenever I am responsible for the illness of anyone, I am unhappy.

I am sorry that you have decided not to speak to the Negroes whom you have known "because of what their race is trying to pull." Is it fair to them? Have they mistreated you? Have you asked them whether or not they are in favor of what you think "their race is trying to pull"? I regret even more your development of the capacity to "hate." Hatred is both expensive and dangerous. It takes time and effort to hate. And when one is hating, he cannot be loving. When he is acting on hatred, he cannot be engaged in noble efforts. Persons who hate are unhappy persons. Many of them are afraid, and fear is dangerous. Many persons who are afraid find it difficult to resist the temptation to engage in vice or crime. Love is much more satisfying, and honorable, than hatred. Please examine your present emotional content, and see if you might not want to talk with your one-time "fairly good" Negro friends. If you listen to them, and objectively examine their civic status and opportunities, you might discover in them something which you admire. If you discover in them nothing which elicits your respect, you would rise to the challenge if you would decide to meet and work with them in an effort to help them become worthy of your respect, and possibly of your love. If you do not think of yourself "as better than a negro," then you can afford to do this.

I am glad that you believe "in the negro having everything I have." If by "everything" you mean the civic status and opportunities to which you have access, that is exactly what Negroes are working for. When you are willing for "the negro" to have everything you have "just as long as he stays on his side of the fence," you write as if you and he are not in the same field. You and he are living in the United States of America one nation, indivisible. Where is the fence that divides? How can the Negro stay on "his side of the fence" if he

does not see any fence, and if the Federal Government does not recognize the existence of any fence?

There are many implications which can be drawn from your statement that you "don't want to see intermarriage between a colored man and white women." Polygyny is not legal in the United States. Do you mean to imply that there is the possibility that two or more white women might become the wives of a colored man? Or do you mean to imply that intermarriage between a white man and a colored woman would meet with your approval? Or that you are not interested in what the white woman might think about the extra-marital relations of the white man and the colored woman? Since no man is able to marry a woman if she says "No," do you imply that there are some white women who could not, or would not say "no"? Does your statement suggest that there are some white women whose judgment you do not trust? In the United States, is not legal marriage between healthy persons considered more honorable, and more in keeping with the moral code of our culture, than illegal extra-marital relations?

You err when you say that my associates and I are "fighting." We are not "fighting." We are simply working hard to be good, productive Americans. We are trying diligently to get the same kind of education you and your associates want so that we may be able to make contributions to the culture which are comparable to those which you and your associates make. We do not want to fight; we want to learn and earn. We do not want to shed blood; we want to maintain the peace. We regret that you threaten to shed blood.

It happens that I cannot answer your question as to whether or not "damn Yankees love niggers." I have never asked anyone I know whether or not he loved me. Those whom I know seem to love justice, fair play, the Golden Rule, and recognize and respect the rights of their fellow Americans. I do know that they have allowed me many more opportunities to develop my mind and my cultural interests and competencies than have Southern white Confederates.

As for leaving the South, I am not interested. I was born in the South, and attended the public elementary school in my native state, South Carolina. Although the educational opportunities in the county in which I lived were grossly inferior to those provided for white youth, as reported by white citizens, I did have the opportunity to read the Declaration of Independence, and the Constitution of the United States, and I believed what I read. I believed that I was a full citizen of this Nation, and that this was a land of opportunity, where the law-abiding and the industrious could prosper. I believed, also, that it was the duty of every American citizen to contribute constructively to the development of his Fatherland. I have spent my past years studying the arts of peace, not the science of war. Professionally, I have sought to enlighten and heal the minds of youth and men, not to poison them. My mission is to shed light, not blood, and I hope

that I may be permitted to shed it in the South before the more martial-minded shed blood. Because I believe firmly that those who live by the sword shall perish by the sword. I am not now prepared "to fight anywhere, any sort of way." I am a worker, not a fighter.

As sincere as I think you are, I hope that the United States Supreme Court will not take your suggestion to "go to hell." To "go to hell" would be cowardly. There is too much work yet to be done in America. The Supreme Court in some of its recent decisions has been merely trying to implement the American value of equality of opportunity, and to rectify the unfortunate decision of the 1896 Court. The present Court now knows that if Western Civilization is to survive, it will need contributions from citizens who have developed themselves to the optimum, and this can be done only when opportunities are unrestricted. We can either work cooperatively and honorably, and try to compete successfully with undemocratic opponents, or we can waste our resources, efforts, and time, and wait for subjugation. What is your choice?

I hope that if you have read this letter you will accept it in the spirit in which it is written. It is not my desire to offend. I do not threaten you. I am sorry that you hate me. I do not hate you. This might not be of any value to you, but it makes me feel good. I can sleep at night, and I can study and work during the day. I do not have to plan courses of action designed to shed blood. I am a student, eager to learn, and would appreciate an opportunity to meet and confer with you. Those who really know me say that I am gentle, kind, and generous. I invite you and your associates to meet with my associates and me in friendly fellowship. You might discover that we are good Americans. If you observe that we are un-American, you could have us arrested and imprisoned Don't kill us! Don't shed our blood! Let the constituted legal authorities do that.

Very truly yours,

Charles G. Gomillion  
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# **Questions Which Might Be Asked in Planning a Program of Social Action**

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1. What is the nature of the present situation?
2. What is our status? or the status of the group?
3. What status, opportunities, services, and/or goods are desired? What is our goal? or the goal of the group?
4. What is the nature, the degree, the extent of the difference between what is desired and what is the present situation?
5. Do we want, or does the group want, to change the situation? raise the status? increase the opportunities and services?
6. What human and cultural resources are available for use in changing the situation? in increasing opportunities and services? in raising status?
7. What alternative activities, procedures, techniques, seem to be appropriate for use?
8. What will be the probable cost in effort, time, money, etc.?
9. Can we, or the group, afford to pay the cost?
10. Are we *willing*, or is the group willing, to pay the cost?
11. When should we, or the group, begin action?
12. Where should action begin?
13. Who should do what?

**After questions have been answered satisfactorily:**

- 1. Initiate and execute program.**
- 2. Evaluate action periodically.**
- 3. Revise action, when and if considered expedient or necessary.**

# The Role of the Sociologist in Community Action in the Rural South

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In this paper, the author will endeavor to define and describe his conception of the rural South, community action, and the role of the sociologist as scientist, as a citizen, and as a person in the rural South and in community action programs in the region. He recognizes that there is no universal agreement as to the meaning of any one of the concepts in the title. For example, the South is generally defined as the population group inhabiting and functioning in the southeastern part of the United States. The Bureau of the Census puts sixteen states and the District of Columbia in the region. Some sociologists place thirteen states therein, while others include eleven. For some students, the South is "a state of mind."

In this paper, the rural South means the open country, villages, unincorporated and incorporated towns in the region defined as the South by the Bureau of the Census, and the population groups residing within. Included also are the large towns and small cities which function to a considerable extent as trade centers for the open country and village residents. Many of these large towns are inhabited by people who have moved from the open country, or whose immediate ancestors had moved, and who maintain close social connections with their relatives and friends who still reside in the open country and villages.

The urban South, as described by some students, has been, and still is, greatly influenced by the rural South. As a matter of fact, those who assert that the South is a state of mind hold that the dominant values, traditions, and behavior patterns of the South as a whole are primarily those of rural people. State legislatures in the South have been under the control of the representatives from rural counties. Legislation has been such as to protect and promote the interests of rural segments of the population, and/or to restrict the protection, participation, and development of urban areas.

In his volume entitled *Southern Tradition and Regional Progress*, William

H. Nicholls, a Vanderbilt University economist, lists five traditions which, in his opinion, had retarded the urban, industrial development of the South. The traditions mentioned were (1) the persistence of agrarian values, (2) the rigid social structure, (3) the undemocratic political structure, (4) the weakness of social responsibility, and (5) conformity of thought and behavior. Others have characterized the South as a region dominated by the desire to maintain white supremacy, to operate a laissez-faire economic system and a status-oriented educational system. In politics, there is the verbal commitment to states' rights and state sovereignty, and in religion to otherworldliness. These values, desires, interests, or goals have developed largely out of the experiences and history of rural people. Even where and when there have been urbanization and industrialization, rural values and patterns of behavior have been evident. In their study of the textile industry in the South, and of the textile workers and the communities in which they lived, Arthur F. Raper and Ira de A. Reid referred to the workers as sharecroppers. In the volume *Sharecroppers All*, they described the communities of mill-workers as resembling the agricultural plantations. The milltowns were essentially industrial plantations. In many of them the textile mill owners owned the houses in which the workers lived, and often they owned the commissaries or general stores, the schools, and the churches. When they did not own the schools and churches, those who taught and preached in these institutions were only those who met the approval of the mill owners.

When compared with the nation as a whole, or with the developing urban South, the rural South shows certain socio-cultural characteristics which are different, especially in degree, and often to the disadvantage of the South. For example, the educational opportunities are more limited, and the educational status or level of the population is lower. The health status tends to be lower; the morbidity rate is higher, and the infant and maternal mortality rates are higher. The per capita income and per capita wealth are lower; the average size of the family is larger. Social isolation resulting from lower educational development, lower economic wealth, lower population density, and segregation on the basis of race is greater. This lower socio-cultural development and greater social isolation tend to restrict the rate and quality of economic, intellectual, and social productivity, and to result in greater waste of natural, social, and cultural resources and efforts.

So much for the nature of the rural South. What is community action? In this paper, community action may be considered as the conscious, intentional, planned efforts of a community to study itself and its relation to other communities, and to engage in activities which the community thinks will contribute to its development or well-being. It will connote, also, the efforts of sub-groups within the community, when such efforts are intended to contribute to the realization of the comprehensive program of total community development or improvement. Community action may connote the effective social conservation,



development, distribution, and utilization of the natural, social, and cultural resources within the community, and available to the community, when such utilization of outside resources would contribute to the well-being of the community.

Persons in society, in the community, play many roles. The sociologist is no exception. In this paper, the writer will be concerned with only three roles, namely, the sociologist as scientist, as citizen, and as a person. As you know, it is the function of the scientist to create knowledge, to discover the relationship among variables. As a scientist, the sociologist engages in the scientific study of the processes and products of social interaction, the scientific study of the structure and functioning of the community, the scientific study of the status, beliefs, values, goals, problems, resources, and behavior of persons and groups in community and society. Some sociologists as scientists are engaged in helping persons and groups to study, discover, and understand relationships, social situations, and the possible and probable consequences of alternative courses of social action.

Many sociologists are *bona fide* citizens in the communities in which they live and work. As citizens, some are actively involved in community organizations and agencies which have as a major goal the improvement of life and living in the community. In making their contributions as citizens, they may draw heavily on their sociological knowledge and skills. If they are not *bona fide* citizens in the community in which they are working, and are functioning scientifically as participant observers, there are, or will be, times when they will be trying to imagine themselves as citizens, and trying to see and understand as citizens.

In the role of a person in a community, the sociologist may not be functioning as a scientist or as a citizen. He will not be trying to create knowledge, nor will he be engaged in working with other citizens in a program of community betterment. He may be looking at the community and community action as a person, seeking to understand for the sake of understanding, and, possibly, for the sake of deciding how best he can adjust to the community action, or contribute as a person to it.

Let us now consider the role of a sociologist as scientist and as citizen in a small town in the Deep South, which town possesses all of the socio-cultural disadvantages of the rural South mentioned earlier. The greater emphasis will be placed upon the role of the sociologist as citizen. The small town in 1960 had a population of 6,700 within the corporate limits, but 5000 plus lived outside the city limits, but within the police jurisdiction. Four-fifths of the population was nonwhite.

The first task of the sociologist as citizen was that of helping the citizens to define the situation in which they lived. What a person or a population group does depends very largely upon how the situation is defined. There was serious

and continuous study of the question "what is the nature of our situation?" A related question was "what are the statuses and civic opportunities of the different population groups within the community?"

After these questions were answered somewhat specifically, the community action group considered next the following question: "What status, opportunities, services, and/or goods are desired?" especially for the culturally disadvantaged group, which constituted the majority of the total population. The sociologist helped this group to consider its members as American citizens, and, therefore, entitled to all rights, opportunities, and services to which other American citizens were entitled. There was the development of the conception of the civic responsibilities of American citizens who expected to enjoy constitutional rights, opportunities, and services.

The third task was to discover the nature, the degree, or the extent of the difference between that which was desired and that which was, or that which existed. This effort enabled members of the culturally disadvantaged group to see, or to understand, the extent of the gap between their legal, educational, economic, political, and social status, opportunities, and services and those of the national population. The investigation revealed that the gap between the dominant group and the nation was less. In all indices except that of the percentage of voting age citizens registered, the status and the opportunities of the dominant group (whites) were lower than for the nation.

The sociologist and the community action group then sought to answer the questions "Do the groups want to change the situation? to raise their statuses? to increase their opportunities and services?" Because the Negro group in the community was the more disadvantaged, and because a higher percentage of Negroes considered themselves primarily American citizens, relatively more of them wanted to change the situation, to raise their statuses, and increase their opportunities. In the community, there is still a large number of white citizens who consider themselves (1) white, (2) Southerners, (3) Alabamians, and (4) Americans. As long as their statuses are higher than those of the nonwhites, and their opportunities are greater, they are not much concerned about their statuses and opportunities being inferior to those of citizens on the national level.

The fifth task was that of discovering what human and cultural resources were available for use in efforts to change the situation, to increase opportunities and services, and to raise statuses. In this process there was the definition of "human and cultural resources" and the listing or cataloging of the same. Human resources included not only the citizens desiring the socio-cultural change, but government officials on the federal, state, county, and municipal levels, newspaper editors and journalists, teachers and ministers, lawyers, retired citizens, and officials of civic organizations and agencies. Cultural resources included the federal and state constitutions, Congressional and legislative enactments, e.g. the Civil Rights Acts, the War Manpower Act, etc.,

executive orders of the President, decisions of the federal courts, journalistic reports of successes in other communities, literature published by social action agencies, reports and decisions of selected special governmental agencies such as the U. S. Commission on Civil Rights, the U. S. Committee on Higher Education, etc., money, public and private buildings where meetings could be held, automobiles for transporting workers and other citizens.

Having defined and cataloged the human and cultural resources available for use in efforts to change the situation, the sociologist and his citizen associates began listing alternative procedures, techniques, and activities which seemed appropriate for use in changing the situation. Possible activities included (1) study sessions such as short courses, institutes, workshops, (2) conferences, (3) preparation and publication of leaflets, booklets, and open letters, (4) mass meetings, (5) preparation and presentation of petitions, (6) conducting classes in consumer economics and political education, (7) selective buying, (8) voting and (9) legal action.

The seventh task was that of ascertaining the probable cost of the alternative programs of action in terms of time, money, and effort. Short term and long term costs were estimated under different circumstances. This was followed by the effort to decide whether or not the Community could pay the cost of executing the program of activities deemed necessary to achieve the goals set, namely, increased opportunities and services and raised statuses. When it was decided that the community could pay the costs in time, money, and effort, it seemed necessary to try to discover whether or not it was willing to do so. In the process, it was discovered that the nonwhite segment of the population was more willing than the white. This seemed to be what was expected, in as much as the nonwhite segment would gain relatively more than the white segment if the program succeeded.

In a community in the Deep South which had been rigidly segregated on the basis of race for more than one hundred years, and in which the dominant values were rural, the social relationship was of superordination of one group and the subordination of the other. In such a social environment it was very difficult to secure free and open study of the community by a representative sample of the population. The sociologist, some of his students, and a few of his fellow citizens who had listened to him began the observation and formal study, expanding the program as more and more citizens became active participants. Although white citizens who are participating actively in the program are still in the minority, some of the most industrious workers are white. Some of the whites who are not working on the total program are working on some minor part of it.

After estimating the probable cost of the program and discovering the number willing to pay the cost, or a considerable portion of it, it was necessary to decide when and where work should begin, and who should do what. The

steering or planning committee tried to arrange the different activities agreed upon in some sort of logical order. It was decided to begin the civic education phase of the program immediately. This decision was made on the basis that every one was a citizen, and as such was entitled to more rights, opportunities, and services than they were getting, and that they would be willing to learn how to get them. It was assumed, further, that as they learned about their rights they would also learn about their responsibilities.

The teaching of civic responsibilities led into the study of the citizen as a consumer. Since the average citizen is primarily a consumer during the greater portion of his first twenty-one years, it is relatively easy to help many citizens to understand that most of what they consumed during those twenty-one years was produced by others, and that if they want to be responsible citizens they must prepare themselves for producing and contributing more than they consume. Efforts were made to help the culturally disadvantaged group to see and understand that socially responsible citizens are industrious workers and economical consumers. Consumer economics was taught along with the civic and political education.

When the program of education for responsible citizenship was well under way in the Negro community, steps were taken to bring into the community action structure as many whites as were courageous enough to venture out of their segregated world. A few did venture forth, and the interracial phase began, and has continued, although with the whites experiencing some pressures from those whites who are determined to maintain "the Southern way of life."

The community action program continued to expand gradually until 1964, when there was the culmination of years of effort. In this year, Negro and white candidates for public office campaigned for votes from the same public platforms. For the first time, there were Negro workers at the polls on election days, and six Negroes were elected to five different public offices. Since the elections in 1964, six other Negroes have been appointed to public offices and seven have been employed full-time in public positions.

The desegregated school which was closed by order of the Governor was reopened and operated throughout the year. Business places are now employing Negroes where there were none. Now there is in operation a Community Action Program under the Equal Opportunity Act of 1964. There was a Head Start Program during the summer; a work-study program will be in operation during the 1965-66 school year.

The role of the sociologist in community action in the rural South seems to be that of helping the community to understand itself—its status, its desires, its problems—to discover and/or develop resources and procedures available and appropriate for use in solving problems or achieving goals. The sociologist can help community leaders to understand the nature and the consequences of social change, and how to organize members of the community for the execution of

programs agreed upon. He can also help the community to appraise its efforts, and to revise programs when such seems desirable.

The role of the sociologist, as scientist and as citizen, in community action in the rural South is hardly any different from that of the sociologist in community action in the urban South. The situations in the rural South, and some of its problems, may be different, but the behavior, the role, of the sociologist would differ only as would seem to be necessary in order to be appropriate for the situation. As scientist, the sociologist would endeavor to create knowledge about the rural South and its sub-divisions, and as citizen, the sociologist would endeavor to utilize as effectively as possible sociological knowledge and socio-cultural resources for community development and improvement.

# The Clinical Sociology of George Edmund Haynes (1880–1960)

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## ABSTRACT

This paper examines the career and approach to clinical sociology adopted by George Edmund Haynes in the first half of the 20th century. The presentation focuses on Haynes' career as a sociologist, in which he taught and promoted the social sciences at Fisk University, his work in the federal government as a special assistant to the Secretary of Labor and Director of Economics, and his tenure as Executive Secretary of the Commission on Race Relations at the Federal Council of Churches in America, where he conducted an active research program of applying his sociological skills to concrete problems within the context of the religious ideals of the church. Also described are various strategies and programs Haynes advocated in his clinical approach to reforming interracial relations.

During the first two decades of the twentieth century, the sociological work of the Black sociologist George Edmund Haynes was not far removed from the social setting which shaped, in part, the thinking of many early White sociologists (cf. Hinkle and Hinkle, 1954:1–17). Inspired by his own religious upbringing and training in sociology and social work, Haynes was a firm believer that both science and social reform, working together, were necessary to ameliorate social problems in the society.

Haynes differed from his White contemporaries, however, to the extent that few pioneer American sociologists devoted serious attention to the empirical study of the conditions of Afro-Americans. This neglect was a factor in the slow development of empirical research in the field of race relations in the latter 19th and early 20th century (Pettigrew, 1980:47).

Many early White sociologists also did not apply their training to directly combat racial injustices as Haynes or advocate an alliance between sociology

and religion as a viable mechanism for improving race relations.<sup>1</sup> Poverty, crime, juvenile delinquency, family instability and other social disorders accompanying industrial capitalism were certainly concerns of the early reform oriented sociologists, but racial issues, though not totally ignored, were not central to their work.

Thus, the work of George Edmund Haynes deserves our special attention. Haynes' attempt to come to grips with one of the most prevalent issues of the day and his lifetime commitment to using the tools of sociology to achieve practical objectives confirms his legacy to clinical and applied sociology and places him in a unique position among American sociologists of his generation.

### **Haynes' Biography**

George Edmund Haynes was born May 11, 1880 in Pine Bluff, Arkansas. He was the son of an unskilled father who had great difficulty securing stable employment and a hard working mother who gradually became a dominant influence in his life.<sup>2</sup> Her "literal teachings of the Bible" and "optimistic ideals of Christianity which sustained her" were not ignored by the young Haynes. According to Perlman (1972:7), "She demanded and received strict obedience from her son and daughter whom she drove to escape from the life of deprivation she had endured." This was not an easy task given the Jim Crow racial climate and the disadvantages of attending poorly equipped segregated schools in the American South.

The limited educational opportunities Haynes endured during the primary and secondary years seldom matched his own aspirations to succeed. However, in 1889, at the age of 19 years, he entered Fisk University. Completing a number of courses in the classics and the sciences, he graduated with his B.A. degree in 1903. A year later, Haynes received a M.A. degree from Yale University, where he was introduced to the science of sociology by the eminent American Sociologist William Graham Sumner. Sumner's own racist views and opposition to economic reformers (cf. Gossett, 1975:153-54) seemed to have little effect on Haynes. He participated fully in Sumner's seminars and visited his home occasionally with other students to discuss more intimately their teacher's ideas. Sumner's concepts of folkways and mores would later exert an influence on Haynes' interpretations of race relations but, all the same, his teacher's laissez-faire views of the world proved to be too inimical to Haynes' religiously inspired social reforms.<sup>3</sup>

With his training in sociology at Yale University and the practical field experience gained working with the YMCA during the period 1905-1908, Haynes entered the New School of Philanthropy at Columbia University (later named the New York School of Social Work) in the fall of 1908, and, in 1912, was the first Black to take a Ph.D. at Columbia University. He majored in

sociology and social administration and minored in social work. Haynes' background matched well the progressive "New Philanthropy" then taking hold in the emerging profession of social work, which stressed a case study approach to social problems and the employment of both scientific principles and practical concerns as the *modus operandi* for adequately dealing with the problems of the poor.

As a fellow in the Bureau of Social Research, a research institute established at Columbia to train students in the "New Philanthropy," Haynes received the skills that were necessary to undertake several studies on the northern migration of Blacks and the social conditions they experienced in urban areas. One such study, *THE NEGRO AT WORK IN NEW YORK CITY: A STUDY IN ECONOMIC PROGRESS* (1912), became Haynes' doctoral dissertation. This work, along with W. E. B. Du Bois' *THE PHILADELPHIA NEGRO: A SOCIAL STUDY* (1899) and R. R. Wright's *THE NEGRO IN PENNSYLVANIA: A STUDY IN ECONOMIC HISTORY* (1912) represent the few empirical studies done on Blacks living in northern cities at the turn of the century. Also, during this time (1911) Haynes, along with Ruth Standish Baldwin, co-founded the National League on Urban Conditions Among Negroes (later named the National Urban League), an organization established to assist Black migrants in adjusting to urban life, and to provide, according to Haynes' plan, practical training "to a cadre of Negro social workers supported by Urban League grants . . . at Negro colleges affiliated with the Urban League program" (Perlman, 1972:83).

Haynes' vision of providing theoretical and applied research skills to Negro social workers and other professionals became a reality with his appointment as professor of sociology and economics at his alma mater, Fisk University, in 1910. While building a social science department at Fisk, Haynes organized a training center there, as well as at five other Urban League-affiliated Negro colleges. One such center, the Bethlehem House in Nashville, Tennessee, included twenty students on the staff who were required "to spend four hours each week in field work, one half the time to be spent at the House and one half in visiting the homes in the neighborhood, a city-block being assigned to each student . . ." (Perlman, 1972:96). By the time Haynes left Fisk University in 1918, Bethlehem House had 115 Fisk students participating in the program.

The period 1910-1921 was very productive for Haynes. He taught and promoted the social sciences at Fisk and amassed a collection of materials on the social conditions of Blacks in the United States. He also undertook a series of preliminary studies in several cities and, in 1918, published a short book, *NEGRO NEW-COMERS IN DETROIT, MICHIGAN*, which assessed the employment and housing problems of recently arrived southern Black migrants in the racially segregated sections of the city.

While on leave from Fisk University, starting in 1918, he worked for the



federal government as Special Assistant to the Secretary of Labor and as the Director of Negro Economics, positions created to mediate labor problems resulting from the large influx of Black workers to northern industrial cities during World War I. In these capacities, it was necessary for Haynes to organize and attend numerous conferences, design and support educational campaigns, establish local advisory committees and appoint and train Black staff workers in various states. Following his tenure with the U.S. government, he published another study, *NEGROES AT WORK DURING WORLD WAR I AND RECONSTRUCTION* (1921), which, as Jones notes (1974:143), was "the first comprehensive government report on economic conditions among Negroes."

In the early 1900s, there were few Black or White social scientists with the training and knowledge of the social conditions of Black Americans in urban areas. Thus, Haynes often was sought after as a consultant by religious, social service, business, and government groups on matters relating to race relations.

Haynes' last major appointment occurred in 1921, when he became the Executive Secretary of the Commission on Race Relations (later named the Department of Race Relations) of the Federal Council of Churches in America, a position he held until his retirement in 1946. During a twenty-five year period Haynes promoted more directly his beliefs in the church's obligation to be socially active in influencing changes in the society, and the idea that successful interracial adjustments and community improvements were best achieved by the church providing the guiding ideals (cf. Haynes, 1969:36-38). Haynes also was able to put into practice his doctrine of interracial cooperation—the belief that satisfying face to face contacts between Blacks and Whites would "produce the desired personal and social changes in harmony with the ideals of justice and goodwill for which the churches should stand" (Perlman, 1972:287-88 citing Haynes). Consequently, Haynes' work with the Federal Council involved him in many diverse activities that were forged within the framework of the church.

### **Strategies and Programs of Intervention**

Haynes was the principal architect and promotor of Race Relations Sunday, a religious program that received national attention in the 1920s. Designed to produce goodwill and cooperation between Blacks and Whites and other ethnic minorities within the religious community, this "experiment in persuasion" included among its program elements the exchange of White and Black ministers, joint interracial services, formal presentations on the church and its relation to social action and open discussions on current racial problems. As Roberts (1974:131) observes, the program expanded impressively between the years 1936-1940, and "attempts were also made to put Race Relations Sunday on an international basis."

During a period when many states and the Congress of the United States

found it difficult to pass an anti-lynching law, Haynes and the Commission established the Honor Roll of States Free From Lynching. Used in conjunction with lobbying efforts, statistics were routinely compiled to publically use the media to praise those states where lynchings were not occurring.

These programs, and ones such as the Harmon Award To Distinguished Negroes, were quite moderate; they did not antagonize the status quo or place demands on the White power structure. They were consistent with Haynes' philosophy of utilizing public education, moral persuasion, and positive images of racial progress and amity to advance racial tolerance (cf. Haynes, 1945:105-110).

Similarly, to meet the challenge of the unprecedented migration of Blacks from the South to northern cities in the 1910s and 1920s and the attendant racial hostilities they experienced, the concept of the interracial committee was brought into service. Consisting of representatives from local churches, public officials, civic leaders, businessmen and other concerned citizens, interracial committees were organized for the purpose of improving many of the social ills of urban communities, and again providing a forum for interracial cooperation. One key strategy contributing to their success was the use of the "conference method," in which members of the Commission on Race Relations had the responsibility of initiating interracial committees in their respective localities by organizing conferences to discuss common problems. The formation of local interracial committees also was enhanced by state-appointed interracial commissions which existed in a number of states. In this way Haynes attempted to build links between local and state interracial organizations and the Federal Council's Commission on Race Relations.

The Depression and New Deal recovery periods were busy times for Haynes and the Commission on Race Relations. Racial discrimination in the administration of New Deal programs, the lack of education and geographic isolation among rural Blacks, inadequate research on the unique status of Black sharecroppers, all meant there were real possibilities for exclusion from government recovery efforts. Thus a major aim of the Commission was defending the economic rights of Black agricultural workers in the rural South. As the chairman of the Joint Committee On National Recovery, which expanded into an organization with representation from 24 national organizations, Haynes and the Joint Committee became a significant lobby which monitored the activities of the National Recovery Administration (Perlman, 1972:264). Always wary of how unfair labor practices might adversely affect Black workers, Haynes was sometimes needed to visit farm or urban factory areas to investigate a problem and draw up a report, operate as a lobbyist or give testimony at public hearings.

In the wake of a relatively large number of racially motivated and violent riots in northern cities in the mid-1940s, many public and private agencies subscribed to a variety of remedies for easing racial tensions. Haynes and the

Department of Race Relations (earlier referred to as the Commission on Race Relations) offered as a national strategy the interracial clinic for treating the social ills of racism and changing public attitudes. This strategy is probably best outlined in the 1946 article, "Clinical Methods in Interracial and Intercultural Relations," which is reprinted in this issue of the *Clinical Sociology Review*. It exemplifies Haynes' advocacy of a religiously oriented social reform, and offers the kind of prescriptions which guided much of his work of applying sociology to concrete social problems. Many of the strategies included in Haynes' proposed clinical method, moreover, are quite relevant to clinical sociology today.

Haynes' stress on the church initiating interracial clinics in local communities and the reliance of empirical data to make informed decisions reflects further his attempt to deal with community problems within a religious and scientific framework. Haynes' clinical approach considers social phenomena not simply in economic and political terms, but also at higher levels. Spiritual and ethical values are important considerations (Haynes, 1946a:319).

The success of the interracial clinic is dependent on investigating problems related to the day-to-day encounters of individuals and groups in local communities, organizing group discussions and enabling participants to reach a consensus on a course of action. This does not prohibit comparisons with other communities having similar or different problems, or prevent the treatment of "concrete local problems in light of broadly scientific backgrounds" (Haynes, 1946a:318). Of critical importance is Haynes' judgment that community people should make their own decisions on local concerns, unencumbered by the consultant, whose role is mainly to provide counsel and advice. To be sure, Haynes was a strong proponent of dealing with community problems from the bottom up, although he was not unmindful of the larger responsibilities of the states and federal government.

## Conclusion

Haynes' approach to solving the race problem appealed mainly to religiously oriented, educated, middle-class Blacks and liberal Whites who already had acquired a level of racial tolerance. To the Black masses and more militant Black leaders, Haynes' attempt to incorporate a spiritual solution in dealing with the race problem was too visionary, conciliatory, and lacking the kind of direct action that was necessary to stir the consciousness of Whites in a substantive way.

Black Americans continued to be denied their civil rights as citizens. There was rampant racial discrimination in almost all sectors of the society, including the church. It was very unlikely that a strategy to enhance interracial cooperation such as the one proposed by Haynes would do much to alter these conditions.

On the other hand, as limited as Haynes' programs were, he offered what he believed was an effective approach to achieving mutual respect and equal citizenship rights for Afro-Americans, during a period when there were few options open to refute the notion of Black inferiority. Haynes did not see his programs as geared to fundamental change in the society. Each program was one step in a long journey toward dealing with a very deeply rooted problem in the society. If nothing more, as Perlman (1972:177) observed:

Haynes felt that his programs were important in and by themselves as educational experiences. For the whites there was the discovery of the Negro as a human being. For the depressed Negro there was the opportunity to learn a new sense of his own worth, while for the militant Negro there was the demonstration of a possible technique for interracial adjustment.

All in all, perhaps Haynes' legacy in American sociology should not be judged by his scholarly success alone, though he published five books, numerous articles, reports and pamphlets during a career spanning nearly fifty years. He used his sociological training and skills to challenge the racial status quo in the United States in ways that were compatible with his own convictions. Haynes' career was exemplary of an earlier generation of professionally trained sociologists who contributed to the discipline by applying their expertise rather than simply pursuing academic goals.

## NOTES

1. Haynes, like many early American sociologists, came from a rural and religious background and was imbued with strong ethical concerns (cf. Hinkle and Hinkle, 1954:3). Haynes strongly endorsed the idea that institutionalized religion, in combination with a scientific sociology, could effectively combat the ills of urbanization and industrialization, particularly the conditions of Afro-Americans migrating to northern industrial areas.

2. The historical material for this article is indebted to two comprehensive studies of the life and work of George Edmund Haynes: Daniel Perlman's (1972) *STIRRING THE WHITE CONSCIENCE: THE LIFE OF GEORGE EDMUND HAYNES*, and Samuel Kelton Roberts' (1979) *CRUCIBLE FOR A VISION: THE WORK OF GEORGE EDMUND HAYNES AND THE COMMISSION ON RACE RELATIONS, 1922-1947*. Subsequent to preparing this article, Jan Fritz brought to the author's attention a recent dissertation on Haynes by Iris Belinda Carlton (1974) *A PIONEER SOCIAL WORK EDUCATOR: GEORGE EDMUND HAYNES*. The author also wishes to thank Mrs. Olyve Jeter Haynes for written and oral material provided during an interview in Mount Vernon, New York and Jan Fritz for helpful suggestions and editorial assistance.

3. For a more extended discussion of Sumner's influence on Haynes, see Roberts (1974: 56-58 and 260-262).

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# Clinical Methods in Interracial and Intercultural Relations

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*George Edmund Haynes*

In a war-surviving world, dazed and groggy from lightning-jet fighter planes, superfortresses, radar, and atomic bombs, it is difficult for more of us to take a balanced, dispassionate view of racial and cultural relations. But, since modern means of communication have made our world a narrow neighborhood, civilization can only survive by placing the contacts of races, classes, and nations upon a reasonable, brotherly basis.

These contacts are grounded in everyday relations. Race relations are everyday contacts of people of different physical and social inheritance in their places of work, their churches, synagogues, mosques, schools, homes, on the street, and in their social and civic organizations. Intercultural relations are everyday contacts of people whose attitudes and behavior patterns have been conditioned by different religious beliefs, by family habits, by various ways of doing things. Problems of major adjustment between individuals and groups are created by these contacts. Jews and Gentiles misunderstand because of different religious beliefs. Negro and white Americans have problems out of past attitudes and practices. Chinese eating rice with chopsticks and Americans or Britishers eating beef with knives and forks display habits which necessitate more understanding and good will on the part of the community which eats with some other device—or cultural disharmony exists.

Dominant forces in our civilized society, if not in the so-called “uncivilized” societies, are the beliefs, the attitudes, the mores that control behavior. These are mental forces; they are moral; they are religious. They apply to people—individuals and groups.

People who have failed to achieve certain desires or goals become frustrated. Instead of accepting their failure or discovering some weakness or mistake in their own effort they seek scapegoats to compensate for their frustration.

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Those who feel insecure in attained status have similar reactions. The Ku Klux Klan at both times of its power following war is an example. During the recent war there was a large migration to the cities of the Pacific Coast for war work, the majority of them whites and Negroes from the Southwest. With the end of the war boom the older residents, mainly wage earners, fear that the newcomers, especially Negroes and Mexicans, will remain and compete for jobs that will decrease. Out of these fears come the frustration and feelings that give rise to hostile action. Any one who looks at the history of Europe for the past twenty-five years will find other illustrations: For example, many who saw Hitler and his handful of Nazis parading the streets of Munich were amused. But through the Nazis mass hatred was spread; now the German people and the world know it was no laughing matter.

How can we meet these problems and cure these mental phobias, which are more contagious than physical diseases? By clinical methods: by steps toward eradicating the mental ills of fear, suspicion, stereotyped ideas about other peoples and cultures—through the application of confidence, understanding, and good will across racial and cultural lines, which produce *mental health*.

### **Interracial or Intercultural Clinics Deal with Community Situations**

In the local community, clinical methods aim to enlighten and orient those who have to meet local problems, to enable them through face-to-face analysis of the situation to reach a consensus of judgment on *what to do and how to do it*.

First, the local leaders whose interests are involved are encouraged to face the facts. Facts about local employment, housing, schools, religious barriers, leisure-time or other situations involving diverse groups. Often some history of the forces that led up to the present tension is required to answer not only the question, "What is it?" but also the other more pertinent one, "How did it come to be?" With these facts in hand, those concerned can make an analysis, a "diagnosis," of the tensions and conflicts of given local problems as a basis for deciding what can be done and the way to go about it.

In passing, one point on the gathering of the facts should be emphasized: The case method should be the basic procedure. Particular local situations become the case material rather than generalities about the problems over larger areas. The situation, of course, should be typical as tested by comparison with similar situations elsewhere and by the use of the statistical average or the modes. For example, to understand the problem of discrimination in employment of Negroes in a given situation, the average proportion or change in proportion of Negroes in certain occupations of the community or of a wider area is valuable for testing the typical character of cases in the situation under review. There is danger in thinking in averages or about employment discrimination in general that the particular type or situation with which the local leaders



have to deal in terms of the individual worker and his family may be overlooked. The social scientist and social and religious worker must analyze and treat concrete local problems in the light of broadly scientific backgrounds.

These forces do not come to focus on a state or national level nor on an international level, but in the everyday relationships; in the neighborhoods and communities where people live and work. If we are to find remedies for these mental-social ills, then we must study the facts in everyday living of individuals and groups.

### **The Clinical Approach has Both Scientific and Religious Bases**

The clinical approach has both scientific and religious foundations. Our civilization has both a material-physical and a mental-moral-spiritual basis. During the past three hundred years the advance of physical science and the development of mechanical inventions have made us so conscious of our physical environment that we have been inclined to think that is the conclusion of the whole matter. Even many of our religious leaders have given this line of thought the right of way. Karl Marx has so affected our thinking by his use of the Hegelian dialectic that we have been largely dominated by his materialistic interpretation of life and history.

It is true that men and women struggle for jobs as wage earners, for property as home owners or business enterprisers. Many of them mistake wealth for the substance of life. They think they can live by bread alone. People are also voters and office holders; they struggle for power. They will sacrifice the last vestige of wealth to gain power over their fellows. They are also residents and live in local neighborhoods and have families and homes. Children, young people, and adults have various ambitions for personal advancement among their neighbors through various means of education. They aspire for aesthetic and intellectual satisfaction. All of us are related to some common instruments of government for social order. And all must find some means of harmony between the lowly round of our limited lives and the great Spiritual Head that created and guides our destiny and the Universe.

We can see these different drives and desires manifested in every one of our daily relations in the local community. We may classify them into the economic, the political, the intellectual-aesthetic and the humanitarian-religious. Wise and learned students of society realize that, down through history, men and women have striven and sacrificed and lived often as much for the humanitarian-religious as for the economic. Moral and religious desires and aspirations have been powerful forces in every civilization since the dawn of history. These drives and desires have given rise to movements, organizations, and institutions—political and economic institutions. Educational and religious institutions, organizations, and movements have arisen through which all social

life is permeated more or less, at least on the higher levels, with spiritual and ethical values for personality growth and social behavior.

This is what religion has been saying through the centuries. Religious leaders were the first social scientists. They were emphasizing the fact of man's social and moral nature. Religionists have sought through knowledge, wisdom and revelation to apply the dynamic of the inner, emotional, personal growth to social life. "The Kingdom of Heaven is within you," said Jesus Christ. He taught men to pray: "Thy Kingdom come. Thy will be done on earth as it is in Heaven."

### **World War Tensions and Conflicts Require Clinical Strategy**

The period of World War I and the years immediately following saw widespread racial tensions, riots, and mobs in the United States. During World War II these conflicts showed a similar trend, with the difference that a wave of interracial efforts for prevention followed the first outbreaks in 1943. Dr. Charles S. Johnson states that well over 200 local, State, and national organizations have been established since the Detroit riot that year.<sup>1</sup> Between the two wars the religious and social organizations developed a nationwide structure of local, State, and national movements for interracial and intercultural improvement. These resources were not widely developed during and just after World War I. There is, therefore, greater probability of success in preventing and resolving many of the tensions and conflicts if we have the wisdom and the courage vigorously to undertake the job.

A new strategy to meet the greater stresses of the postwar period has been developing in both public and private agencies. There was widespread development of mayors' committees for civic unity. They were hurriedly set up in many communities following riots during the recent war. There are now sixteen national Protestant church bodies in the United States which have developed some form of social action with organizations with more or less definite plans to deal with racial tensions and conflicts. Under the leadership of the Department of Race Relations of the Federal Council of Churches, which has affiliated with it 135 city and 35 State councils with paid executives during 1944-1945, a well-worked-out plan for interracial clinics has been carried out in seventeen cities of Indiana, Illinois, New Jersey, Michigan, Ohio; Portland, Oregon; and Seattle, Washington.

Upon the initiative of a local church council or ministerial association, a planning committee of leaders of the religious, labor, business, social work, and civic agencies with cooperation of branches of the city government was set up by organizations interested in sponsoring the project. Weeks in advance of holding the clinic a community self-survey was made to collate the facts for an analysis of such local problems as racial discrimination in employment, in health

facilities, in public and private housing provisions, etc. Community resources in public and private agencies available were also surveyed.

Leaders from many interested groups representing all phases of the organized life of the community attended the clinics, which lasted one or two days. In plenary sessions the factual case reports on the problems were presented. The clinic then divided into small face-to-face sections for discussion and decision on what to do. This brought closely together the leaders of the various groups representing the interested parties: religious, social work, business, labor—white, Negro, Japanese-American, Mexican-American, Filipinos, Chinese-American—for face-to-face consultation. In many of the cities these interested parties met for the first time to attempt some agreement. There was developed willingness to understand the other point of view and to find a common ground of mutual interest for the community's welfare. They looked at their problems from the standpoint of the whole community and its unity and not simply from the angle of one group.

This is difficult, because there are those who refuse to meet people of other racial groups who have opposite attitudes and views. Some groups feared for their particular status or interests. Some desired to impose their attitudes and views on others. It often happens in discussion of race relations that opinions and prejudices instead of facts are used and too much heat and too little light are generated.

One unique feature of the interracial clinic has been the absence of speeches from leaders to tell the others what to think. Consultants with wide knowledge and experience in such matters gave counsel and advice but left those who participated to do their own thinking and to make their own decisions. Oratory was ruled out.

There were, of course, different psychological conditionings of the members who faced each other in the clinics. They came from groups with different backgrounds of education, wealth and experience. Some of them represented newcomers who have recently moved into the community from other places and who now faced older residents. Through such face-to-face conversational discussion they did find a common basis of agreement or consensus of judgment on different points. Each small sectional group had a reporter who recorded their decisions and reported them to a summary committee that collated the various points into a whole which was voted upon by all in a closing plenary session.

The interracial clinic does not try to solve the race problem for the whole community or for the nation or for all time. It does try to deal with concrete issues or situations in the local community and to work out a limited program of action for a year or longer. In several cases clinics voted to meet again in a few months to check up on the lines of action they had laid out.

Finally, the interracial clinics did secure action from the regular organizations and agencies of the community that express its group life, such as

churches, schools, labor and business organizations, and the city government, in line with the sound sociological fact that only thus can fundamental social changes be achieved. Some central coordinating and clearance committee usually was set up to implement the program unless such an agency already existed and was accepted by the regular organizations and agencies of the community.

A few examples of results of these clinics held in 1944–1945 are all that space permits.

*Evansville, Indiana*, adopted the following program after the clinic there in February 1944:

Believing that the strength of American democracy depends upon the good will and unity existing in the individual community and that this unity is jeopardized so long as misunderstanding exists between racial groups, the Evansville Interracial Commission presents this Statement of Policy and program intended to strengthen the community structure:

The Commission firmly believes that interracial problems involve the welfare of the whole community, not merely a segment of it. It seeks

To promote improved relations between the races through mutual discussion of common problems;

To dispel misconceptions and prejudices based on racial differences;

To open the channels of opportunity and recognition as individual talents merit;

To seek better health, recreation, training facilities, and employment opportunities for minority races where these facilities and opportunities are below the general standard of the community;

To encourage the sense of responsibility of minority groups toward the obligation of citizenship and toward community problems.

The Interracial Commission does not anticipate achievement of this program in a day, a month, or a year. It does seek a steady improvement in existing conditions.

The Evansville Interracial Commission followed its words with action. As of June 30, 1945, paid individual and group memberships were more than 450, drawn from the churches, social work, labor, business, and civic agencies. An executive secretary employed since February 1945 has directed several lines of work to implement the program. They held a second Clinic on employment and returning war personnel, November 1945.

*Trenton, N. J.*, formed its Committee on Unity following its interracial clinic September 1944. Its semiannual report tells the story in part:

We believe the outstanding need is education. We must awaken the community to the problems of minority groups and the need for our Committee . . . It requires a variety of approaches, much time and effort and a great deal of man power. Stamping envelopes, writing publicity, typing, giving a speech, soliciting members or doing research—every job is indispensable to our purpose—to promote in all possible ways the best relationship between races, between minority groups, and between those of different religious faiths in our community.

The report states further that a memorandum on policy about assignment of Negro children and teachers in the public schools has been presented to the Board of Education; about adjustment of cases of job discrimination, encouragement of public and private housing enterprises, and a general community educational campaign through newspapers, radio, movies, literature, speakers' bureaus, churches, and schools. The membership of the committee was built up in eight months to 885 members, 48 of them organizational memberships. They raised locally and spent a budget of about \$2,426.

*Michigan*: To face probable tensions following the Detroit riots, clinics were held in seven other cities of Michigan under auspices of the Michigan Council of Churches' Committee on Race Relations during February and March 1945. The reported results seven months later include a three-day institute with workshop techniques to coach leaders from these and other Michigan cities.

*Ann Arbor* enlarged the clinic committee as a nucleus for an interracial council; *Albion* set up an interracial committee to carry out conclusions of the clinic; *Jackson* set up a committee and launched a city-wide housing program; *Flint* started a permanent interracial committee to implement the program; *Lansing* developed a city-wide private committee to implement the clinic program and planned to request the mayor to appoint a public committee; *Battle Creek* organized an interracial committee; adopted recommendations for a program. A Negro teacher in the public schools and a community-relations club are reported; *Grand Rapids* set up an interracial committee sponsored by the Council of Social Agencies and the local Council of Churches.

Several facts indicate other effects: The majority of leaders carrying out the clinics were white. They seemed much concerned that democracy should function in their communities so as to integrate Negroes and other racial minorities. There was usually careful preparation of factual material about local problems gathered by the leaders themselves through community self-surveys and pre-

sented in written reports. There seemed definite desire to face facts, not dodge them.

Again, there was a minimum of oratory and a maximum of straight talk. Constantly they were asking: "What are the facts?" "Why is the situation such as it is?" "What can we do about it?" "How can we get out and do it?" There was dispassionate study, analysis, and discussion of facts with little heated airing of personal attitudes and opinions. Where the facts were too limited, they decided to put the questions up for further exploration.

These clinics are a part of a national strategy worked out and fostered by the Federal Council of Churches of Christ in America through its Department of Race Relations. Although the initiative in this effort to deal constructively with local racial situations was taken by the churches, the striking thing was that councils of social agencies, Y.M.C.A.'s and Y.W.C.A.'s, labor organizations, business associations, civic agencies, and branches of the city government rallied enthusiastically to share responsibility.

Everywhere there has been clear recognition that the interracial clinic is only *one step* in a long-time process. Every one of the clinics voted for some form of permanent interracial council or commission. The follow-up has been more successful in some communities than others but in all cases leaders testify that there has been developed new methods and techniques for treating old social sores.

## NOTES

1. Introduction to Directory of Agencies in Race Relations (Chicago: Julius Rosenwald Fund, 1945).

# Analyzing the Shape of Organizational Adaptability in Response to Environmental Jolts\*

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## ABSTRACT

Examining how organizational systems have responded to external jolts (threats, crises, etc.) is a useful precursor to large-scale organizational development projects. The shape of adaptability is introduced as a sensitizing concept for facilitating such analyses. The suggested elements of shape consist of three critical performance levels ([1] at the time of the jolt; [2] at the lowest point after any fall off in performance; and [3] its recovery level), and three time periods ([1] how long the organization is able to resist a fall off in performance [Resistance]; [2] how long it takes the organization to recover to its original performance level after a fall off [Resilience]; and [3] how long its recovery level lasts before decaying [Retention]). The success of the FAA's passenger screening system in defending against hijackings is used as a vehicle for discussion.

There are several situations in which the capacity of an organization to adapt to change becomes both theoretically and practically important. Organizational growth and decline pose challenges (for attempts to model some of the basic processes, see: Levine, 1978; McKinley, 1987; Starbuck et al, 1978; Whetton, 1980b; Zammuto & Cameron, 1982). Changing technologies create

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1 Science, 22, 151-162.

adaptation problems (Damampour & Evan, 1980, for example). Myer (1982) has argued that when such challenges are sudden, disruptive and potentially inimical—like a doctor's strike is for hospitals—much can be learned about organizational adaptability. He called such situations "jolts," to capture the characteristics of suddenness, disruptiveness and potential inimicalness. This paper develops the concept of the shape of adaptability to make the analysis of the impact of environmental jolts somewhat easier and richer in information.

The shape of adaptability is composed of six elements. Three tap levels of functioning: at the time of the jolt, at the lowest point after the jolt, and the organization's recovery level. Three other elements measure time periods during which the process of adaptation is taking place: the length of time a system can continue to function at the same level of success as before a jolt has taken place without a drop off in performance (Resistance); the length of time a system takes to recover to its pre-jolt level of performance after experiencing a drop off in performance (Resilience); and the length of time before the post-recovery level of performance begins to decay (Retention). Underlying these are straightforward interpretations of levels and time which capture much of the complexity of what is happening to organizations as they try to cope with jolts, while permitting a relatively comprehensible exchange between organization members and applied social scientists.

Some attempts to understand the dynamic process by which organizations adapt to environmental changes have exploited cases in which sudden shifts in environmental conditions and/or successfulness of response have exposed different aspects of the processes involved. Starbuck, Greve and Hedberg (1978) studied organizations in which long periods of success were followed by periods of severe and potentially continuing loss in order to explore the ironic paths by which success can lead to crisis. Myer (1982) analyzed hospitals with differing postures toward their environments in order to develop a model of how organizational attributes affect the capacity of an organization to adapt to environmental jolts in the short and the long term. For the applied social scientist, the exploitation of jolts is essential because of the rich information they cause to surface about adaptive processes, information that can lead to both short and long-term intervention strategies.

*Jolts:* There are several synonyms for jolt: crisis (Starbuck, Greve & Hedberg, 1982; Billings, Milburn & Schaalman, 1980; Hermann, 1969, 1972b), decline (Zammuto, 1982, provides a review), and catastrophe, among others. These appear to vary both in the intensity of their impact and in their degree of confusion with the responses of organizations, as well as in the number of alternative definitions possible for each of these terms. Of particular relevance is the concept of crisis, referring to a complicated set of reciprocal relationships among external and internal events which appear to jeopardize some central purpose or function of the organization and the organization's coping mecha-



nisms. Crisis is an apt description of such situations, for the enactment of normal organizational coping mechanisms ("business as usual" responses) often only makes things worse (Starbuck, Greve & Hedberg, 1980).

Jolts, as defined by Myer (1982) and used in this paper, simplify the analysis of such situations by focusing on a subset of these variables, the external events which may precipitate a crisis.<sup>1</sup> In so simplifying the analysis, Myer's use of the term jolt approaches Hermann's (1969, 1972a) usage of crisis as a situation characterized by threat, surprise, and requiring quick decisions.<sup>2</sup>

Jolts may take a variety of forms. School systems may have their budgets cut back severely, suffer major teacher strikes or undergo redistricting. Manufacturing concerns may be beset by new competitors with better and/or cheaper products, a suddenly changing labor force or a disappearance of demand for their products. Regulatory agencies may be jolted with increases in the level and intensity of actions with whose control they are charged. All of these have in common that they are difficult-to-foresee environmental events which are disruptive and potentially inimical to the organizations in question. By analyzing the patterns of response to jolts it is possible to examine how disruptive the jolts were and whether their impact was inimical, benign, or mixed.

The adaptability of FAA's passenger screening system in response to fluctuations in hijacking activity (as jolts) are the subject of this paper. The Federal Aviation Act of 1958 established the Federal Aviation Administration (FAA) to provide for safe and efficient utilization of the nation's airspace (Public Law 85-726; 49 USC 1348). Since 1973, the FAA's Office of Civil Aviation Security has been responsible for the implementation and coordination of security measures to deter acts of criminal violence and aircraft piracy (Public Law 85-726; 49 USC 1356 and 1357). Hijacking activity is a subset of significant criminal actions involving civil aviation, a category which includes bombings of airports, ticket offices, airplanes, terrorist actions other than hijackings, and so on (FAA, 1986). This paper concerns itself with hijacking activity exclusively for a number of reasons, not the least of which being that the data are much more reliable.

From June of 1973 through December of 1986 there were 214 hijacking attempts aimed at U.S. registered air carrier aircraft which were located either in U.S. cities or one of its territories or possessions (such as Puerto Rico). Excluded is all hijacking activity targetted at foreign air carriers (including one hijacking attempt against a Swiss airliner while it was in Chicago in 1986), all general aviation (ie., helicopters and private planes) hijacking activity, and five attempts against U.S. air carriers while the aircraft were overseas. The general aviation cases are separated out because the threat against the travelling public is minimal. In the other excluded cases, the varying political relationships and responsibilities for passenger screening would introduce too many partially confounding elements. In France, for example, though the FAA holds U.S. airlines

accountable for proper security, it is the French government which provides the basic screening of bags and people boarding planes. Limiting the analysis to these 214 cases permits holding constant the political/responsibility relationships and extent of involvement of the travelling public.

The distribution of these 214 cases across time reveals that there were three periods during which there were several hijacking attempts in a short space of time. These severe jolts of hijacking activity occurred in 1974–75, 1980, and 1983. The shape of adaptability will be especially helpful in analyzing these severe jolts of hijacking activity.

*Adaptability:* Any organization has (potential) ways of measuring its performance across time, either for its own purposes or to respond to constraints placed upon it by other entities. FAA tracks both the number of hijacking attempts each year and the results of these attempts. These figures are reported to Congress semi-annually. Of these 214 cases, 114 (53.3%) represent prevented hijackings, defined as stopping the attempt before the hijacker(s) reached a plane. This is a conservative definition, as only very few hijacking attempts resulted in hijackers' getting to a plane and getting it to a destination; in only a few cases was there any harm inflicted on passengers.

The conservativeness of this definition of prevention success becomes more apparent from examining Table 1. In 35 cases during this period, hijackers were able to get planes to land where they wanted. The vast majority of these 35 cases occurred in 1980 and 1983, when Mariel boatlift people were hijacking planes to get back to Cuba. Aside from those cases, successful hijackings (defined narrowly as success in reaching destinations) have been rare.

With respect to FAA's passenger screening system, the level of adaptability for each year that the passenger screening system has been in existence may be operationalized as the percentage of hijacking activity which is prevented (Prevention Success). Operationalized this way, it is possible to examine how fluctuations in hijacking activity (as jolts) have had an impact on fluctuations in prevention success (as adaptability). In the same manner, one might examine, over time, levels of performance in response to levels of external threat of some kind for any organization.

To treat the analysis of adaptability as merely an exercise in the analysis of joint fluctuations in the level of performance and jolts is unnecessarily restrictive. The impact of the jolt may have intensities of effect which decay and/or expand over time in different ways. It is here that the analysis of shape becomes useful to the interventionist in the framing of questions about the causes of different patterns of response and what can be done about them. The elements of shape can be related to adaptability as a set of working assumptions which reflect starting points for these analyses.<sup>3</sup>

*Level of Performance at the Time of the Jolt:* How well the organization is functioning at the time of a severe jolt is the first key element in the shape of

**Table 1: Yearly Date on Hijackings and Traffic Volume<sup>1</sup>**

	Total Hijacking Activity <sup>2</sup>	Number of Prevented Hijackings <sup>3</sup>	Prevention Success <sup>4</sup>	Traffic Volume <sup>5</sup>
1973	NA	NA	NA	202
1974	28	25	89	201
1975	41	35	85	202
1976	12	10	83	414
1977	7	2	29	509
1978	11	3	27	580
1979	16	5	31	593
1980	31	10	32	585
1981	15	8	53	599
1982	15	6	40	630
1983	25	7	28	709
1984	6	1	17	776
1985	8	4	50	993
1986	4	1	25	1101

<sup>1</sup> Data through 1985 abstracted from FAA (1986). Data for 1986 were provided by FAA statistical staff.

<sup>2</sup> All attempts to hijack domestic airline carrier aircraft.

<sup>3</sup> Number of hijacking attempts in which hijacker(s) failed to get to the planes.

<sup>4</sup> Percentage of hijacking attempts which were prevented.

<sup>5</sup> Volume of passenger traffic passing through screening procedures (in millions).

the adaptive response. *The higher and more stable the level of functioning at the time of the jolt, the more adaptable the organization.* For the FAA's passenger screening system, this translates to the level of prevention success at the time of the jolt.

*Resistance:* Proceeding forward in time from the occurrence of a jolt, the first question of interest is how long the organization continued to function at a normal level in spite of increases in environmental jolt activity. *The longer the organization is able to resist a fall-off in performance, the more adaptable the organization is assumed to be.* If the passenger screening system's coping mechanisms and resources are sufficient to handle any hijacking situation that comes along, or if almost instantaneous learning is taking place and the result of that is learning how to cope better, then there may never be a drop in the capacity of the system to prevent hijackings. Typically, however, the coping mechanisms of any organization may be overrun at some point or under some conditions, so the length of time from the onset of the jolt before a decrease in effective functioning takes place is a useful indicator of adaptability. This aspect

of adaptability is being called Resistance. For the FAA's passenger screening system, this would be operationalized as the length of time the passenger screening system continued to function at a normal (pre-jolt) level of functioning without suffering a loss of effectiveness in its capacity to prevent hijackers from reaching planes.

*Level of Functioning at Lowest Point After Drop-Off in Functioning:* At some point, an organization's coping mechanisms may be overrun. The mechanisms themselves may have been relatively weak or the jolt may have been intense and/or different from what had been experienced before. At that point, knowing the extent of a drop on critical indicators of organizational functioning is important information. *The greater the fall-off in performance (actual or proportional), the less adaptable the system is assumed to be.* Myer (1982) chose three operationalizations of his responsive phase for hospitals: proportional declines in occupancies, FTE employees, and projected revenues. Where projections have some predictive validity, such an approach could be used. In the case of the FAA (as for many other organizations), predictions of both hijacking activity and prevention success are difficult. Two indicators are used here: the level of functioning at its lowest level after the jolt; and the percentage fall-off in prevention success.

*Resilience:* How long it takes an organization to recover after a fall-off in performance is also relevant. Myer (1982), for example, calculated the amount of time it took hospitals to return to pre-jolt levels of numbers of surgical procedures and the percentage of beds filled. *The shorter the time it takes the system to bounce back to pre-jolt levels of functioning, the more adaptable the system is assumed to be.* In the case of the FAA's passenger screening system, how long it takes the system to recover to its initial level of prevention success is used as an indicator of Resilience.

*Level of Highest, Stable Functioning Attained After the Jolt:* The stable, post-jolt level of functioning could be assessed as a longer-term index of adaptability, based on the assumption that *the higher the post-jolt level of functioning relative to the pre-jolt level, the greater the adaptability of the organization.* This also helps neutralize some of the ambiguity in assessment generated by the alternative end points for the time period assessed as Resilience, because it picks up the end-point level whether it is the same as the pre-jolt level of functioning, lower than the pre-jolt level or even higher than the pre-jolt level.

*Retention:* It must be realized, however, that the post-jolt level of functioning may not be stable, but may begin to decay immediately. *The longer the time period until any positive effects begin to decay, the more adaptable the system is assumed to be.* The approach to Retention taken in this paper differs from that of Myer (1982). For Myer, Retention is indicated when more profound and longer-lasting qualitative changes have taken place in the coping processes by

which the organization adapts to jolts. Theories of action may be modified. Structural configurations may be altered. Levels of slack resources may be increased. And, finally, behavioral repertoires may be augmented.

The extent to which an organization learns from environmental jolts is of undeniable interest. It signals an organization on the path to becoming more capable of adapting to environmental jolts of greater intensity and variety across time. In this paper, however, the focus is on outcomes only, so the length of time before a decline occurs after recovery is used as an index of Retention.

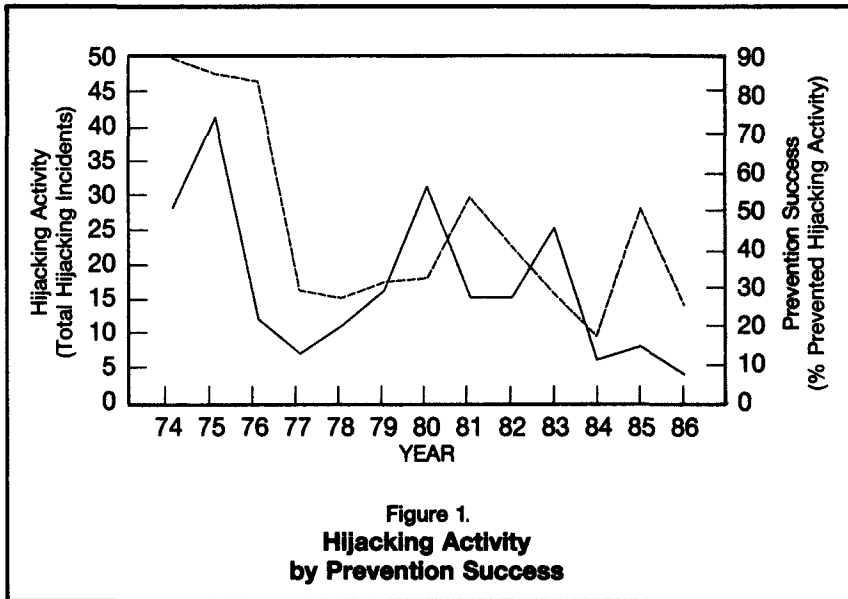
The elements of shape may change across time. The length of time it takes an organization to recover to pre-jolt levels of performance, for example, may get longer with successive jolts, suggesting that the organization is becoming less adept at recovering from such jolts. On the other hand, there may be a positive trend. The recovery times may be getting shorter, suggesting some improvement in the capacity to respond to such events. Even a complicated set of trends in levels and times can be described simply using the concept of an organization's changing shape of adaptability.

### **Relating Jolts and Adaptability**

*Level Analysis:* Figure 1 displays the yearly data for the relationship between Hijacking Activity and Prevention Success for the years 1974 through 1986, the years for which data are available from semi-annual FAA reports. Hijacking Activity is considered to be the jolt in this case, and Prevention Success is considered to be an organizational outcome which taps the capacity of the system to respond in the short term. Increases in hijacking activity have been associated with subsequent increases in prevention success after a lag period. Decreases in hijacking activity have been followed by decreases in prevention success after a lag period.<sup>4</sup> More formally, there appears to be a positive, lagged effect of hijacking activity on prevention success.

Rather than undermining the system's capacity to adapt, occurrences of jolts of hijacking activity appear to have stimulated the passenger screening system to become relatively more successful in preventing hijackings. However, it also appears that the stimulation has been only temporary. When the level of hijacking activity has fallen off (as it did in 1976 and 1981, for example), this has been followed by a decline in the percentage of hijacking activity which is prevented at the boarding gate.

*Shape Analysis:* Looking more closely at Figure 1, however, provides a different impression of the closeness of the lagged relationship between the jolting impact of hijacking activity on the performance of the passenger screening system in preventing subsequent hijackings. The shape of the response to jolts appears to have changed over time. Though superficially similar, the im-



part of the jolts of hijacking activity appear more negative across time, with drop off's being more pronounced, recovery times taking longer and any positive effects beginning to decay more rapidly.

The first wave of hijacking activity, for which we are able to get reliable data on all variables of interest, occurred in the early seventies (Peak "A" in Figure 1). The response appears to have been immediate, positive and relatively long-lasting. The success of the system in preventing hijackers from getting to planes was consistently above 80%, the response was close to being immediate, and it lasted for a year after the volume of hijacking activity dropped precipitously between 1975 and 1976. During and after this wave, Resistance, Resiliency, and Retention appeared high. Although it is not possible to assess the level of performance of the system before this time period, it is clear from the lack of any fall off in performance from the wave of hijacking activity and the initial high level of this performance that the impact of the wave of hijacking activity had only positive effects on the capacity of the system to respond, at least through 1976. Undoubtedly, there is a strong confounded effect from the newness of the system, with perhaps a heightened sense of enthusiasm about how well the newly-designed system was working.

Ironically, this extraordinary level of prevention success set the stage for a sizeable drop after 1977. As the level of hijacking activity dropped from 41 in 1975 to 12 in 1976, the passenger screening system was quite effective for another year, then dropped off rather rapidly from a prevention success rate of

83% in 1976 to a rate of 29% in 1977. The passenger screening system continued to limp along at a prevention success rate of between 20% and 30% as long as the level of hijacking activity remained low.

The first Mariel boatlift took place in 1980. It was responsible for the second surge of hijacking activity which has occurred under the current passenger screening system (Peak "B" in Figure 1), and stimulated a different pattern of responsiveness from that of the first jolt. The system was operating at a fairly low level of effectiveness (around 32%), presumably attributable to the relatively low level of stimulation that it had received during the past three years. There was no falloff in the capacity to adapt to the threat of hijacking; hence, Resistance and Resilience—according to simple definitions of falloff irrespective of level of initial functioning and recovery time—were still good. It took a year however, for the stimulation of the jolt of hijacking activity to register any positive effect on how well the system functioned (an increase from 32% in 1980 to slightly over 53% in 1981). The system did ultimately move to a higher level of prevention success than it had attained prior to the occurrence of the jolt. This positive effect was, however, short-lived. When the jolt of hijacking activity subsided in 1981, it appears that the stimulating effects of the jolt began to decay immediately, dropping to 40% by 1982 and continuing to slide back around 28% by 1983. Retention, in short, was fairly low.

Comparatively speaking, the second jolt of hijacking activity had a longer delay before it had any positive effect, and the system had been operating relatively poorly (32% rate of prevention success) at the time the jolt took place. The magnitude of the positive effect was less the second time, and the highest rate of prevention success attained was only 53%. In addition, the positive effects of the jolt were much shorter lived.

Note, however, that if Resilience and/or Retention were considered by themselves, they would give a misleading picture of the capacity of the passenger screening system to respond to the threat of hijackings and how that capacity was changing. The relatively elevated impression given by these two indices after the first Mariel boatlift appears to be more attributable to the relatively low rate of prevention success rather than to a high capacity to adjust to the threat of hijackings. The value of the several indicators of shape is that they permit separation of these kinds of artifacts from substantive changes. The other indicators of shape demonstrate rather clearly that the system was not working as well as it was during the first wave of hijacking activity.

The capacity of the system to respond to the threat of hijacking activity seemed to be eroding even further with the third jolt (Peak "C" in Figure 1). At the time of the second Mariel boatlift, about 28% of hijacking attempts were being prevented before hijackers reached a plane. The third jolt of hijacking activity was followed by a reduction in the performance of the passenger screening system, a loss of from 28% to 17%.<sup>5</sup> It took longer for any positive benefit

to be noticeable (2 years), and the highest rate of prevention success was 50%. Lastly, when the resilient response did take place, it began to erode almost immediately, back to around 25% after one year.

For the FAA's passenger screening system, what appears to have happened to the shape of adaptability over time, is that:

- 1) The passenger screening system has become less able to resist the impact of a jolt of hijacking activity;
- 2) It has begun to suffer a negative drop-off in prevention success with the onset of such hijacking waves;
- 3) The system has been taking longer to bounce back to pre-jolt levels of functioning (lower resiliency);
- 4) Although the system has bounced back to higher levels of functioning, only about 50% of hijacking attempts were stopped before planes were reached, and even these levels are being retained for shorter periods of time.

It should be noted that some rather dramatic changes have occurred during the last year or so which may serve to revitalize the passenger screening system and reverse these trends. New people have been brought into key positions within Civil Aviation Security, and the structure of Civil Aviation Security has been changed to permit better communication among domestic and international security. More sophisticated equipment is being pilot tested. Since August, 1986, the system's capacity to respond has been tested on a monthly basis so as not to depend exclusively on external jolts for such stimulation. A more proactive research approach is being taken to discover what works and what doesn't work in the field.

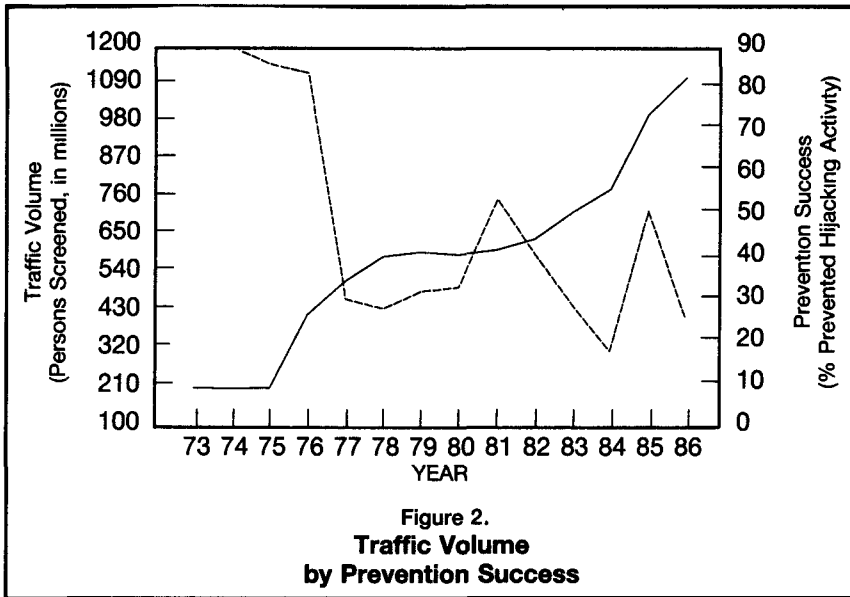
### **Constructing Scenarios for Research and Intervention**

The analysis of adaptability—both as a smooth process of adaptation to environmental jolts and as a response whose shape may change over time or situation—may provide valuable clues about the relationship of any organization to its relevant environments (or, indeed, for any department in relation to its external constituencies [cf., Kanter & Buck, 1985]). More importantly, perhaps, such an analysis can target areas for further investigation (through interviews, case analysis, survey and secondary data sources) and generate questions which may be usefully asked about these areas.

With respect to the environment, two questions surface immediately: 1) Are the jolts having a positive, negative, or mixed effect on adaptability through time?; 2) What sorts of scenarios can be developed for further analysis—scenarios which can lead the organization's members to a finer understanding of what has happened and what to do about it.

In the FAA case, for example, analysis of the hijacking activity (as a jolt) and prevention success (as adaptability) series revealed a mixed effect in which





the impact of the jolt had a lagged, positive effect on the capacity of the organization to respond to the threat of hijacking. The shape of adaptability had, as well, been changing over time in such a way that several aspects of adaptability appeared to be eroding. Whatever variables were responsible for this changing shape were therefore probably major, system-wide factors.

Two external factors appeared to be exerting a negative influence on several elements of adaptability through time: system overload and market structure. Escalating volumes of traffic appeared to be overburdening the system. The relationship between traffic volume and prevention success (Figure 2) has been both strong and negative. As the number of people passing through the passenger screening system has escalated, the drop off in success in preventing hijackers from getting to planes has been quite marked.

A second factor affecting the performance of the passenger screening system has been the pressure for controlling security costs at checkpoints. The market within which security contracts were negotiated was such that in most cases only minimum wage could be offered to screeners. The identification of these factors has permitted the development of more precise research questions to isolate the paths through which these factors were operating and the development of strategies for their neutralization.

The most plausible scenario suggested by these results is that both increases in traffic volume and pressure for minimizing costs associated with security increase turnover among passenger screeners, though for somewhat different

reasons. Traffic volume appears to overburden the system. The resultant increasing stress levels create a variety of individual-level problems for both managers (Holsti, 1978; Bass, 1981) and screeners (Levine, 1978; Whetton, 1980a, 1980b; Zaleznick et al, 1977). These elevated levels of stress may also make effective coordination and cooperation among system elements (airports, airlines, and security companies, with the FAA as regulator) more difficult and conflictual (Hermann, 1963; Levine, 1978). These latter elements may also feed into a variety of individual-level problems (Hall & Mansfield, 1971; Starbuck et al, 1978). Depressed wage scales, although perhaps increasing stress levels (Brief et al, 1981), may have a more critical path through the intention of screeners to quit as soon as higher paying jobs become available (compare Hall & Mansfield's [1971] early treatment with Cammann et al, 1983). High turnover and the lack of integration of the system components may then undermine the capacity of screening teams to respond effectively to hijacking situations by minimizing the training, experience and commitment among the screeners that are left.

### **Generalizing to Other Organizations**

In looking at organizations more generally, if jolts were to have exclusively negative effects on all the elements of shape, with large fall-offs in performance, slow recovery times and short-lived retention (assuming that the organization ever gets back to where it once was), then a fair set of assumptions with which to start would be:

- that the system's response repertoires are inadequate to the task (Brown, 1982) or that norms which organize and control such responses have lost their influence (Erikson, 1966);
- that both technology and the social systems wrapped around them may be inappropriate (Pasmore & Sherwood, 1978; Walton, 1985; Damampour & Evans, 1984);
- that there are few slack resources available in the system (Galbraith, 1972; Myer, 1982);
- that influence rests in the hands of those who are not sensitive to pertinent environments (Huff, 1982; Kanter & Buck, 1985; Pfeffer & Salancik, 1982), or who are interpreting those environments through inappropriate filters (Ford & Baucus, 1987; Starbuck et al, 1978);
- and that there were either ideological and/or cultural biases against adaptation (Hedberg et al, 1976; Myer, 1982; Schein, 1970).

Where jolts appear to be having a positive effect across time on the shape of adaptability, with resistance to the jolt becoming longer, fall-offs shallower, resilience quicker and retention longer, then it might be useful to ask whether the response repertory of the organization would be adequate if more severe

and/or qualitatively different kinds of jolts were experienced (Zammuto & Cammeron, 1982). Such apparently benign results should bear the caveat that continued success may generate processes in which the organization separates itself from its relevant environments because they are viewed as being non-problematic (Starbuck, Greve & Hedberg, 1982, for example).

The most intriguing cases, however, are those where there are mixed results from the jolt across time and situation, as in the FAA case. Such situations might be especially susceptible to continuation of a single-loop-learning logic (Argyris, 1985) because the kinds of delayed responses that are made do seem to work, at least in part and for the short term. The improvement in performance, even though moderate and short-lived, may reinforce existing ways of thinking about environments and never permit prevailing norms and operating assumptions to be challenged sufficiently to make other operating assumptions more valid (Ford & Baucus, 1987). The restimulation was perhaps just enough to permit responding as usual to have some slight positive effect on the capacity of the system to prevent hijackings (compare Erikson, 1966). The analysis of shape across time in such cases is especially helpful not only in uncovering the external variables which appear to be undermining the system, but also in developing credible arguments regarding trends for client constituencies.

For the interventionist, a question of considerable importance is what the organization does after the jolt subsides. Does it go back to "business as usual"? Is the impact of the jolt absorbed by existing routines, without much being learned that requires any redefinition of what is happening or why (or how to respond), and with no permanent changes taking place?<sup>6</sup> Alternatively, are new ways of thinking, acting and justifying action developed that exert pressure for different ways of acting and/or structuring the organization (Cf. Ford & Baucus, 1987; Myer, 1982)? There is some evidence to suggest that bureaucracies faced with external jolts (like catastrophes) initially try to absorb the effects of jolts by responding to them with their existing repertoire of coping mechanisms. When such efforts fail (or appear doomed to failure), then either structural changes are made or there are changes in tasks or procedures—the repertoire of coping mechanisms. Only when these appear inadequate will more profound changes be made (Brouillette & Quarantelli, 1970).

Examining the shape of adaptability provides a set of windows on how the organization has responded and why it has responded that way. The level of functioning at the time of the jolt, for example, provides a window on equilibrium conditions and business as usual with respect to the environment. By itself, however, the level of functioning at the time of the jolt cannot inform us regarding:

—The extent to which the organization's response repertory is flexible, punitive, and focused on causes (Argyris, 1985; Britt & Allen, 1988; Brown, 1982; McCan & Galbraith, 1981.)

—The flexibility of its integrative mechanisms (Walton, 1985)—The amount of slack in the resources that can be brought to bear (Galbraith, 1972)

—The degree of centralization of non-routine decisions (Perrow, 1970; Galbraith, 1972; McKinley, 1987).

If an organization is becoming less resilient over time, for example, is it because the jolts are getting larger? Has the organization absorbed the impact of the jolts with its existing repertoire of coping mechanisms and failed to examine them after the fact. Have maladaptive responses been adopted and resources cut? Are ideologies becoming more defensive? What other internal and external factors are making it increasingly difficult for the organization to respond effectively? These questions need to be asked with respect to resistance and retention trends, and other critical levels of performance should be examined. A more informed, richer picture of the organization's present capacity to adapt will then emerge along with alternative intervention strategies.

## NOTES

1. The actual definition offered by Myer (1982) for jolts is "transient perturbations whose occurrences are difficult to foresee and whose impacts on organizations are disruptive and potentially inimical (p 515)." The essential characteristics are suddenness, disruptiveness and potential inimicalness.

2. Though I am using the term "jolt," I do not find much difference between that term and Hermann's usage of crisis as threatening and surprising situations requiring quick decisions. Consider hijacking activity and the FAA. Hijacking activity threatens a valued goal to which FAA must attend (airline safety). There is restricted decision time when hijacking incidents take place in that there is pressure both from above and outside the agency to "do something about the problem." In spite of attempts at environmental sensing, there is usually some surprise associated with the occurrence of these jolts of hijacking activity. I use the term jolt rather than crisis because of the multiple meanings associated with the latter term and the extent to which jolts appear to be more easily interpreted as environmental events. In either case, there is a subjective component overlayed on these events by the actors in the situation, and their interpretations and definitions may vary considerably (see the discussions by Billings, Milburn & Schaalman, 1980; Lentner, 1972).

3. Discussing how the elements of shape are related to one another is beyond the scope of this paper; there simply are not enough data points. Myer's (1982) analysis of how 17 hospitals reacted to the same doctor's strike suggests that the more prominent the fall-off in performance, the longer it takes an organization to recover (Myer, 1982: 532). Much research is needed in sets of organizations where numerous jolts have occurred and where performance can be measured accurately in short time frames. Assessing length of time until drop off in functioning (Resistance), length of time until there is a gain in functioning (Resilience), and the length of time that any gains are maintained (Retention) are exercises which improve dramatically in their statistical validity the closer together the observational units are in time and the more units of observation there are. With yearly data, so few data points, and so much going on, more sophisticated longitudinal regression using dummy variables to represent the waves of hijacking activity, or econometric analyses specifying hypothetical decay curves for the effects of waves of hijacking activity on adaptability, would be of dubious value. To be of use to interventionists, however, techniques need not be sophisticated to be relatively powerful

aids in understanding how an organization is behaving, and in laying groundwork for understanding why it is behaving that way.

4. Damampour and Evans (1984) have examined the applicability of Ogburn's concept of cultural lag to libraries, asking how long after a technical innovation (like a new piece of equipment or a new product) does the administrative system (how things are coordinated and controlled) take to adjust to the demands of the innovation. Although there is an interesting overlap between Damampour and Evans' concept of the impact of technological innovations on organizations and the impact of jolts discussed in this article, the use of the term "lag" here refers simply to the fact that there is a delay after hijacking activity changes before prevention success changes.

5. Even collapsing these cases of hijacking activity together for entire-year periods still leaves small numbers. For 1984, for example, there were only 6 hijacking incidents. The percentages could change considerably with small changes in these numbers. Consequently, the actual percentages must be interpreted with caution.

6. Myer's (1982) discussion of the threads in the laying out of these options is instructive. It draws from Maruyama's (1963) distinction between deviation amplification and deviation absorbing actions; from Argyris' (1976) single versus double-loop learning; and from Watzlawick, Weakland & Fisch's (1974) distinction between first-order and second-order change. However, by calling the former response pattern Resiliency and the latter, Retention, his categorization precludes the possibility that organizations which recover quickly can come out of the process by changing how they are structured, what they do, and how they explain it. These are empirical questions, but for the interventionist, definitions should sensitize us to possibilities, not exclude possibilities from consideration.

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# Grounded Encounter Therapy: Its Characteristics and Process

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## ABSTRACT

Grounded Encounter Therapy (GET) is a sociodiagnostic and sociotherapeutic approach for clinicians applying sociological knowledge to problems that are lodged in a social context. It is a process of encounter which allows for the discovery of essential facts and explanations grounded in the social context of the client. It allows for a creative interplay between research, theory, education and practice to produce knowledge and courses of action. It helps clients discover, determine, understand and decide on a plan of action for problem solving and for growth. This article describes the basic philosophy and some of the techniques of GET.

## Introduction:

Grounded Encounter Therapy (GET) is one of the few sociodiagnostic and sociotherapeutic techniques available to Clinical Sociologists for the application of sociological knowledge to help clients to change. *The Practice of Clinical Sociology and Sociotherapy* (Swan, 1984) provides an extensive discussion of Grounded Encounter Therapy. While this approach is useful for clinicians at both micro and macro levels of intervention, it is particularly useful for those who apply sociological, social psychological and criminological knowledge, understanding and methods to problems lodged in a social context.

The *social context* refers to all of the human systems related to the presenting and real problems of the client. Included in this social context is the nature and character of the social milieu that determines (and dominates) the interpersonal and interactional patterns of the clients.

The *milieu* is the specific setting that has been created by the coming together of particular individuals in that setting, as they have tried to fit their



actions and lives together. Thus, the social context includes both the individuals and their habitual patterns of interaction, as those patterns are affected by their past history together.

If therapy is to be effective, this social context must be understood by the clients and the sociotherapist. Decisions that produce behavior have a social context. They are not solely the consequence of personality or of the unique participants in the interactions. Behavior is best understood within its context, and most human problems are best understood by looking at the clients-in-context, rather than at primarily psychological processes within the minds of the clients.

A sociotherapeutic approach allows for Grounding. Theory and therapy are "grounded" when we allow both the problems, their explanations, and the strategies and techniques for treatment, to emerge from an Encounter. Encounter is the process through which the parties are engaged in a process of social interaction in which disclosure and discovery lead to an understanding of the social context out of which the problems emerged. Grounding and Encounter, therefore, stand in contrast to more psychotherapeutic approaches which assume a definition of the nature of the problem. GET, which allows the problems to emerge along with their explanations and implicit ways for change provides a more powerful and constructive way of solving human problems, because it permits both the problem and the solutions to emerge from the interactions and understandings of the clients. The sociotherapist assists the clients in probing for information (data), in developing understanding (theory or explanations), and in deciding about new courses of action (therapy or change.) To do this, the sociotherapist must have a good understanding of relevant social theories and social processes, as well as an understanding of how to use them dynamically in the Encounter.

As a sociodiagnostic and sociotherapeutic approach, GET: a) defines a process, b) establishes the relevant content, c) generates theories and explanations, and d) provides for appropriate strategies for intervention. It is a dynamic approach which provides for creative interplay among research, theory, education, and practice. The sociotherapist brings to the process insights, understandings, and knowledge about human social behavior in groups. The therapist also brings a variety of techniques and strategies for grounding the content of the social context. This social context, in turn, is discovered in the encounter with the clients, with the aid of interpretation and situational analysis. Clients are equally involved in the process through their presentation of facts, interpretations, and meanings.

Grounding the social diagnosis is a way of collecting relevant data. As the clients and the sociotherapist encounter the social situation, and each other, data are collected, from which emerge problems, explanations of the problems, and possible directions for problem resolution. The focus is primarily on the social

situation of the client. Therapy is thus grounded in the social diagnosis and the explanations of the social system which come from the encounter between individuals, the social milieu, and the human interactions involved in them. The course of action to take, relative to the social situation and its difficulties, also emerges from the grounded encounter. It is the grounding of the theory which provides the guide to actions to be taken; the utility of the therapy stems from the definition of the problem emerging from the clients own presentation of information about the social context and the difficulties involved in it.

In contrast to psychotherapeutic approaches, which impose a theoretical explanation on the clients' problems, GET is more a process of discovery which permits the explanation of the problem to emerge. Because the therapy is always grounded, it eliminates the need to search for the type of therapy suitable to the individual's problems. Thus, there is no issue of which therapy is best for a given problem, or which therapies are most effective. The therapy that is suitable, best, and most effective is the therapy that is grounded in the theories (explanations) that emerge from the data and knowledge generated about the context of the problems through the encounter process. The same problem may have a different context for different clients, and hence would be treated differently. This is one of the advantages of treating problems within their own context. Grounding allows for quite specific knowledge about a problem to be discovered and applied. The application of general knowledge to a problem and its solution violates the relationship between the scientific (sociodiagnostic) process and the application (sociotherapeutic) process. For example, what we know about family violence should not necessarily be the knowledge used in treating a case of family violence. The knowledge to be applied comes from the process of discovery about the problem and its context. (See Figure 1).

### **The Process of Grounding and Encounter**

Grounding, as a scientific and practical process, requires:

- 1) Confronting the social context of the clients, designating the social situation and the milieu of the context, and encountering the clients: within the situation, with each other, and with the sociotherapist;
- 2) Interpreting and analyzing the situation and, thus, verifying the apparent and the real problems and difficulties;
- 3) Connecting the emerging explanations and meanings with the situation of the client; and
- 4) Devising strategies for therapy.

This strategy is necessary if the theory and therapy are to have direct utility. Figure 2 illustrates this process of grounding, and Figure 3 illustrates how theory and therapy are developed for direct utility.

After deciding to see the clients, the Sociotherapist should talk with each

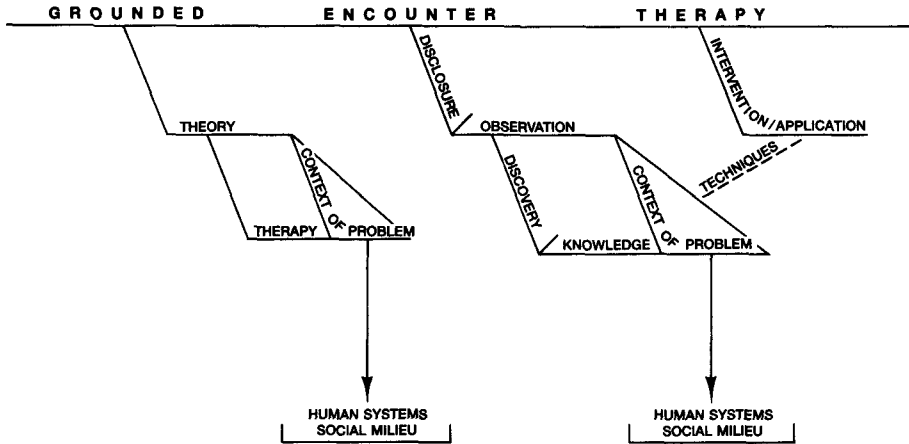


Figure 1.

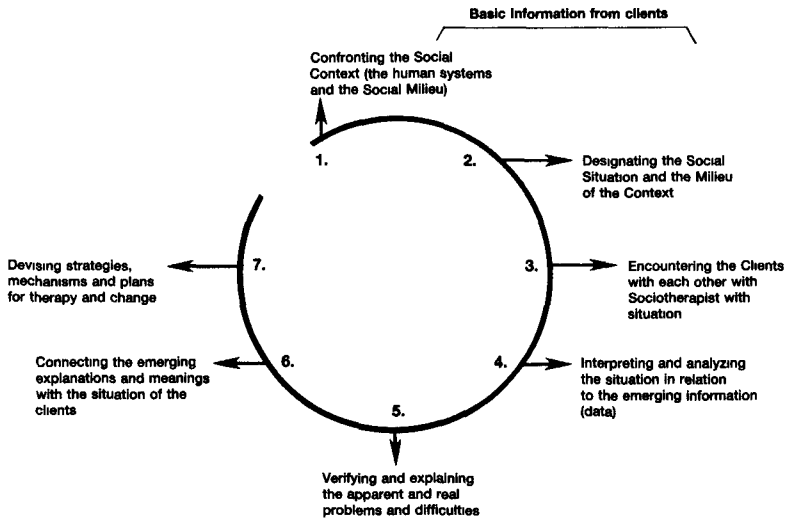


Figure 2  
 THE PROCESS OF GROUNDING

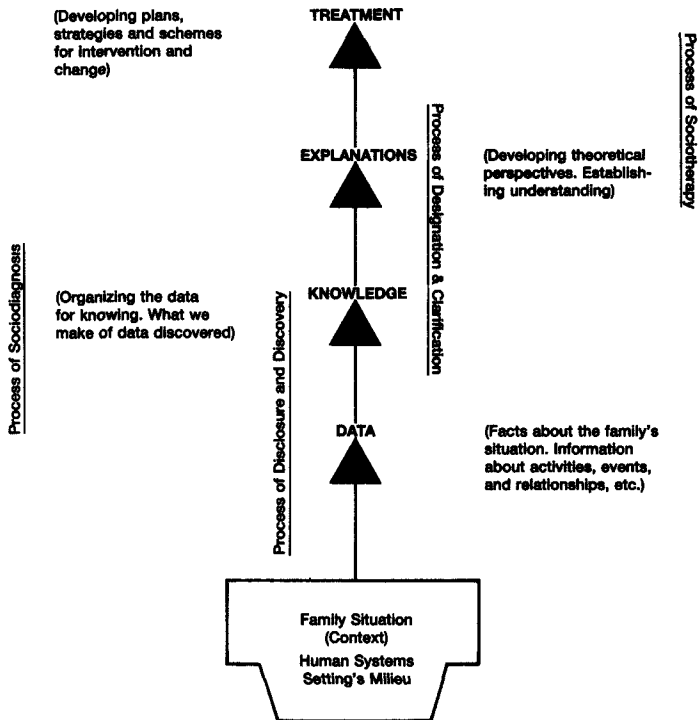


Figure 3.

**GROUNDING OF THEORY AND THERAPY FOR DIRECT UTILITY**

individual separately before starting the group session. Each client should be told how the sessions will be conducted, and how the client is to be involved. After this explanation, clients are invited to provide feedback. If the clients are comfortable with the approach, the encounter process is started by the Sociotherapist.

Often the encounter process is a learning experience for clients who become

involved in discovery of self, others, and their social situation. In many cases, they experience a degree of impatience with the process, and the Sociotherapist may be tempted to hurry them through without allowing them to make the necessary discoveries. If the encounter process does not help the clients identify their problems, then it has not been successful. In an effective encounter, the human systems become aware of both presenting and real problems as they emerge. The Sociotherapist does not identify them for the clients. The Sociotherapist may confirm the emerging insights of the clients, particularly when the clients are reluctant to recognize what has emerged. It is neither scientific therapy nor practical intervention to attempt to apply sociological knowledge to problems which have not emerged and been clearly identified in the process of the encounter.

During the encounter process, clients speak directly to each other on a face to face basis. The Sociotherapist starts the process, and intervenes a) when there is a point to emphasize, b) when the process breaks down momentarily, c) when something emerges which is important and requires collective agreement, or d) when there is a need for interpretation, analysis, or the assigning of meaning. The intervention takes the form of questions to either individual clients or the entire group, and requires a response on the part of the clients. Clients often report problems and difficulties they think they are experiencing. In many cases, they are partially correct. However, in GET, the sociotherapist helps the clients define the social context of the problems and difficulties they are experiencing. This ability to engage clients in defining their own problems and situations is crucial to the whole process. It engages the persons involved in social interaction for discovery and understanding.

Every problem has its own context. This is the primary context for diagnosis and treatment. However, there are also secondary contexts which are important in the sociodiagnostic and sociotherapeutic process. Care must be exercised to keep the problem in its own context and to manage multiple realities. To do this, the Sociotherapist raises questions about the alarm the client raises about the problem, the clients indication and designation of the problem, and the concern expressed about the clients definition of the problem. Examples of relevant questions raised by the sociotherapist include, "In what way is it a problem?," "How does it manifest itself as a problem now?," "Who are the actors in the situation out of which the problem emerged?," and "What is being done that attempts change, but does not achieve it?."

Resistance by clients is usually a way of managing until joint-action is established. When clients are invited to provide an understanding of their problem and their situation through definition and interpretation, they develop a sense of involvement in the process of discovery. This process of discovery, in turn, involves everyone in the social context of the problem and in the design and acceptance of solutions. Clients will assist or resist the process to the extent

that they feel they are part of it. The total picture comes from the encounter, the interpretation of the data, and contextual analysis. Usable knowledge for problem solving comes from both traditional, professional knowledge and ordinary, common sense knowledge. Therapy is grounded in explanations (theories) which are grounded in the data produced through social diagnosis. (Figure 3).

The sociotherapist must have the ability to engage the clients in the encounter, in the interpretation, and in the contextual analysis which clarify presenting and real problems. But once the parties are engaged, there is hardly any need to point out the problems and difficulties. The clients are able to do this themselves. The sociotherapist, however, must be able to see where there are blockages, and then help shift the responsibility for change, growth, and progress, from the therapist to the client. There are, of course, blocks to the determination and resolution of the problems. However, most problems within human systems and milieus are available to understanding and knowledge, if enough attention is given to study, research, and experimentation within the social context of the clients. Therapy is the process of doing and changing in the direction of knowledge achieved in the process of social diagnosis. A sense of self, others, and the situation is crucial to success in GET.

Solutions are rarely presented directly. Rather, they are discovered by the clients as they encounter and answer questions put to them by each other and by the sociotherapist. In this process, all parties are forced to think about themselves, others, and their social situation in ways they might not have considered before. By answering (actual and hypothetical) questions about themselves, others, and the social situation, clients unwittingly begin to see things differently. Clients tend to become rigid and resistant when designations and prescriptions are imposed on them, i.e. when they themselves discover alternatives they are more likely to act upon them.

Social scientists and clinicians tend to overestimate the importance of scientific knowledge, and to underestimate the usefulness of ordinary knowledge which comes from common sense, casual empiricism, thoughtful reflection, and creative observation. Because of this, there are serious gaps between social science theory, research and social realities. Knowledge to be applied in clinical settings comes from a combination of scientific methods and common sense. The grounding of therapy in the social context of the client implies that everyone and everything that are implicated in the social situation must be taken into account as understanding, explanations, and strategies for change are discovered. Knowing the social context of individuals, marriage, family, group, organization, industry, community and society allows for the emergence of new understandings of clients problems and hence for new therapies.

## **Goals and the Basis for Change in GET**

The real goal of GET is to try to get clients to be responsible for changes. Clients must be patient enough to go through several sessions for the process to work effectively. At the outset, clients want to see and experience progress. Clients should meet with the sociotherapist several times a month and perform assigned tasks when they are not meeting with the sociotherapist. The assumption is that they are stuck, and need the sociotherapist's help to become unstuck. The encounter allows clients to gather, organize and analyze information essential to formal decision making. It also allows them the opportunity to develop the ability to work together for the demanding and often frustrating process of finding ways to get unstuck in their interactions and relationships.

The process leads to clients changing their views and behaviors. Basic to all individual and situational changes is the exercise of clients' choice. Choice is a decision or selection of action for which one should accept responsibility. However, choice is not made in isolation. A choice is made within the context of a set of values, norms, experiences, circumstances, conclusions and dispositions which the individual has acquired and assumed. Even though the individual has to be responsible for the choice made, the client often needs help in determining the nature of the choice, and the settings and conditions within which it is made and grounded.

Human beings are not determined by their past. Childhood processes do not predestine the future behavior of the human being. We are more than Pavlovian dogs who have been conditioned to respond to particular stimuli in a particular manner. Furthermore, we are not simply products of our environments and conditioning. Rather, the future holds the clues to who we are and what we are in the present. Where we are, and where we are going, is the most important dimension of the human self and the human personality. We are heavily dependent on what we choose to become. While some persons are confused, distraught, and emotionally unbalanced, most demonstrate dynamic personalities and wholeness of selves. When human beings decide to commit themselves to becoming new persons, they move towards fulfilling their lives.

## **Choice and Change in GET**

Human beings have the ability to make choices that have the potential to transform their situations and themselves. Through these decisions, they are empowered to become whole persons. The past influences the options from which we can choose, and our background and personal history may limit what we become. However, we always have options; there are always alternatives from which we can choose. Ultimately, we are deciding beings with the freedom to will our own futures. While choices may be limited by situations and circum-

stances beyond our control, the ability to choose is always there, and is the basis for behaving, changing, and going on. Human beings behave on the basis of choices rooted in their social experiences. But the psychosocial orientation of human behavior means that choice and behavior are individual and unique to individuals. Experience is lodged in group life; individual choices are the result of a set of social experiences, influenced by group life, but nonetheless individual. Consequently, the individual must be understood through the experiences in group life which provide the social context for individual choices and resulting behavior. (Social experiences—Choices—Behavior.)

Choice is the basis of habit and establishes its strength. After the strength of habit is established, the habit gains independence from the choice(s) that established it. Therefore, changing behavior is very difficult when it has become a habit independent of the choices which established it. Nonetheless, behavior can be changed when we understand and focus on its context for intervention and application of knowledge.

When we help clients explore their situations, their problems, and their alternatives, it is important to remember that the situation and the problems are the clients'. They belong to the clients. We can use our skills and insights to be as helpful as possible, but the clients have to disclose, discover, and decide what to do. The clients own the problem. Letting them participate in discovery and in being responsible for their own problem allows them to gain and/or maintain respect in the sociodiagnostic and sociotherapeutic process. Clients should not be allowed to become dependent on the sociotherapist. By letting them own their own problems, we help them to become more confident, more capable, and more responsible for dealing with their own lives. They also become responsible for establishing joint action with others in their situation. In joint action, the concern is less with who does what, and more with what needs to be done and who is available at the time to do it. While it is preferable to have the person best suited for the action do it, if that person is not available, the task or function will need to be assumed by someone else.

Human beings develop a construction of reality by giving meanings to people and things. When individuals assign a meaning to something and act in accordance with that meaning, they are likely to behave in predictable ways. We interact with others on the basis of the meanings we attach to them. Individuals usually treat the meanings they give to people and things as objective facts. This process is referred to as reification (for example, our country is the best in the world, or work is honorable). We attribute a meaning to something and act in accordance with that meaning, and treat it as if it actually were fact. Social meanings are not objective facts. An understanding of how individuals learn meanings and how meanings shape behavior can facilitate change in meanings and redefinitions of the situation. This, in turn, helps Sociotherapists to help clients act in ways that are liberating. (Berger and Luckman, 1966, Blumer, 1969.)



The sociotherapist helps clients to understand themselves and their situations, to see their options clearly, and to become aware of their capability for making decisions that will transform their despair into hope, their sadness into joy, and their confusion into peace.

### **Basic Characteristics of GET**

Human group life consists of people interacting with one another. Because they live within a group, people must necessarily fit their actions to the actions of others. It is the very nature of group life that members are embedded in a social situation (context) created by the actions of others. Meanings are socially created. Individuals respond to situations in individual ways based upon their own interpretations of reality.

The basic philosophy of GET is that real change in behavior and action is a result of voluntary action. The assumption in this sociotherapeutic posture is that the individuals or clients are entangled in a situation or behavior that they find undesirable, poorly understood, or undetermined. Once determined and understood, ways to change the behavior (or situation) will be sought. Change will either be made voluntarily (individually) or with assistance (collectively). Social diagnosis and therapy are grounded in the discovery, designations and interpretations of the social context of the clients.

What the individual and/or situation was is in the present. Nothing is meaningful, well understood, or changed without a context. Each problem has its own context in time and space. The context in the past is not the context of the problem in the present. The focus is on methodological principles for discovering essential facts about the context of the presenting problem and real difficulties and problems. The information and explanations that emerge through encounter for grounding the facts discovered results in effective sociotherapeutic actions. Goals, then, include assisting clients to gain a grounded understanding of the problems, and to decide a plan of action for growth, enrichment and change. A specific goal is to help clients develop by establishing a process for examining, determining and interpreting their behavior and their situation so they may make appropriate decisions and take appropriate actions.

The context of the setting is the basis for fully understanding the problems and difficulties faced by individuals in group life. Therapy must, therefore, be grounded in the reality of this social context. Clients and sociotherapists encounter each other and the social situation; the problems and solutions emerge. Consequently, the perceptions of everyone and everything that are implicated in the reality of the context are taken into account and explanations are sought and actions devised. The sociotherapist functions as a facilitator, implementing contractual agreements and behavioral procedures. When the contracts are completed and the behavioral programs implemented, therapy is terminated. When

an understanding is achieved and explanations are discovered, social diagnosis ends.

A wide range of techniques are used to help the therapist and clients determine, discover and plan. Clients and therapists participate equally in this, as data emerge through confrontation, encounter, dialogue with polarities, role playing, role taking, sociodrama, simulation, contextual/situational analysis, and the use of sociodrama. These techniques may be used in a wide variety of applications.

## **Conclusion**

GET is a sociotherapeutic process in which explanations of presenting and real problems are derived from what is discovered in encounters and situational analysis of human systems and the particular milieu or social context. The sociotherapist and the client encounter this context, and changes are based upon what is discovered. Grounding takes place when this methodological approach is employed.

Once the presenting and real problems are discovered, interpretations and explanations are exchanged and synthesis of perspectives is attempted. Objectives for change are set and a contract is negotiated. Engineering these efforts and handling resistance may require modifications in treatment, switches in assignments, or changes in the tasks. Changes are monitored and impact is assessed before transfer of control and responsibility is made, although the clients always own the problems. Follow-up and termination end the social intervention.

In GET the sociodiagnostic and sociotherapeutic processes are interrelated. Theory is focused on the context of the problem, not merely on the problem itself. Explanations that emerge about the specific problems are grounded in the contexts of the clients. The process involves collection of data from clients about their situation, their explanations of the data, and the treatment of the problem. This permits the designation of the presenting and real problems, interpretation and assignment of meaning to the situation, and devising of strategies for change. The primary focus is on the context of the problem, not on the individual or group presenting it. There is a theoretical perspective drawn from the science of human social behavior, but GET does not predetermine the nature and character of the clients problem. These emerge from the process of discovery in the encounter. While many different techniques are used by the sociotherapist, they are all aimed at helping the client to discover the client's problem in the context of the social situation.

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# Resocialization: A Neglected Paradigm

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*Melvyn L. Fein*

## ABSTRACT

The micro clinical sociologist is better understood as being a social role change agent than as a "counselor" or a "therapist." Many of the personal problems which clients bring to clinicians are the result of dysfunctional social roles. These clients are best helped by "Resocialization," that is, by the alteration or replacement of their failed roles. This can be accomplished by a) reexperiencing the failed roles, b) letting go of them, and c) renegotiating new, more satisfying roles.

The micro clinical sociologist is confronted with a dilemma. How is he/she to characterize his/her work? One-to-one problem solving has traditionally been labeled either "therapy" or "counseling," yet neither of these appellations accurately describes the kind of work the micro clinician is apt to be doing.

In fact, the clinician will usually be working to solve "role" problems. His/her job will be to help clients change dysfunctional social roles into more satisfying ones. The goal of their mutual efforts will be "role change," in other words, "Resocialization."

The derivation of the word "therapy," in contrast, is from the Greek, meaning "to cure" or "to nurse" (McKechnie, 1971). It is essentially a medical term and implies that the person being treated has a "disease." But a person with "problems in living" (Szasz, 1961) does not ipso facto have a disease (Bettleheim, 1983). He (or she) may be depressed, or anxious, or confused, and still not be "sick."

The clinician is not merely "counseling" his client. Counseling implies giving "advice" (McKechnie, 1971), while the clinical sociologist is likely to be doing much more. Advice is only part of the process of helping a person overcome role problems; the professional is also helping the client to change failed social roles. Facilitating this process of change is a service in its own right and deserves, as such, to be taken seriously.

## Role Change

The client who comes for professional counseling will be in pain. He (or she) will feel trapped and demoralized (Frank, 1973). He will probably not know why he is feeling as he is, but will be troubled by the fact that he cannot seem to make himself feel better. In all likelihood, this client will be suffering from the effects of role failure. He will be acting out social roles which fail to meet his personal needs, and will be feeling the pain of this deficit.

Social roles are the mechanism through which people interact with others. They are the scaffolding of personal relationships and provide the rules for interpersonal behavior (Linton, 1936; Turner, 1978). Without them, social life would be chaotic and virtually impossible. Indeed, viable relationships are essential for a livable life (Sullivan, 1953). Peoples most vital needs can only be satisfied in social interaction, especially their need for love, respect and safety (Maslow, 1954). The person trapped in failed social roles will therefore need to change these roles if he is to feel better.

The notion that role failure is the cause of much personal misery is not new. Roy Grinker (1961) has attributed neuroses to "disruptions in interpersonal relations." He suggests that breakdowns in "role complementarity" are at the root of many personal anxieties and disappointments. Jerome Frank (1973) similarly talks about the "maladaptive responses" people make. He explains that the inter and intra personal conflicts of childhood can erupt into adult life, and when they do, can interfere with a person's ability to meet his needs. Since Frank's "maladapted responses" are a form of failed role behavior, he is really reporting the same phenomena as described by Grinker.

Gerald Klerman (1984) has recently done much to highlight the significance of role problems. The widespread acceptance of his "interpersonal psychotherapy" for the treatment of depression has focused attention on role disputes and role transition difficulties. He and his colleagues have made it more fashionable to acknowledge the part role failure plays in generating individual pain.

Despite these insights, most of the professional literature talks not about role change, but about personality change. In doing so, many authors have made a mistake in emphasis. They have confused a part with the whole. While a person's role structure is indeed part of his personality (Lewin, 1935, 1951), it is not the whole of it. Temperament, cognitive style and innate reaction patterns are also parts of personality. These, however, seem to have a genetic basis (Chess and Thomas, 1986) and are not readily subject to alteration. It is the role structure, and not the entire personality, which professional intervention can hope to alter.

## Role vs Self

Some professionals have objected to talk of "role change" because they have deemed social roles to be "artificial" (Goldberg, 1980). They prefer to talk about changing the "self" and what goes on inside the person, including his unconscious. But social roles are a core part of the self. They underlie personal identity (Babad et al., 1983) and are, indeed, a highly problematic part of the self. They are the part of self which, when it goes wrong, needs to be corrected.

One must understand that social roles can be very personal and very real, or very impersonal and artificial (Zurcher, 1983); it is the former which causes the most trouble and which costs the most travail to change. It is what Stryker (1968, 1980, 1985) calls "trans-situational" roles, that is, roles which are not tied to a particular social situation, and which cause the most intractable dilemmas. Roles such as the "shy one," "the family idiot," or "caretaker" can be a central and troubling part of a person's self.

These roles are usually family generated—almost always in childhood—and may include patterns such as "the scapegoat," "the macho-man," "the dreamer," "the wounded bird" and "the family hero" (Scarf, 1987; Wegscheider-Cruse, 1980). They contrast markedly with the more structure bound and generally less problematic, secondary-group roles such as "banker," "pedestrian" or "vice-president."

On the other hand there is no contradiction in considering personal roles to have an unconscious aspect. These roles are so taken for granted that they are often invisible to the person living them. Hence, they usually need to be made explicit before they can be altered.

The concept of "role change" has the advantage over "personality change" or "self change" of being both an inter and an intra personal concept. Roles are something that happen both within and between people. A role may be enacted by an individual, but this is always within a social context. Furthermore, a person's roles are always developed in interaction with others (Wentworth, 1980).

Roles are negotiated products (Turner, 1978). They are the result of the bargaining which continuously occurs within human relationships. Their origin is in the everyday dialogues which take place between parent and child, husband and wife, boss and worker (Nye, 1976; Garbarino et al., 1986; Strauss, 1978). It is these demands and counterdemands which people make of one another that form the very stuff of real life through which persons generate a sense of who they are (Mead, 1934; Cooley, 1956).

Roles, and therefore, role problems have their genesis in interpersonal relations. They are truly psycho-social phenomena, and are, therefore, the proper level of analysis when helping people to cope with their personal difficulties.

## Resocialization

Socialization is the process whereby people acquire social roles, and, therefore, resocialization is the process whereby failed social roles are altered or replaced. Resocialization implies the pre-existence of some social roles which must be superceded or changed. If a person can improve his life situation by merely adding new roles, he is engaged in "adult socialization" (Brim and Wheeler, 1966), not resocialization.

Very often, positive change cannot occur without deactivating old social roles. Most adult roles are built upon earlier, more basic, role structures, which must be changed or dropped before new structures can be constructed. The residue of interpersonal behavior patterns acquired in childhood therefore need to be addressed or they will continue to assert themselves and to disrupt any new patterns which are attempted.

The Encyclopedia of Sociology (Dushkin Pub., 1973) says that resocialization "involves abandonment of one way of life for another that is not only different from the former, but also incompatible with it." It describes this process as both radical and rapid, yet the replacement of failed social roles is one of the most difficult and protracted of all human endeavors. Old roles are not relinquished merely because they have become dysfunctional, or because the social sanctions which once sustained them have been altered (Riley et al., 1969). People hold on to basic social roles, especially those which have been developed in childhood, with a tenacity that can be remarkable (Papp, 1983). Freud (1920) has aptly described this phenomenon as "resistance." It is almost as if people fear that they will die if they let go of a failed role.

To be sure, not all of the help provided by sociologists or psychotherapists is resocialization. Not all pain is caused by role failure and not all change requires role replacement. Sometimes persons in pain only require "support" so that they can solve their own problems (Fein, 1987b); and sometimes they only need "socialization" (e.g., skill acquisition) (Cotter and Guerra, 1976) so they can construct more satisfying life patterns. Nevertheless, "resocialization" is, to an extraordinary degree, the intervention of choice for people in pain and needs to be recognized as such.

## Loss and Losing

Kubler-Ross (1969) has made us aware that there are stages people go through when they are dying or coping with the death of others. John Bowlby (1969, 1973, 1980) has shown how these stages apply to other loss processes as well. Typically, when a person encounters a grievous loss, e.g., of life, he/she initially (1) denies the loss, (2) protests against it, and (3) withdraws into

a deep sadness. Only when this sadness has been worked through is the person ready to (4) reemerge into the mainstream of life.

When first confronted with death, people are usually too afraid to openly acknowledge it. As a security measure, they may pretend it has not happened. When, in time, it dawns on them that it has happened, they will be able to get angry at the prospect of loss, and try to prevent it. Eventually, as it becomes plain that loss cannot be avoided, they will also be able to become depressed. This depression, which is so strenuously resisted, is ultimately what allows them to let go of what is lost, and accept the possibility of new attachments.

Bowlby has shown that this loss process applies not only to death, but to separation as well. In fact, this process also occurs in the loss of social roles. When someone dies and we grieve for them, we are mourning not only the loss of their person, but our relationship with them as well. Since it is through our social roles that we relate to others, when we lose a role (even a bad one), it is very much like losing a person. Weis (1975) has shown that this occurs during divorce, and Brown and Harris (1978) have shown that it occurs with social stratification losses.

When social roles fail, and there is a need to let go of them, people may resist doing so. They may deny that something has gone wrong or may actively engage in trying to restore what is lost; thus, when they come to a clinician for help, their denials and protests may prevent them from knowing why they are in pain. All they may know is that they are confused, fearful, angry, or hurting. Yet these states, which are commonly described as "problems," are in reality stages of the role loss process.

Furthermore, when people engage in unsuccessful role negotiations, that is, when their negotiations don't lead to satisfying role relationships, they, too, experience a loss. Losing a role negotiation may be equivalent to the loss of an established role (Szasz, 1961). In both cases, a role is gone and cannot be retrieved; the more intense the losing, the more painful the loss.

Role negotiations which are excessively coercive, or which involve outright neglect, almost never permit the establishment of roles which meet personal needs (Garbarino et al., 1986). They do not by definition, allow voluntary, mutually agreed upon bargains to emerge. They impose solutions upon one of the parties, and what is imposed does not satisfy; it is resisted. In coercive role negotiations, the unequal power of one is used to prevent the other from getting what he may desperately want. The other finds that no matter what he does, he can't get his way; in short, he loses. Whether an existing relationship is torn asunder, or an embryonic relationship dies aborning, should a serious loss occur, it must be then mourned before new roles can be developed.



## The Change Process

Resocialization entails letting go of failed or aborted social roles and replacing them with more satisfying roles (Fenichel, 1941). This role change occurs in three essential stages. The process is roughly as follows:

1. *Experiencing (or Reexperiencing) the Failed or Aborted Role.* Before a role can be altered or replaced, it must be activated (Greenberg and Safran, 1987). The thoughts, feelings and plans which guide role behavior must be made real before change can take place. It is not enough to recall what has gone wrong. The role itself must come back, for only then can its internalized scaffolding be rearranged. It is as if appropriate circuits in the brain must be turned on before they can be reorganized. Freud (1924) was aware of this when he discussed the "repetition compulsion," as was Alexander (1948) when he spoke of the "corrective emotional experience."

2. *Letting Go.* When a failed or aborted role has been experienced, at least part of it must then be relinquished. The role, or part of it, must be allowed to die; what is lost must be then mourned as must any major loss.

Letting go is not easy, however. Just as with mourning the loss of a loved one, a person may resist change. Denial, protests and anxiety may slow, or halt, the process of role replacement. The more basic the role to be replaced, the more difficult it will be to release it. Roles which are acquired early in life, and/or which are deeply integrated into other complexes of roles represent serious losses. It is, therefore, with considerable reluctance that people accede to their demise.

In particular, the mechanisms which hold social roles in place will have to be addressed and altered. If social roles are thought of as having scripts composed of a) cognitive, b) emotional, c) volitional and d) social components, then their dysfunctional elements will have to be searched out and changed (Wolberg, 1967; Allport, 1985; Fein, 1987a). If, for instance, a person's role behavior is being guided by an irrational self image; or if intense sadness and fear are preventing his mourning unsatisfying patterns; or if perverted values, or uncooperative role partners discourage change; then these ideas, feelings, values and role partners may have to be modified before the dysfunctional role they are maintaining can be relinquished.

3. *Renegotiating New Roles.* Once failed roles have been relinquished, the person undergoing change will feel adrift. The old ways of doing things and the old ways of relating to people will be gone. The person will still need to have his/her needs met, but the role repertoire with which to accomplish this will have been diminished. It will, therefore, be necessary for the person to negotiate new roles. Because some parts of the old roles will still be present, it is perhaps more accurate to describe this as "re-negotiation."

In any event, this negotiating will be done with other people. Roles, includ-

ing new roles, are always developed in conjunction with others. The person with role problems cannot solve them in isolation. If he/she is to construct a more satisfying life situation, it will be necessary for him/her to engage in a fair negotiation with another human being. Since it is non-coercive, mutually responsive negotiations which foster the construction of satisfying roles, they must be encouraged and secured.

### **Resocialization in Practice**

The clinical sociologist, or any role change agent, must be cognizant of the structure of the role change process. If change is to be effectively facilitated, the clinician must know what he or she is attempting to do. Nevertheless yet the outline of resocialization which has been presented above may make the process seem too easy. The steps of 1) experiencing the failed role, 2) letting go of it, and 3) renegotiating new and more satisfying roles may sound automatic, but in practice they are surely not.

A resocializer is engaged in a difficult, amorphous and uncertain business. Neither he/she nor the client may know a) precisely how to identify failed roles, b) exactly what it is which is impeding their alteration, and c) what a preferable alternative role might be. Moreover, since resocialization occurs within a relationship, the change agent will be "on the line" as a person. Resocialization is not an academic exercise, and its effective resolution depends largely upon the clinician's knowledge, courage and personal integrity. He/she must be a skillful and bold technician who is familiar with the methods which facilitate role change and who has the personal qualities to implement them.

Many of the specific change techniques which the clinical sociologist may choose to employ in fostering resocialization have been extensively explored by psychologists, social workers and physicians. Methods such as the analysis of transference and counter-transference (Fine, 1979) are directly applicable to the analysis of role failure, as are the contributions of cognitive psychologists, such as Aaron Beck (1976). His studies of "automatic thoughts" have shed much light on the cognitive impediments to role change and how they can be removed. Similarly, Dean Pruitt's discussions of the "dual concern" model of negotiations (1981) are directly relevant to understanding how roles are negotiated and renegotiated. His notion that a successful bargain depends upon taking account of the interests of both parties and then problem-solving to find creative ways of maximizing both, says much about how roles which meet needs can be constructed.

The practice of resocialization is inordinately complex and a short article cannot begin to do justice to its intricacies (Fein, 1987b). The literature on counseling and psychotherapy is enormous and is filled with many insights which have barely been touched upon here. One of the vital tasks upon which

clinical sociologists can embark is therefore, coordinating the knowledge of psychology and sociology, and placing both within the context of the resocialization paradigm.

### **A Case Study:**

#### **Robert**

Much of the preceding has been highly abstract and, therefore, may leave the reader who has not had personal experience with resocialization wondering about the realities of the process. Since a concrete example can often bring the abstract to life, a brief case study is in order. The following is from the author's practice and is a drastic abridgement of several year's work.

When Robert (as we will call him) originally came for therapeutic help, he was already a man in his early 50s. He had a long history of alcoholism, and had been sober for three years. Yet Robert was not happy and this troubled him. Friends in Alcoholics Anonymous thought that sobriety itself should bring contentment, but Robert found that, for him, this was not so. He still felt himself to be a "failure" and a "coward," and worried if he would ever be able to feel good.

He and his resocializer set about exploring the nature of Robert's failed roles. One of the first of these with which they grappled was that of "coward." It seemed that Robert had been raised by a brutal and authoritarian father who constantly threatened him with physical harm. When Robert withdrew to protect himself, he was promptly labeled a coward and berated for his weakness. Since Robert was quite aware of the terror his father inspired in him, he was sure his father was correct.

As an adult, he felt the same way, and he still withdrew from situations he was perfectly competent to handle. During the resocialization process, Robert was encouraged to reexperience the intimidation he had received at his father's hands. The clinician, by engaging in "role taking" (Mead, 1934), was able to gain an understanding of what Robert had been subjected to as a child, and then to reflect this back to him in the present (Rogers, 1951). The revivification of old feelings and thoughts which this stimulated made it possible for both of them to deal directly with Robert's fears of his father. By reliving these fears in a safer environment, Robert was able to become less frightened. It became possible for him to distinguish past realities from present relationships. He could see and feel where his role of "coward" came from, and so he was better prepared to relinquish it.

Much to his surprise, as he came to understand where his fears originated, the more pained he felt. His anger at his father rose and his desire to defeat him increased geometrically. Since his father was no longer alive, he could not

literally refight his lost battles, but he could engage in role plays with the clinician and with his friends at AA, using them as surrogates for Dad. In this way he might hope to "redo" the past and achieve "shadow victories" over his father.

The anger and fear Robert experienced during these role plays was very like the anger and fear he had experienced when his father had actually attacked him, but now he was an adult and better able to defend himself. No longer was he literally losing and no longer was he literally in danger. Soon the intense anger he felt toward his father did not have the same point. It was no longer a necessary defense against losing. In time, he came to appreciate that what was past was indeed past; and that what was lost was lost. He might not like it, but the love, concern and protection which he still craved from his father were not to be. If he wanted these needs fulfilled in the present, he would have to get his satisfactions either from other people or from himself.

This realization ultimately left Robert very sad. He began to mourn the terrible relationship he had had with his father. It became clear that the persecution he had undergone had not been necessary. What he received was not fair punishment for something inherently wrong in him, but was a result of his father's own weaknesses. This made the love and protection he never received hurt all the more. Tears would well up in his eyes as he would relate the agony of his aloneness to the clinician. "Do you think I still miss the love I didn't get?," he would ask. Then he would cry.

Yet when this sadness too began to lessen, Robert was ready to move on. He started to feel more an independent person and less an extension of his father's will. Gradually the courage which the clinician had been able to share with him when he was caught up in his fears and rage became his own courage. It became obvious, even to him, that he had survived a great deal in life, and that a person who had survived what he had must have some courage.

Robert slowly began to appreciate that having fears per se did not make him a coward. He saw that he didn't have to be another "John Wayne" in order to have courage. This gave him the confidence to negotiate new roles for himself. In fact, in AA he became able to assert a leadership role. Instead of automatically retreating whenever his colleagues disapproved of what he was doing, he learned to hold his ground. Rather than assume that these others must be right, he stopped to consider whether or not they were.

When he was in doubt, he went to the clinician and discussed matters with him. Then, he might say, "My friends are telling me 'Don't be that way!', but I think they're wrong." The clinician would then assume a mediator's role. His job would become to try to understand Robert's current negotiations. He might then explain to Robert what seemed to be going on, and what the alternatives were. It was then up to Robert to apply these insights to his interactions with role partners.

Though Robert found that his growing understanding did not prevent his friends from continuing to question the way he solved his personal problems, he discovered that he was increasingly able to withstand their criticisms and to assert his own perspective. He did, indeed, come to understand that in dealing with personal fears, he usually had more courage than his peers. Moreover, his coping strategies usually worked better than their's and as a result, much to his amazement, his role in the world began to change. His friends began to accord him a measure of leadership and respect. He and his opinions became valued, and so his position in the group changed. Robert even began to feel good about himself; and this he could scarcely credit.

## Conclusion

The concept of resocialization has not been much used by either sociologists or psychologists. It is rarely discussed in the literature, and more rarely employed in planning intervention strategies. Role change agents often describe the work they do as psychosocial in nature, but then go on to describe it in medical or psychological language. Yet "Resocialization" is the more appropriate framework for what they do. It is a concept which bridges the gap between the psychological and the social. It puts people with problems in their proper context; that is, it allows the clinician to consider clients as human beings in the midst of other human beings.

Many of the problems in living with which people grapple are the result of unfortunate encounters with other human beings—usually early in life. Their pains are often sociogenic in nature, and their hope of improvement is also social in nature. Indeed, many psychotherapists have come to realize this (e.g., those concerned with "object relations") and so a convergence between psychology and sociology may be in progress.

More and more it is recognized that social roles are negotiated products; and that when they go wrong, they must be renegotiated. Because of his/her social perspective, the clinical sociologist is in a position to bring a special expertise to this process. He/she can utilize knowledge of how roles are formed and maintained, and of how they fail or are aborted, to aid others in constructing more a satisfying role repertoire. The recognition that much "counseling" and "psychotherapy" are really "resocialization," can, if put into practice, effect a substantial change in the way many human services are delivered.

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# Fieldwork Relationships on an AIDS Ward: Verstehen Methodology as a Source of Data

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## ABSTRACT

This paper examines researcher/respondent relationships in a fieldwork study of a hospital ward for the care of patients with acquired immune deficiency syndrome (AIDS). The nurses' work was the subject of study. Taking the position that verstehen is a precondition of research, and using Mead's argument that one can be an object to oneself, key aspects of the relationship between the researcher and the nurses are rendered problematic. The investigation illuminates institutional constraints, the ideological position of the nurses, and the social psychology of work on the ward. It is argued that substantive elements of the situation may be discovered through the analysis of personal relationship data.

[KEY WORDS: acquired immune deficiency syndrome (AIDS), fieldwork, verstehen, nurses, experiential research]

One of the first hospital wards for the care of patients with acquired immune deficiency syndrome (AIDS) provided the site for a fieldwork study of the ward's nurses and their work. This paper examines my relationship as a field researcher to the nurses and others on the ward. Relationships in the field have long been a prominent concern of researchers (Cf., Geer, 1964; Olesen and Whittaker, 1968, pp. 25-46; Wax, 1971; Shaffir, Stebbins and Turowetz, 1980), and a number of writers have probed the researcher's personal experience as a source of insight into the setting (Bosk, 1979; Reinhartz, 1979; Oakley, 1981; Stanley and Wise, 1983, pp 150-175; Berg and Kenwyn, 1985). In line with Wax's position that verstehen is a precondition of research (Wax, 1971), and using Mead's argument that one can be an object to oneself (Mead, 1934),

I investigated problematic aspects of the field relationship on the AIDS ward. Several themes are prominent: the effect of institutional constraints, competing nursing ideologies, normal interaction as epistemology, and, finally, reckoning with research as everyday life on the AIDS ward. These data illuminate the pathways to analysis contained in relationships with respondents and further illustrate the intended and unintended impact of processual fieldwork in natural settings.

### **Studying the AIDS Nurses**

A small group of nurses in the large public hospital in which the AIDS ward was located was a prime force in the establishment of the new inpatient AIDS service. Medical researchers and representatives of the gay community also lobbied actively, and, as we have described elsewhere, the nurses joined forces with these groups to found the ward in 1983 (Lessor and Jurich, 1986). The unit attracted a number of highly motivated and well-educated nurses. Initially, their reasons for wanting to work on the ward varied from actualizing a personal philosophy or building a career to "being on the cutting edge of research on a new disease." For the founding nurses, the principal reason was the opportunity to exercise influence in the hospital in a nurse-run unit that would emphasize counseling, health teaching, and preparation for self-care after discharge. This attitude increasingly characterized almost all members of the nursing staff on the ward. Such nursing efforts elsewhere in the hospital had been frustrated by cutbacks in federal revenue sharing. Their ideal was a newly-funded unit staffed exclusively by registered nurses with a high nurse/patient ratio and utilizing principles from community mental health.

Thirty six nurses volunteered for the twelve available staff positions. Seven of the twelve nurses selected were gay men, one woman was a lesbian, and the others were married heterosexual women. Two of the seven men had not discovered their gay sexual preference at the time they were hired and later "came out" while working on the ward.

Initially, the nurses consented to my studying their work in exchange for my assisting them with their own proposed studies. I am a sociologist, but I also have a Master's degree in nursing and was then associated with a school of nursing. As our relationship developed, the nurses not only relied on me for advice in writing nursing care protocols to be tested, but also for advice on approaches to hospital management and conflict resolution between the AIDS ward and other areas of the hospital. I spent varying lengths of time on the ward for several days each week over a period of nine months, talking with staff, patients, and visitors and observing the round of activity at various times of the day and night. From time to time, I was accompanied by my research assistant (who also visited the ward alone on a regular basis). Early in the field work,

we tape recorded in-depth interviews with each of the nurses (as well as with most of the physicians and volunteers), and then continued to discuss current ward events with them on a regular basis. We observed staff meetings and change of shift reports, and eventually the nurses agreed that I should sit in on their personal group therapy sessions with the ward psychiatrist. A relationship of trust and mutual assistance made it possible to discuss sensitive areas, such as our beliefs about nursing and sociological research.

### **Fieldwork as Method and as Problem**

Objectivity is normally considered a necessary component of research methods. Techniques exist which aid in distancing the person of the researcher from the persons studied, yet field research with so-called "naturally occurring" data presents some important difficulties. The first of these is the requirement that the fieldworker be *in* the field, and secondly, that she or he interact with participants. Weber grappled with the contradiction of subject/object dualism as he tried to reconcile the requirements of science with the problems of examining the natural world; he concluded that "verstehen," the theoretical grasp of the actor's subjective state of mind, was the only reasonable stance (Weber: 1947, pp. 93-97). "Verstehen" is a precondition of research; it allows the researcher to grasp the categories and cultural objects in the subject's world in much the same way that learning a language permits communication within a foreign culture (Wax, 1967). As the researcher is "resocialized" in the setting (Wax, 1967), the meaning to the actors of their acts becomes clear. In this vein, Schutz argued that people know one another most genuinely in face-to-face interaction in the "we-relation" of the "lived-in world" (Schutz, 1964:23-27), suggesting that students of society develop methods to *account for* (rather than artificially distancing themselves from) their participation with subjects in the field. Examining oneself as a participant (Reinharz, 1979, pp. 353-368), or in Mead's terms, becoming an object to oneself (Mead, 1934, p. 140), is perhaps the only method available to researchers to approach the problems of subject/object dualism while reaping objective data from their own interaction with participants.

One way to examine ourselves in the setting is to analyze the areas in which we, as field workers, experience discomfort. Some of our methodological notes (Cf., Schatzman and Strauss, 1967, p. 101) are extensive and others brief; that we failed to write in greater detail about some personal experiences is perhaps an indicator of our dilemmas in dealing with them. Yet, when I point to areas of discomfort and call them "problems," I am also using the term in Nelson and Olesen's phenomenological sense: to render "problematic," to make the methodological point itself an object of investigation (Nelson and Olesen, 1977).

*Nursing research as a constraining institution.* The first problematic area was in reconciling the demands of my research proposal with the realities of the setting. Throughout my graduate school days as a trainee working with a number of talented and even luminary researchers, I had been aware that what researchers propose to do and what they end up doing, as they meet the exigencies of the setting, are sometimes different. I had experienced little difficulty with this because it seemed to me that if the demands for protection of the rights of participants were adhered to, it made little difference if in the course of discovery one's perspective on the study shifted. In the case of this study, my first as a principal investigator, my in-the-field perspective did almost immediately shift as I began to comprehend the perspective of the ward nurses. However, my sponsoring institution, a university school of nursing, and most of my colleagues therein, operated under a more positivistic paradigm. As a researcher in the school, my proposal had been awarded funds under a preliminary investigation grant. In the proposal I stated that I would examine risk management strategies of AIDS unit nurses. As a member of an occupational health group, I was urged by senior members to do so in order to increase the credibility of the study and ultimately to be funded. The advice was not unexpected in that in order to increase status and political power vis a vis other health disciplines, schools of nursing frequently have a bias in favor of verification research, preferably of a quantitative nature.

The well-socialized researcher in a school of nursing is, in fact, well aware of the prevailing positive norms. It is that objective measurement of risk management is not valuable—how many times nurses did or did not wash their hands, whether the nurses donned gowns and gloves each time they handled the patient's body, the procedures they used with needles—however, that I was more interested in how they defined their environment. For example, had I limited my observations to such activities and failed to learn the meaning to the nurses of risk management, I would have missed their unusually macrosocial perspective, their ability, in C. Wright Mills' terms, to see public issues rather than personal troubles (Mills, 1959, pp. 3–24). They saw institutional demands, rather than personal practices, as putting them at risk. Understaffing, which would force a nurse to work more rapidly and possibly expose himself to injury was seen as a "high risk behavior." Similarly, in the case of the prevention of accidental needle punctures, the nurses viewed the provision of adequate disposal units as the most important preventative factor. According to an infection control nurse, these units are costly and hospitals have been slow to provide them until it has been shown that staff do sustain needle punctures more frequently with old style units. Furthermore, all of the experienced nurses assumed that they were competent to determine whether a practice was safe or not. In this frontier situation there existed no small amount of pride in the contention

that "we are way ahead of CDC (the Centers for Disease Control, in Atlanta) in what we know."

As Stanley and Wise (1983) have pointed out, field work is not neat and tidy, with crisp questions to be derived from carefully controlled situations. Rather, what is worth knowing is usually buried in the day-to-day tangle of human interaction. It was impossible to communicate this interest in my proposal without being accused of being vague and non-specific and so I avoided that accusation, and the consequences of not being funded, by being direct and specific about studying risk management. I never felt comfortable though, not because I felt deceptive, but because I felt I was cut off from discussion and input from colleagues regarding the area that intrigued me—the way in which people were making their way in the day-to-day, lived-in world that was unlike any they had experienced before. A good many field workers undoubtedly frame their proposals as "inductivist positivism" (Stanley and Wise, 1983, p. 151), or even fewer would be funded. Yet, relatively little is known about how people live and work with AIDS, and such knowledge could contribute to social policy formulation. The results of individual risk perception scales (Cf., Rantanen, 1981) used in AIDS care may yield important data; however, they will miss important organizational features. In this case we found that the nurses' awareness of institutional support contributed greatly to an estimate of risk level that was "liveable."

*Competing nursing ideologies and reciprocal relations in the field.* When people agree to give researchers their time and allow them entree into their affairs, it is usual for them to expect something in return (Schatzman and Strauss, 1973, pp. 28–32). The nurses on the ward asked me to be their research consultant. They wanted to do research on nursing protocols they were developing. They were working twelve hour days, often under harried and stressful circumstances, but in those early months several nurses were very enthusiastic about delineating the specifics of nursing *care* apart from the medical research protocols they were helping to carry out. They wanted to communicate this to their own hospital administration and also to a broader nursing audience.

One has to understand work ideologies (Berger, 1964) and the historical development of nursing ideology in the United States in order to understand the dilemma of the AIDS ward nurses. In the 1950s, nursing as a discipline was attempting to professionalize by defining its scope of practice and determining its functions that were independent of medicine. It did so by incorporating social science studies about the discipline into its emerging definition. Nurses defined their independent functions as assisting patients to cope with their illnesses and disabilities. If medicine's task was to cure, then nursing's task was to care. Nursing was, to its leaders at least, clearly the psychosocial discipline. The notion of caring emphasized "sensitivity to human feelings" and "the patient as a person." (Cf., Brown, 1961, Davis, 1966). In the years since, the rise of

technology and the fascination with objective science in academic nursing circles has somewhat eroded this long-standing ideology to the extent that, in academic nursing circles, "caring" is made an object of rationalized study. However, the older, intuitively-based caring ideology, buttressed by the human potential movement, continues to be a strong focus for many practitioners. It remains so influential that many young practitioners feel guilt when they are prevented from carrying out such activities (Kramer, 1974). The AIDS nurses almost uniformly described such experiences in their hospital work prior to coming to the AIDS unit.

The AIDS ward offers limitless possibilities for doing psychosocial nursing care, but therein also lies a dilemma. The nurses wanted to legitimize what they were doing through "research," yet they were having trouble fitting what they were doing into the objective language of the nursing literature which speaks of "care outcomes" and their "measurement" (Cf. Rogers, 1970). On the one hand, they had written a "nursing diagnosis," such as "devastation of the human spirit," and on the other hand, their discipline required them to specify a "treatment" (so many minutes a day allowing the patient to express his feelings) and an objective outcome (measurement of a decrease in certain behaviors assumed to be associated with spiritual devastation). And I found myself helping them with this language! At first this rationalizing language appears ludicrous, and in my notes I had written, "what these 'nursing diagnoses' enable them to do is not to plan objective care for the patient, but rather justify what they are already doing intuitively." The AIDS unit nurses recognized the patients' emotional needs as very great, and their work in attending to them as their most important task, yet the signals they received from other nurses, and more significantly, from nursing administrators, were that perhaps they were "doing too much." Therefore, in order to garner resources (adequate staff being the major resource) it becomes necessary to convert one's work into an objective language which carries credibility with those in power.

The nurses' methodological dilemmas paralleled my own as a qualitative sociologist working for a school of nursing. Examining my own first order constructs (the necessity for structuring research in rationalizing language) lends insights into the first order constructs of the nurses (the necessity for structuring nursing practice in rationalizing language), as the struggle for resources is played out on the ward.

*"Normal" interaction as epistemology.* In field research, as Charles Bosk points out, relationships are our major methodological tool (Bosk, 1979, p. 202). Our hosts give us their time and the privilege of observing them, and this in turn evokes a sense of indebtedness in us. Like Bosk, who discharged his debt to the surgical residents he studied by playing various roles (Bosk, 1979, pp. 195-202), I, too, played the role of "sounding board" and "referee" among others. As Bosk correctly observes, fieldworkers worry about the re-

straint of such roles on their observations. There are dangers in *overrapport*, *overindebtedness* and *overgeneralization* (Bosk, 1979, p. 204), and thus fieldwork reports are filled with discussions of attempts to strike a balance in such relations.

In my experience on the AIDS ward I was often aware of the difficulty of presenting a neutral and balanced response within a given interaction, and generally opted for structural solutions to the problem of balanced relationships. Howard Becker has observed that researchers frequently break the rules when we interact with the people we study, and that it goes fairly unacknowledged in the literature (Becker, 1987). It is normal interaction that mirrors the everyday world we purport to study. Without normal interaction, the picture is undoubtedly less accurate. A simple example of such inaccuracy was the nurses' reaction to another researcher who spent some time on the ward observing, but not talking, and writing furiously in his notebook. Nurses and patients referred to his behavior as "weird" or "creepy" and spoke of being careful of what they said when he was nearby. Becker says that in reality, interacting means sharing our reaction, and has found in his studies of the theater world that at times this means being drawn into the passing of information and the giving of advice (Becker, 1987). On the AIDS ward the head nurse sometimes asked me to come with him to a back room where we could talk privately. He would tell me about the latest difficulties with the administration and query me for my analysis. He saw me as an experienced former nurse who now had the ability to analyze organizations; this ability was something he needed. My notes reflect my ambivalence about studying the ward and engaging in this intense interaction, which drew me into its growing pains. The head nurse was later promoted and asked me if I would serve as a consultant to a newly created group of nurse administrators; I declined. My interaction with the nurses on the ward was open and intense, and I decided not to conduct the same level of interaction with a superordinate group. I believe that decision cut me off from data that would have contributed to a fuller understanding of the organization. Others have successfully combined formal organizational consulting with research (Cf., Kantor, 1978), but at the time it seemed important to stay close to the nurses and patients on the ward if I was to understand their experience (Becker, 1967).

The nurses walked an ambivalent line in their interactions as well. It was the line between communicating their experience in feeling terms or intellectual terms. The nurses were putting together a "community nursing model," a term which they adopted from my analysis of their work that described the complex organization of care between the hospital and other collaborating agencies. Because the course of the AIDS patient's illness required periodic hospitalizations, the hospital was serving as a hub. Each week representatives from social welfare, community nursing, hospice care and outpatient clinics met at the hospital to discuss both the current inpatients and significant problems of pa-

tients on "the loop" (another analysis term). The nurses were becoming so organizationally successful that they were called on to help others. Several nurses began to consult in other parts of the state and their advice was sought by hospital administrators and policy makers as well as other nurses. Yet, hand in hand with this rational model, the organization was drenched with feeling. A prevailing norm on the ward was that everyone should express their feelings (Lessor and Jurich, 1986). Nurses and counselors often cried over the loss of a patient, and in staff meetings physicians, too, sometimes appeared deeply touched by emotion. Gay nurses expressed anger, as well as grief. The anger was somehow easier for us to identify with than other seemingly more maudlin ways in which the staff handled feelings, such as keeping an album of patient photographs. Our notes reflect the discomfort of secular sociologists on those occasions when nurses talked of their work as akin to a religious calling. For example, when people talked in rapt tones of providing a "good death" for the patient, we wondered in our field notes whether it really mattered for anyone other than the caretakers. The nurses had asked me to help them with the rationalizing language of science, which would enable them to persuade those controlling the resources, and here they were wallowing in feeling! Yet, I knew from experience how very real those feelings were. In the middle of our study I brought my friend to the hospital, suffering from brain involvement secondary to Kaposi's Sarcoma, an acquired immune deficiency syndrome. He was moved to a second hospital, where I visited him until he died. I know the shock and disbelief I felt, and the sense of wanting to create some meaning amid the tragedy. Here were extremely bright and articulate practitioners who were executing elaborate protocols and were, at the same time, talking about high callings and "missions." When the nurses would get intensely ideological about either nursing or gay activism, I would get uncomfortable. Maybe that was my own bow to the scientific model—that somehow I wanted them to be expressing their ideas and needs in highly rational terms and speaking in that detached language which I believed would give them more of a payoff. Yet, again, I was brought back to my own first order constructs: I sometimes found it impossible to interpret my own work to others in the most "powerful" terms, in that the language of scientific rationality failed to convey life and death as it was experienced on the AIDS ward. Thus, my analysis would have to account for the nurses' two identities, encompassing both rationality and feeling.

*Reckoning with research as everyday life on an AIDS ward.* A final experience on the ward should lay to rest any doubts that research does become part of the round of life in the field. During the first nine months (and thereafter as well) the AIDS ward had become the elected site of numerous research studies by social scientists. Although I was on the ward first, I soon found myself jockeying for position with anthropologists, psychologists and other sociolo-



gists, and in the final months I experienced a "turf battle" with another researcher.

The other researcher's intent was also to study the nurses on the unit. He had, however, gained entree through physicians in the internal medicine department, not through the nurses themselves. He proposed to re-interview the nurses and observe them in their meetings and at work. When we talked it seemed clearly understood that it would be unfair to impose yet another battery of interviews and observations on the nurses, and, would further jeopardize both field studies. It seemed clearly understood that he would do something else. We then discussed my experience and I excitedly talked about gaining entree, key people, the building network of social relations and so on, thinking that I was talking about data with a colleague, not a competitor. A week later, I regretted this conversation when he informed me that he was going ahead with his study. I was incredulous. How could this interloper take over "my respondents," I raged in my field notes. As Arlene Daniels describes, I was infatuated with my respondents (Daniels, 1983) and I couldn't believe that another suitor was trying to steal them away. I, however, calmly tried to dissuade him on the obvious logical and ethical grounds, even pointing out that he did not yet have human subjects approval from the University Institutional Review Board. He was undaunted and maintained that just because a study was difficult to do was no reason to be deterred from doing something he was interested in. He then went onto the ward and informed the head nurse that he had talked to the physicians about being there and had also talked to me, leaving the nurse with the impression that his research was part of mine. When I arrived the next day the head nurse asked me, "Don't you university types ever talk to each other?"

I was embarrassed about the way that we university types do sometimes handle ourselves, and I called the other researcher's senior faculty mentor (we were both new post-doctoral researchers) to discuss the problem. When that appeal also failed, I played the only card that I had, which was to tell the nurses on the ward about what had gone on.

Two days later, I met with the entire nursing staff, and we spent thirty minutes talking about the role of social scientists on the ward. They let me have my say and then they had theirs. Some expressed justifiable exasperation over the conflict. One of the nurses made an appeal that mine was the preferred project on the ward because "even though these others (other disciplines) want to study the nursing work, they don't even have a nurse on their team." More nurses agreed. The consensus was that I would be allowed to stay and my erstwhile colleague was going to be put off for a few months. The nursing had linked me to the nurses and enabled me to better understand their experience, and now it was saving my study.

The saga of the turf battle makes a sociological point, in addition to its

lesson to perhaps not take ourselves so seriously. Our ties to the setting are less based on formal affiliations than on presumed shared identities. Thus, it is necessary to identify the nature of those identities and interactions if the intent of fieldwork is to capture the "normal" and everyday nature of life in the setting.

I developed a high regard for the nurses I studied; we liked each other, a not uncommon occurrence in field work (Geer, 1964; Hughes, 1971). In this case, one is sometimes hard put to write about one's contradictions, or, as was the case with me, to write about the intensely ideological side right along with the rational or leadership side. Making the self of the researcher as much an object of study as that of the respondents enables one, however, to keep from erring on the side of glorifying the respondents on the one hand or vilifying them on the other. Judith Stacy has recently written about her disillusionment with field work. She worries that if she is intellectually honest about what she saw and heard she will be betraying people (Stacy, 1987). That may be the case if researchers hold themselves up to be detached observers who only examine "subjects." We are on firmer ground, however, when we examine ourselves, as participants, with our contradictions and the ideological biases we clutch to our breasts.

We were often struck by the intensity of feelings that nurses and others expressed; in searching for sociological explanations for this, it was useful to examine our own experiences even sooner. For instance, my friend's death was highly significant for me. I arranged his funeral. The staff on the ward often attended patients' funerals. We need to write about these events in ways that analyze our own experience and understanding. Another example was my research assistant's initial fear about going on the ward. I had no idea until later that she was petrified for the first three months. In looking carefully at how she became comfortable on the ward, and she did become comfortable, we learned more about how AIDS anxiety is replaced by saner approaches.

Verstehen, which prompts us to examine our own first order constructs, reminds us of the discomforts of lived experience in real settings.

So what are we to do? Do we confine our investigations to circumscribed areas in which we can convince ourselves that we are sufficiently distanced to be objective? Or should we, on the other hand, simply take our subjectivity for granted? As Joel Brodsky has put it very well, the epistemological problem inherent in subject/object dualism is no more by a frank subjectivity than it is by a ruthless positivist objectivity (Brodsky, 1987). I would suggest that the answer is to take Mead's advice and become an object to ourselves, acknowledging that in fieldwork, researchers are participants to be accounted for and that their experience and relationships are important sources of data.

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# Roles and Ethics of the Practicing Criminologist

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## ABSTRACT

Academic criminologists, most trained as social and behavioral scientists, have not, for the most part, considered themselves as viable experts with skills and expertise which can be sold in the market place. Concomitantly, those professions and organizations which rely on professional experts and consultants have generally not considered academic criminologists as suited for their purpose. Part of this problem is derived from the very nature or orientation of graduate education. Doctorate programs concentrate on those skills that criminologists will need for university positions. We argue that the roles of criminologists in applied settings are essentially the same as for criminologists in academic settings. What differentiates applied criminologists from academic criminologists are not roles but the settings or contexts where they work. In this paper, we explore the application of criminological theories, methodologies, data analytic techniques and literature reviews in the applied setting. We outline some of the typical activities and roles of criminologists in legal settings and show the applications of criminology in the *practice* of law and in court. We use examples from our consulting practice to show how these roles and accompanying skills are applied in the legal setting. We also consider some of the ethical questions associated with various roles and situations

Academic criminologists, most trained as social and behavioral scientists, have not, for the most part, considered themselves as viable experts with skills and expertise which can be sold in the market place.<sup>1</sup> While forensic criminologists, trained in criminalistics, are actively involved in criminal trials as expert witnesses, they are the exception. Few academic criminologists utilize their skills and expertise in practical or applied settings on a consistent and regular basis (Winfree and Anderson, 1984).<sup>2</sup> Psychologists, social workers and other mental health professionals are routinely employed as consultants in a wide range of criminal and civil areas including insanity defenses, jury selection, predictions

of dangerousness and counseling with delinquent and adult offenders. In many states, only psychologists and social workers, who are licensed by the state, are qualified under statutes to testify as expert witnesses in certain areas of litigation, some of which are well within the realm of criminology. Criminologists have not seen the need to certify or have themselves licensed like other professional groups.<sup>3</sup>

Concomitantly, those professions and organizations which rely on professional experts and consultants have generally not considered academic criminologists as suited for their purposes. Part of this problem, we suggest, is derived from the very nature or orientation of graduate education.

Doctorate programs generally concentrate on those skills that criminologists will need for university positions. By virtue of being trained as academic social scientists, criminologists find themselves in ethical dilemmas when they are retained as "experts" in a variety of situations. Their training encourages them to be "value free" and to speak in scientific terminology which usually does not put closure on the topic under study. The tentative or probabilistic presentation of data and findings runs counter to the way that attorneys, for instance, use information or data to support their cases.

Applied skills or practical knowledge concerning matters such as how to set up a consulting practice, how to do legal research, how to testify in state and federal courts, how to give a deposition, and how to present complicated material for "out of the field" consumption and ethics in applied settings are not taught. Although applied or clinical sociology has become more popular recently, the emphasis is placed on teaching "applied sociology" rather than practicing it.<sup>4</sup>

We suggest that there has been a lack of a "criminological imagination" in the application of criminology in various community settings. As in the case for sociologists in general, criminologists run the risk of allowing others, much less trained and without theoretical and methodological substance, to apply their "expertise" to the real world. The roles of the criminologist in the applied setting are essentially the same as for criminologists in academic settings, including the roles of: (1) reviewer (synthesizing, summarizing and assessing vast amounts of data and literature); (2) educator (imparting knowledge and teaching skills); (3) researcher (conducting personal investigation using the scientific method); (4) reformer (using research results to suggest ways of improving social life or formulating policies). What differentiates applied criminologists from academic criminologists are not roles but the setting or context where they work.

In this paper, we explore the application of criminological theories, methodologies, data analytic techniques, and literature reviews in the legal context. We shall outline some of the typical activities and roles of criminologists in legal settings and show the applications of criminology in the *practice* of law and in

court. We use examples from our consulting practice to show how these roles and accompanying skills are applied in the legal setting. We shall also consider some of the ethical questions associated with various roles and situations.

### **Expert Reviewer and Educator of Criminological Literature and Methodologies**

Based on their training, academic criminologists are highly skilled in reviewing diverse literature on any given topic, often as a prelude to original research. Both historical and contemporary research as it relates to the topic under scrutiny may be explored utilizing a variety of resources. These resources may include manual searches, computer searches (especially criminology and criminal justice network data bases), government documents, and the like. The next step in this process is the digestion, critical assessment, and summary of central trends or findings uncovered in the literature search. (In some areas, clear findings may not be forthcoming.) To a large extent, this same process is utilized for the consulting criminologist.

Since the discipline of criminology is broad, there is a tremendous amount of information going back at least 100 years which could be of great value to attorneys, judges, correctional personnel, and other individuals in their decision making roles. Most of these people know very little about the theoretical and methodological work of criminologists. Many criminologists assume a much greater degree of sophistication on the part of these individuals, thus underestimating the value of their own criminological training. An attorney trained in the law, coming right out of undergraduate school, often has a layman's knowledge of such things as theories of deterrence, crime rates and trends, crime theories, and the interpretation of data.

Testifying in court immediately comes to mind as the most frequent consulting activity of criminologists. The small amount of research of this subject, however, suggests that most academic criminologists have never served in this capacity, especially on a regular basis. This is puzzling since to a large extent, most of the information covered by expert testimony in many civil and criminal cases is extracted from published research findings (Anderson, 1984; Saks and Van Duizend, 1983). Rarely are criminologists asked to provide testimony on their own original research in a given area which is under litigation. More typically, the criminologist is retained to offer empirical support (expressed in terms of research findings) for a given set of circumstances which may be in litigation.

Depending on the jurisdiction of a case, e.g., federal or state courts, and the idiosyncrasies of judges and opposing attorneys, the process of becoming qualified as an expert witness ranges from a simple to a complicated matter. Under the rules of Federal Evidence (Rule 702), for example, the admissibility

of expert testimony requires that two preliminary decisions be made by the court. First, the court must decide whether or not expert testimony can assist the trier of the fact in understanding the evidence or determining a fact in issue. As part of this inquiry, the court may attempt to document that a "sufficiently" reliable body of scientific, technical, or other specialized knowledge exists in a given area. Second, the court must determine if the expert witness is properly qualified to give the testimony sought. Witnesses may be qualified as expert based on special knowledge, skill, experience, education or some combination of these factors. Rule 702 adopts a position long advocated by 7 Wigmore, Evidence & 1923 at 31-32 (Chadbourn rev. 1978):

The true test of the admissibility of such testimony is not whether the subject matter is common or uncommon, or whether many persons or few have some knowledge of the matter; but it is whether the witness offered as experts have any peculiar knowledge or experience, not common to the world, which renders their opinions founded on such knowledge or experience any aid to the court or the jury in determining the questions at issue (Graham, 1981: 204).

The presentation, collection and/or interpretation of scientific studies that relate to an area of litigation often create more problems for the consultant criminologist than simply the reporting of literature summaries. The problem often lies in the highly tentative nature of scientific quantitative criminological research results (Ziesel, 1960, 1968; Ziskin, 1977; Wood, 1976). As social scientists, criminologists rarely speak in definitive terms. For example, rather than saying that an event *will occur* if certain conditions are present, they present findings in terms of probabilities, amount of variance explained, or acceptance at a certain significance level. Other expert witnesses coming from various non-scientific backgrounds (e.g., law enforcement and security) are more apt to make definitive statements about events and causes.<sup>5</sup> Academic caution or tentativeness often causes both the criminologist as well as the retaining attorney discomfort especially when he/she is testifying with regard to the interpretation of quantitative research. Opposing attorneys wait for any qualifying or cautionary statements in testimony to disqualify the expert, suggesting that the expert cannot predict anything based on tentative research evidence (e.g., Margolis, 1974; Baldwin, 1986; Bartholomew and Milte, 1976; Cady, 1962). This same dilemma can be avoided by presenting scientific evidence in a more firm and lucid manner. In most cases this is a matter of skill and demeanor and not ethics.<sup>6</sup>

If one becomes qualified as an expert witness, rules of evidence under a given jurisdiction must be followed in presenting testimony (e.g., Belli, 1982;



Collins, 1978). Rules vary from state to state and in federal courts. For example, under the Federal rules of Evidence (Rule 702.1):

Expert testimony may be in the form of an opinion or otherwise. Thus, the expert may, but need not, testify in the form of an opinion. He may instead give an exposition of relative scientific or other principles permitting the trier of the fact to draw its own inference or conclusion from the evidence presented, or he may combine the two. (202)

Under both federal and most state rules of evidence, the expert witness after giving testimony which is contested by opposing counsel, can be allowed to clarify and expand his or her statements. This technique involves a skill that generally has to be learned from repeated experiences on the witness stand. A skilled cross examiner can make the best prepared expert look like an uninformed layperson.

### **The Adversary Expert**

The criminologist may be retained by an attorney or in some instances by the court (*amicus curiae*).<sup>7</sup> Retention by an attorney in a civil or criminal case obviously means that the expert will be placed in an adversarial role should the case go to court. For most criminologists trained as value free social scientists, the contest nature of the legal process often poses a moral or ethical dilemma unlike any experienced in academic settings. This is largely a self imposed dilemma since the criminologist may upon initial consultation with an attorney decline a consulting job that he or she feels compromises personal or professional ethics.<sup>8</sup> Criminological consultants, like any other professionals, can pick and choose their cases.

A few years ago the authors were asked to be expert witnesses in a case which involved the construction of a public old age home in a relatively affluent residential community. The residents in the adjacent community were filing for an injunction to prevent the building of the facility on the grounds that the elderly are targets of crime and that the old age home would serve to attract criminals. We were asked to testify on the research regarding criminal victimization. Although we informed our potential retainers that the elderly as a group have relatively low criminal victimizations when compared to other age groups, we felt that the issue of victimization was secondary. Our feelings were that a public facility for the elderly was needed in the city and that if the facility in question had been for more affluent elderly, an injunction would have never been sought. We declined the case.

Some criminologists, like attorneys, specialize in defendant or plaintiff

cases. Plaintiff cases, where a person or group of people bring a civil action against another person or organization, often involve third party crime victims who may be suing a business establishment, police department, landlord, motel, public housing authority, or some other entity that invites their patronage and does not provide reasonable and adequate security. Since most consultants become known for working with either the plaintiff or the defendant; few are accepted as experts for both; and those who are, are often referred to as "expert prostitutes." A criminologist's acceptance of a given theoretical orientation may influence his or her prerogative for accepting plaintiff or defendant cases. In civil negligence cases, for example, more theoretically conservative criminologists may lean towards defendant positions (e.g., representing businesses, insurance companies, and corporations) while more liberal criminologists may lean towards plaintiff positions (e.g., the victims of third party assaults).

Another way for the criminologist to deal with a possible ethical problem is to set the tone in the initial meeting with an attorney. Rather than being cast in an advocate role, the criminologist can indicate that the case in question, at least from the standpoint of supporting data or scientific evidence, is questionable. The role of the criminologist may be redefined to one of an *educator* for the attorney. In this capacity he or she must report literature findings which may support as well as *refute* the circumstances of the case and school the attorney on the relative strengths and weaknesses of the position. The expert may also help the attorney prepare cross examination questions for the other side. In numerous instances, we have prepared questions for attorneys who have retained us which were used in the cross examination of opposing experts. Although the American Bar Association's Code of Professional Responsibility stipulates that the attorney must maintain control over all facets of the case, this in no way should compromise the ethics of criminologists who must also maintain control over their research and possible testimony.

If the criminologist is placed on the stand, and is asked to offer a balanced review of the literature (i.e., all sides of an issue), he or she must accept the reality that they have little control over what aspect of the review will become significant for the outcome. In a recent parole hearing, which reviewed the case of an inmate who had committed a homicide (killed his girlfriend) fifteen years ago, the authors were asked to review current research on early releases and offer expert opinion on the probable success or failure of parole. The inmate, a 38 year old male, was a model prisoner who edited the prison newspaper, a national award winning publication. In addition, the man had a job offer as editor of a small town newspaper pending his release, and he had a family waiting for him, including a wife whom he had married while "in" prison. We, as consultants, were hired by the inmate's attorney to review his particular case as well as to report on current research in the corrections area about the early release of violent offenders. Although we generally felt that the inmate in

question was an excellent candidate for parole, we were obligated by the court to provide an overview of correctional research including the effects of total institutionalization and the phenomenon known as prisonization.

As indicated by the literature we reported that some of the prisonization literature suggests that inmates, especially those serving long sentences, may become so adapted to the prison environment that they can never fully readjust to the free world; recidivism rates have been used to support this stance. We were quick to add that this conclusion follows something known as the deprivation model, i.e., looking primarily at intra-institutional processes and influences to explain inmates attitudes and behaviors; this model largely ignores those influences that happened to individuals before they entered the prison environment (e.g., Clemmer, 1940; Sykes, 1957; Glaser, 1964; Irwin and Cressey, 1962). The model also ignores such factors as family support and employment after release which mitigate the adjustment factor.

Another model known as the importation model, suggests that some inmates who had no preprison experience with crime and who maintained external social support systems while in prison, could possibly overcome the "pains of imprisonment" and make an adequate adjustment to the free world (e.g. Thomas, 1973). We concluded that the latter model was more appropriate for evaluating the inmate in this case. Prior to the hearing the attorney who was handling the inmate's parole hearing alluded to the suppression of literature which could possibly be damaging to the inmate's parole. We felt that the selective omission of information would compromise our professional ethics since the parole board was relying on us to offer all existing information on the question. In view of the circumstances we decided to make our recommendations strong enough to negate the potentially damaging evidence. Our recommendations to the contrary not withstanding; the man was denied parole and is still in the state penitentiary.

Not all consulting cases take on the magnitude of the above case. However, the emphasis and the strength of literature summaries in litigation cannot be underestimated. Often the criminologist is faced with a topic on which there is relatively little empirical research to support the circumstances of a given case, but only a body of research which vaguely could be used to construct a reasonable or sound argument. Sometimes attorneys appear to be grasping for straws. Again, the expert must evaluate the case as to its merits before taking on the assignment. One such case undertaken by the authors involved a negligence liability case in which a supermarket patron was robbed and assaulted in the front of a major grocery store. Although the offender, a young black male, was never apprehended, the patron, an elderly woman, retained counsel and sued the supermarket corporation for a large sum of money. (Her hip and arm were broken in the incident). The basis of her case involved the assertion that a *uniformed* security officer in front of the store would have deterred the offender from attacking. Circumstances indicated that the store had a non-uniformed

security officer in the store whose main purpose was to apprehend shoplifters. No security officers of any kind patrolled outside of the store.

The case first hinged on establishing a pattern of previous crimes committed in the supermarket parking lot and thus warranting placement of a security officer outside the store. The testimony, however, shifted the emphasis from the rate of previous crimes and lack of outside security to the sociological and criminological research relating to the deterrence effect of *uniforms*. Throughout history, uniforms have served as a symbol of authority while simultaneously identifying the wearer's legitimacy and authority. However, no research was discovered regarding the effect of the presence or absence of uniforms for private security officers on crime. We relied on the literature which examined the role of police uniforms. Our link here was that private security personnel perform similar functions as the police, and therefore inferences from police research would be applicable. Several works were found arguing that the purpose of police uniforms are to make the wearers easily identifiable and to help prevent crime by a visible police presence (Walsh, 1969; Niederhoffer, 1969; Regoli, 1977; Wilson, 1968; Bayley and Mendelsohn, 1969). In addition, the uniform communicates non-verbally to citizens and would be criminals who the police are and what their function is; police visibility serves as an important deterrent and the uniform serves a scarecrow function (Bell, 1982; Shaw, 1973; Wolfe, 1975; Tenzel, Storms and Streetwood, 1976). Despite some controversy in studies of police patrol procedure and its effectiveness in crime deterrence, we felt that sufficient evidence existed to offer testimony that a visible sign of authority could have reduced the opportunity for this and similar crimes from occurring at the supermarket. Our case was strengthened by examining other supermarkets in similar areas which had uniformed security guards in the front of their stores and which had experienced dramatic drops in criminal victimizations of patrons.<sup>9</sup>

### **The Court Appointed Expert**

Since the practice of law profits from winning cases, not losing them, attorneys will often pick experts who are not the most qualified, but who will best support their client's case, and, perhaps conceal the cases's weaknesses (e.g., Danner, 1983; Ames, 1982; Baldwin, 1986). The result is a "battle of experts" in which there may be a wide divergence of opinions offered by expert witnesses. "The performance often baffles jurors and judges alike, leaving them unable to detect . . . the truth or to pass upon the underlying questions of competency and honesty between the . . . contenders" (Botter, 1982: 53).

In an effort to curb this situation, some jurists have advocated the use of court-appointed experts who are thought to be more impartial (Griffin, 1961;

Botter, 1982). Such experts, often referred to as "friends of the court," are usually cross examined on the ethical issues of the case rather than on collateral matters. Usual ploys to impeach the testimony of the expert because he/she is being paid for his/her opinion by the opposing side are therefore invalid.

In practice, however, attorneys rarely seek to invoke the court's power to appoint expert witnesses. Part of the problem may lie with unfamiliarity of the court's power to appoint experts, but upon closer examination, other reasons exist. These include:

- (1) No expert is impartial; all have some bias, prejudice, or predilection that may affect their opinion in the case.

- (2) The court-appointed expert will unduly dominate the technical issues in controversy.

- (3) There are different schools of thought among scientists, doctors, engineers, and other technical experts which can account for legitimate differences of opinion (Botter, 1982: 59).

One area in which the court appointed expert is used extensively is the juvenile court. Transfer or waiver statutes, allowing juvenile court judges or district attorneys to transfer serious juvenile offenders to the criminal courts, have to some extent altered the more recent adversarial nature of the juvenile court (Thornton, Voigt, and Doerner, 1987). What this means is that less serious cases are handled by the juvenile courts in which the "best interests of the child" are considered rather than the "winning of cases." In those cases regarding "neglect and abuse," detention hearings, and incorrigibility, the juvenile court relies heavily on court appointed experts as resource persons. This is particularly true of those juvenile court judges who still follow a social work philosophy rather than a "legal" philosophy (e.g. Emerson, 1969: Rubin, 1985).

The expert gives testimony to the court, in reality to the judge, on key historical and contemporary elements of the case under question. One of our recent consulting cases with a juvenile court in Louisiana involved an incident where a juvenile offender was taken into custody for assaulting a teacher and another student. School officials indicated that the youth, a 15 year old middle class white male, had appeared depressed for several days prior to the event and that his behavior had been "out of character," including the giving away of personal items and coming to school drunk. The youth was held in detention pending a psychiatric examination because of his bizarre behavior. During the first night of detention, the boy hung himself. This was not the first suicide to occur at this particular facility, and we were asked to evaluate the conditions at the detention facility. Our findings indicated that this particular detention facility, while meeting state standards, failed to approach the standards set by several national models including the American Correctional Association Standards for

Juvenile Detention Facilities (1983) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Standards for the Administration of Juvenile Justice (1980).

The ACA standards, for example, specified under Section-2-8276 that "admission to appropriate health care facilities in lieu of detention should be sought for all suspected mentally ill or retarded juveniles" (1983: 74). Under OJJDP model standards, detention centers that cannot provide full time mental health assessment should contract with other community resources and agencies to provide the service (Standard 4.263). Personnel at the detention center in question indicated that this particular youth was scheduled for psychiatric examination the next day, but that his behavior before his death appeared normal (see Charlie, 1981). Upon closer examination, it was discovered that the detention facility was routinely understaffed (violating minimum staff-to-youth ratios) and that minimum educational and training guidelines were seldom followed (see Poulin, et al., n.d.; Sarri, 1974). Also in violation of IJA/ABA (Institute of Judicial Administration/American Bar Association) and ACS model standards, there were no written policies for staff regarding self destructive juveniles in the detention facility (Comparative Analysis, 1981: 7). Thus, even a minimally trained individual may have been able to ascertain that the boy exhibited some signs of suicidal behavior which merited immediate attention or at least intensive observation until psychiatric assessment could occur. The judge who heard the case was amazed that juvenile corrections had not been aware of these standards or that there were no written guidelines for the processing of self destructive juveniles. Changes in the system, including special facilities for the psychiatric diagnosis of juvenile offenders were made.

### **The Deposition**

In most cases, the expert witness must give a deposition during the process known as *discovery*, a pliant method by which the opposition to a lawsuit may obtain full and factual information concerning the entire area of litigation. Ignorance of the discovery process may have catastrophic results for a case. For example, under the Louisiana Code of Civil Procedure (Act 15 of 1960 and 1987 Supplement), opposing parties may request from an expert witness

any matter . . . which is relevant to the subject matter involved in the pending action, whether it related to the claim of defense of the party seeking discovery or to the claim or defense of any other party including the existence, description nature, custody, condition and location of any books, documents, or other tangible things and the identity and location of discoverable persons having knowledge of any matter (Acts 1976, No. 574, 1).

Thus, off the cuff comments made by the expert regarding research in general may result in the opposition asking for specific citations and references which will then have to be produced. Expert witnesses with some experience learn never to bring written notes and documents for their case (unless they are to be exhibits) to the deposition (and sometimes not to court) (See Dombroff, 1983).<sup>10</sup> They learn to give just enough information to satisfy the opposition but not to "give away" certain vital information which may "win" the case at trial.

*Research: Data Collection and Analysis.* The consultant criminologist often gets involved in a case in which official crime statistics have to be obtained and analyzed to support the circumstances of the case. As noted above, one "popular" area of litigation in tort law involves negligence liability for third party assaults and other crimes in business establishments and other public places where patrons are encouraged to use the facilities (See Kozlowski, 1983; Dwyer and Murrell, 1985). Historically, victims of crime in public places were obligated to endure their losses unless assailants were caught and forced by the courts to provide restitution. More recently, however, victims are beginning to place more responsibility on various institutions to provide them with *reasonable* and *adequate* security. Increasingly, it is held that if a corporate, private or public entity—stores, hotels, apartments, rentals, parks, train stations, airports—invites citizens to spend time on their premises, the proprietors of these entities must share a portion of the responsibility for their safety. Since the mid-1970s there has been a ten-fold increase in civil litigation alleging negligent security in a number of areas. The target is usually not the criminal but the institution believed responsible for better protection.

Our consulting experiences have involved a number of cases where individuals have been victimized (personal assaults, armed robberies, kidnappings, and property offenses) in an assortment of public and private facilities.<sup>11</sup> These cases, from a plaintiff's view, often hinge on the question of whether the owners of the facilities could have *sufficiently foreseen* that a criminal victimization was *likely* to occur based on either official reports of past criminal victimizations or the general public awareness of criminogenic conditions of the area where the establishment was located (e.g., public perceptions of relative safety or danger). We have found that there are two ways to establish foreseeability as a necessary condition for the victim's case. One obvious way relies on official reports from local law enforcement or private security agencies (e.g. park police) if available; the other way relies on survey research (interviews with citizens in the area in question.)

The use of official statistics and their limitations are well known by criminologists (Hindelang, 1974; Chilton, 1980; Harries, 1974). Official crime statistics often reflect official agent's biases as well as the reporting biases of victims. A more practical and logistical problem, however, often exists for the consult-

ant—actually getting that official data which does exist. Some police departments have very sophisticated computer systems so that area criminal statistics can be easily retrieved. For a cost, the consultant can usually obtain this information. Individual incidence reports may, depending on the police department, be difficult to obtain. Cases which are still active, such as rape cases, must be subpoenaed by the involved attorney. Smaller police departments often handle criminal statistics manually, and there is sometimes an unwillingness to supply even public domain material when it is requested.

In a recent case, we served on the plaintiff's side against a city Park Commission for not providing adequate security for a man who was shot, robbed (and paralyzed) in a park restroom. Part of our task was to establish that enough past crimes had occurred in the park (and periphery of the park) to merit increased security for the protection of park patrons. Park security (which in this case amounted to a couple of untrained minimum wage employees) claimed that they maintained very few records of crimes which occurred in the park. The security director, an accountant, suspiciously testified that files regarding past criminal activity in the park could not be found, although he was *sure* there was little criminal activity in the park. We therefore requested from the crime analysis section all offenses reported to the metropolitan police department that occurred in the park and in a five block radius around the park three years before the crime to the present. Since we happen to live in the area where the park was located, and were aware of common knowledge which indicated that many crimes occurred in the park, we expected that our official statistics would confirm the relatively high crime rate for the park and the adjoining area. We were surprised to find only a few officially documented crimes from the official item reports (a computer printout with an item number, address, date, time and type of crime occurring). The crime reports for the area uncovered eight crimes in the park during the same year of the crime in question. Something, we thought, was wrong. Subsequent investigation (including a door to door survey of the residences in the adjacent area, and an analysis of the more detailed police incidence reports) revealed that when a park crime was reported, the victim or bystander usually proceeded to the nearest phone (e.g., pay phone booths across the street from the park) or to a home on the boundary of the park. Consequently, the address where the call was placed rather than the location of the criminal act was registered on the official police report. As a result the crime appeared to have taken place *outside* of the park. In fact, this was the case with the crime in question. This practice, we found, was quite common and reflected a definite flaw in the police reporting system. Only by requesting a more detailed *incident report* (i.e., the officer's field interrogation report when he or she came to the crime scene) could we pinpoint specific crimes that occurred within the boundaries of the park. Consideration of the incidence reports, how-



ever, still failed to account for the discrepancies between official reports and the common perceptions of crime in this area.

In an effort to augment the official statistics, we content analyzed (for the same years) the local newspaper and discovered a few additional crimes reported to have occurred in the park which did not show up in the official statistics. We were basically left with the crimes that we could definitely document as occurring in the park and then examined more closely those official crimes which occurred on the boundaries of the park and adjacent neighborhoods. Here we found that in excess of 200 crimes per year (mainly property crimes) took place within a two block radius of the park which in our opinion raised suspicion about the general area the park was located in. A comparison of this particular police district with the other eight districts in the city did indeed suggest that in overall reported crimes in any given year, this section of the city experienced a disproportionately high number of victimizations especially in relation to its size, population and square miles—this one being one of the smaller police districts. A survey conducted by the city a few years earlier drew a similar conclusion. The survey included a fear of crime inventory in which the citizens in the area indicated that they were seriously concerned about crime and their protection. (As part of our analysis, we interviewed residents in those houses near the park and got similar responses.) Our opinion on the stand was that, given the overall crime patterns in the area, and given the lack of security that the park offered, it was logical to infer that this type of crime was reasonably foreseeable. We further made recommendations regarding the location and architectural design of restrooms using basic material from "crime control through environmental design" research (e.g., Harries, 1973; Jeffrey, 1977; Kaplan, 1973; Rubenstein, et al., 1980). The judgment for the case ruled in favor of our client, and he was awarded in excess of two million dollars.

Another tort case in which official statistics supplemented by personal research played a major role involved a landlord's failure to provide reasonable security and safety for his tenants. Consulting for the plaintiff side, we were asked to assess the surrounding neighborhood of the apartment building which was the scene of a rape. After careful analysis of the official crime statistics, it seemed reasonable to argue that extra precautions should have been taken to either warn the tenant of the probability of criminal risk or to provide certain measures to prevent or deter potential criminal harm.

Traditionally, landlords have been under no duty to protect their tenants from the criminal acts of others. Tenants have generally been held to assume the sole responsibility for their protection. The court did not recognize a landlord's duty to provide protection (or to inform renters of the potential dangers of the residential community). In current years, however, the landlord-tenant relationship, especially in urban multifamily buildings, has given rise to liability under certain circumstances where landlords failed to take *reasonable steps* to protect

tenants from criminal activity. The leading case for this precedent is *Kline v. 1500 Massachusetts Avenue Apartment Corp* (439 F.2d 437 (D.C. Cir. 1970)). Although this case dates back to the 1970s, only recently have we started seeing numerous cases in single dwelling rental units coming under scrutiny.<sup>12</sup>

In the *Kline* case, a tenant sued her landlord to recover injuries sustained from a criminal assault in the hallway of her apartment house. The decision held that the landlord has a duty to all those legally on the premises to use ordinary care to maintain areas of the facility in a reasonably safe condition.<sup>13</sup> The rationale was carried further to include the argument that whether applied to physical defects in the building leading to a renters injury or to defects in safety which might allow criminal harm to be perpetrated against the renter, the landlord was responsible. The decision read:

As between tenant and the landlord, the landlord is the only one in the position to take the necessary acts of protection required. He is not the insurer, but he is obligated to minimize the risk to his tenants (439 F.2d. at 484).

Our case involved a divorced 30 year old woman with a 13 year old daughter who rented an apartment from a landlord. The woman was new to the city, having recently come from a small town in Iowa. On a weekend night at approximately 11:00 p.m., the woman was awakened in her bed by a man who held a knife at her throat. She was raped twice and sodomized over a period of about two hours. She indicated that she feared for her life and the life of her daughter, who was sleeping in the next room; her daughter was not harmed and slept through the incident. After the assaults, the assailant burglarized the premises and left. As is usual, the offender was not apprehended. The woman experienced severe psychological trauma as a result of her attack and subsequently lost her job. (She was a professor at a local university). She brought suit against the landlord arguing that when he was asked about the relative safety of the area, he replied: "Most definitely, it is safe." The landlord indicated that no special precautions needed to be taken, and that there was nothing to fear. (The landlord lived on the other side of town).

This particular neighborhood, which was in one of the larger police districts, was a transitional area which was commonly known as "dangerous" by locals. An examination of the official crime statistics for the neighborhood in question, and a six block radius around the neighborhood, revealed that for three years prior to the crime, two similar rape incidents had actually occurred in the apartment complex, one in the same apartment. In excess of 150 property and violent crimes were reported each year in the one block radius of the apartment; several hundred other crimes were reported for the six block area. Aggregate

police data suggested that this particular district, adjacent to the center city, led the city in overall crime volume.

Interviews with other residents in the neighborhood about their perceptions of crime, and fear of crime, served to support the contention that the area in question was a high crime area. Other factors in the makeup of the neighborhood added to the probability of victimization; these factors included: two bars near the apartment, an inner city urban school across the street, and fast food and convenience stores nearby.

While one could quite reasonably argue that the woman bringing suit should have been aware of the risks of danger, the case hinged on the landlord's unwillingness to inform the renter of the potential danger, and the lack of precautions taken on the part of the landlord to offset potential risk (e.g., the installation of a burglar alarm, burglar bars, and adequate lighting). Even though the plaintiff's case seemed irrefutable, the judgment was in favor of the landlord.

*Use of Research and Policy Implications.* Many of our consulting projects have involved our own collection and interpretation of information obtained from content analysis of documents and newspapers, and from respondents via the interview technique. In several of the cases we discussed above, we polled individuals in those neighborhoods which were thought to be high crime risk areas. This type of data primarily served to supplement or clarify the official crime statistics used in a particular case (See Crespi. 1987). In some of our cases where neither official statistics nor an extensive body of research literature was available more elaborate research efforts were warranted. For example, little research exists in the field of family and juvenile law pertaining to juveniles (especially those in trouble) in various non-traditional custody arrangements. Since joint custody or co-parenting has become a legal preference only recently, little is known empirically about the effects of joint custody on any of the individuals involved (i.e., either parents or children).<sup>14</sup> It is ironic that the literature which supported legislation in favor of joint custody was largely speculative and descriptive, not scientific. Increasingly, as cases come back before the courts, a new need for empirical evidence is in demand. The expert is sought in order to provide data and knowledge on this topic. Presently, even the experts are lacking information directly related to the effects of joint custody. Our expertise in this area rests largely on the basis of our own investigations.

Based on our interest in the field of juvenile delinquency and on our research on joint custody, we have been asked to consult on a number of cases in which the "best interests of the child" have been called into question, primarily when the child has either been referred to the juvenile court or social services for delinquent, criminal, or other behavioral problems.

Co-parenting or joint custody is particularly interesting since it has been linked, at least in some of our research, with a new middle class delinquency. In several self report delinquency studies conducted in New Orleans, we noted those children reporting higher rates of delinquency tended to be involved in a "joint custody" arrangement. Some of our findings suggest that these children, males and females, reported greater involvement in alcohol and drug related offenses as well as other more serious property offenses, thefts and vandalism. A significant proportion of joint custody youths reported feeling depressed and contemplated suicide. When we became aware that a number of joint custody cases were coming back to the family court for reevaluation, because the children were either not adapting well or getting in trouble, we decided to do an indepth study of joint custody families. We obtained a snow ball sample, sent out letters explaining our research, and interviewed 400 families including ex-spouses, and children involved in joint custody arrangements.

We have found that those adolescents being raised in a physical joint custody situation, living half the time with one parent, and the other half with the other parent (but in a non-routine fashion) experienced the greatest difficulty, especially if the arrangement occurred later in their childhood. Children who had never previously engaged in any delinquent activities, or at least who had never been caught, started getting into trouble—coming to school "stoned" or drunk, fighting at school, stealing, or becoming chronic truants or runaways. While a number of variables, too numerous to discuss here, were examined, several factors surfaced as problem indicators. Ongoing hostility between ex-spouses and family imbalance due to financial (i.e., one parent is significantly more affluent than the other), social (i.e., one parent is remarried and the other is single) or psychological (i.e., the expectation is for maintaining equal ties with both parents but in reality one parent is the custodial parent, the other is largely absent resulting in perceived inequity) factors were associated with the poor adjustments by children in joint custody situations.

Obviously, the success of joint custody is heavily contingent upon the relationship of the ex-spouses. However, the relationship between each parent and the children is also extremely important. The growing number of joint custody cases coming back before the courts for re-evaluation and the accompanying increased behavioral problems for the children in these families suggests the growing need for scientific information to assist in the judicial decision making process. The role of consultants to the court in this context may have decided implications for social policy.

Recommendations based upon program or policy evaluations represent another type of research activity which may have far reaching policy implications. (See the example of the evaluation of juvenile corrections in the case of youth's suicide discussed above.)

## Concluding Comments

As may be apparent from this report, the role of criminologists in practice in the community is multi-dimensional with wide ramifications for individuals (i.e., determination of guilt or innocence), for legal precedents (i.e., developing new ground or evidence for plaintiffs and defendants), and for social policy (i.e., establishing criteria for decision making). The practicing criminologist is involved in much the same kinds of activities as the academic criminologist. These activities include: reviewing literature, summarizing and synthesizing large bodies of information, educating individuals as to the strengths and weaknesses of research, collecting and analyzing data and statistics, and offering conclusions or recommendations with policy implications. The vehicle for disseminating information or reporting results is, of course, unique to the particular applied setting (e.g., court testimony, depositions, briefs, evaluation reports, etc.). Each mode involves special skills and considerations. The way in which information is used or abused may present ethical or moral dilemmas for the practicing criminologist. The moral and ethical concerns must be dealt with on an individual basis given the specific facts and circumstances of the case involved. Most of these dilemmas may be resolved before one accepts a particular case or consulting assignment. Once having accepted a case, however, the criminologist must live with the results of the case and the subsequent abuse or use of the information provided.

## NOTES

1. There is disagreement over who criminologists are and what their training should be (See Conrad and Myren, 1979). In America, most criminologists have been trained in sociology departments where they have specialized in juvenile delinquency, deviance, or criminology usually along with another concentration. Theoretical, methodological and statistics courses are heavily emphasized in most of these programs. Graduates of such programs usually earn a Ph.D and present themselves as academic criminologists. Most graduates have very little contact or practical experience with criminal justice agencies throughout their careers. Presently in the United States there are a few universities that have "schools of criminology" where advanced degrees specifically in criminology can be earned. The School of Criminology at Florida State University in Tallahassee, Florida is one such program. Although relatively recent, there are many excellent criminal justice departments around the country offering doctorates in criminal justice. These programs also produce academic criminologists as well as practitioners who plan on having careers in the criminal justice system. Though there may be a lot of overlap between criminal justice programs and sociological-criminological programs, the former tend to be more concerned with the practical aspects and operation of the criminal justice system. Usually a larger variety of specific courses especially in applied areas are available, e.g., criminal procedure, correctional law, forensic evidence, criminal policy, and program planning and evaluation.
2. Obviously criminologists have lent their expertise to various crime commissions, blue ribbon

evaluation teams, special task forces to study crime and delinquency, etc. Much of this participation is pro bono and is not done on a regular and consistent basis. We refer to criminological consulting as a fee activity done on a regular and consistent basis. Much of the research on applied criminology is based on a case or two undertaken by criminologists (e.g., Wolfgang, 1974; Evans and Scott, 1983; Craven, 1975; Gordon, 1986).

3. We note that the American Sociological Association has recently embarked on a program to certify individuals in various areas, one being law and social control. Likewise, the Sociological Practice Association certifies members meeting certain basic requirements. Such certification may be a step in the right direction in curbing professional encroachment but in no way equals licensing requirements set by states for other professions, e.g., social work and psychology.

4. The journal, *Clinical Sociology Review*, offers insightful articles on practicing sociologists and criminologists. However, a great deal of material is devoted to the teaching of applied sociology. We argue that one has to practice a discipline before they can teach "how to practice."

5. A survey of trade journals and publications such as *Trial*, a magazine for attorneys, supports our point. Many of the experts advertising services speak in terms of the *precise* predictability of crimes and the *precise* foreseeability of crimes. It almost appears that these *experts* have crystal balls to make such bold statements.

6. The expert witness should become skilled in the art of impression management, to use Erving Goffman's terminology. Proper dress, usually conservative, demeanor, style of delivery and knowledge of material are vital. Delivery may have to be altered depending on whether one is testifying before a jury or the bench.

7. Many types of experts advertise their skills in professional publications. Very few practicing criminologists advertise in trade journals. While we have seen no research in the area, we suspect that those criminologists who consult on a regular basis rely on networking or word of mouth referrals unless they have very well known spheres of expertise; this being the case, such individuals might be sought out by reputation. Most of our consulting business comes from word of mouth.

8. Some social scientists that testify in court have been criticized for their advocacy. This "pure" image of science often serves to detract from the very creditability of social scientists who do not venture into applied settings (e.g., Black, 1972; Wolfe, 1976; Craven, 1975).

9. The circumstances surrounding the charge of negligence in this particular case would now be somewhat different since a number of legal precedents have been established regarding the vicarious liability of organizations and businesses. A Louisiana Supreme Court Decision (*Harris v. Pizza Hut of La, Inc.*, 455 So.2d 1364 (La. 1984)) ruled, in part, that any business which invites the company of the public must take reasonably necessary acts to guard against predictable risk of assaults . . . a duty of protection which has been voluntarily assumed must be performed with care. Similarly, the Superior Court of N.J. in *Butler v. Acme Markets, Inc.*, (N.J. Super A.D., 426A2d 521 N.J. 1981) noted in its decision that . . . It is a matter of common knowledge that the presence of security guards or other similar personnel in and around an area, such as the supermarket shopping lot here (where a woman was assaulted and robbed) will have a deterrent effect upon criminal activity. In our view, it is not unreasonable or unfair to require the defendant and other supermarket operators furnishing parking facilities to their customers in high crime areas or where, as here, there has been a history of persistent attacks, to provide adequate protection such as security guards for its customers using the parking facilities.

Also the field of private security has undergone changes in its licensing and professional requirements (e.g., *Private Security*, 1976; Hess and Wroblewski, 1982).

10. Mark Dombroff's work (1983) on demonstrable evidence is an excellent guide for the presentation of evidence in court. In any number of cases, complex data may best be presented through the use of charts, graphs, and maps. Often photographs of a crime scene can be enlarged to point out the specifics of a case (e.g., inadequate lighting, poor design, etc.)

11. The recent book, *Megatrends*, by Naisbett (1983) notes that society is becoming more litigious

and that individuals are acting aggressively in the face of a lack of action or inadequate action by social institutions. With civil litigation as the vehicle, the public's demand for protection and security has expanded to such places as public parks, shopping centers, businesses, and schools. Examples of awards such as the following are becoming commonplace.

1981: \$775,000 awarded to a victim of rape occurring in a railway station;

1982: \$300,000 awarded to the widow of a victim murdered in a motel;

1982: \$562,000 awarded to a victim beaten in an office building;

1982: \$700,000 awarded to a victim assaulted by her former boyfriend in an off campus dormitory,

1984: \$1,000,000 lawsuit filed against a fast food chain by a victim robbed in the parking lot at one of the restaurants.

12. 439 F.2d 477 (D C Cir. 1970); See, e.g., *Trentacost v. Brussel*, 82 N.J. 214, 412 A.2d 436 (1980); *Smith v General Apartment Co.*, 133 Ga App. 927, 213 S.E.2d 74 (1975); *Warner v. Arnold*, 133 Ga App. 174, 210 S E 2d 350 (1974); *Bratman v. Overlook Terrace Corp.*, 68 N.J. 368, 346 A 2d 786 (1975)

13. An often relied upon argument comes from *Goldberg v Housing Authority of Newark* (38 N.J. 578, 186 A.2d 291 (1962) where the New Jersey Supreme Court found the Public Housing Authority had no duty to supply its tenants with police protection. The *Goldberg* decision dates from the early 1960s, many years before the development of the modern view expressed by *Kline* (and other cases).

Prior to *Kline*, tenants were generally held to assume the sole responsibility for their protection. The courts did not recognize a landlord's legal duty to provide protection (or to inform renters of the dangers of the environment they were living in). In tort actions, establishment of duty to protect the plaintiff from foreseeable risks is a basic element of the plaintiff's *prima facie* case. Generally, it has been held that the foreseeability of harm alone does not give rise to the imposition of duty of protection. Courts have cited several reasons for the rule that the landlord has no duty to protect renters from the criminal acts of third parties. These include:

1. the traditional refusal to break away from the narrow common law concepts of the landlord-tenant relationship;

2. the apparent confusion surrounding the standard of care which would guide the landlord;

3. the difficulty in determining the foreseeability of criminal acts;

4 the difficulty in establishing causation between the landlord's breach of duty and the harm to the tenant resulting from third party criminal acts;

5. the economic ramifications of such a duty;

6. and the reluctance to transfer the duty of protection from the government and police to private persons (See *Goldberg v Housing Authority of Newark* (38 N.J. 578, 186 A. 2d 291, 1962).

14. Joint custody is one of the "non traditional" custody arrangements which a number of states have recently adopted. Basically it means that the parents share the legal and and/or physical custody of the children jointly, as compared to one parent obtaining primary custody of the child or children.

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# **Intervention in Cases of Woman Battering: An Application of Symbolic Interactionism and Critical Theory**

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## **ABSTRACT**

The purposes of this paper are to acquaint readers with a number of existing approaches to the problem of woman battering and to examine clinical interventions against the background of several relevant sociological theories. Specifically, techniques for counseling female victims and male batterers are discussed from the perspectives of symbolic interactionism and critical theory. Symbolic interactionism provides an understanding of the self concepts and definitions of the situation which perpetuate abusive relationships, and suggests how they might be changed. Critical theory calls attention to the unequal power relations underlying systematically distorted communication, which can be addressed by interventions "enlightening" and "empowering" battered women.

Domestic violence is one of the problems that medical, social service, and private practitioners are likely to encounter in working with individual clients and families. Following the identification in the 1970s of "wife beating" as a social problem, incidence research led to a conservative estimate that serious violence against the adult female partner occurs in at least one out of ten families (Flynn, 1977). Each year over 1.8 million women in the U.S. are severely beaten by a husband or boyfriend (Freeman, 1979). Repeated threats of violence and actual use of physical force in these relationships form a pattern known as "battering." We have come to realize that battering is not a rare and isolated occurrence, and increasing efforts are being made to provide services to victims. Though males are also subjected to physical abuse by female partners, Straus (1980) noted that more of the violence by wives is self-defensive; men are more

likely to escalate the level of violence, and women are more likely to be hurt. For present purposes, the focus will be on spousal battering of female victims.

The aims of this article are to: (1) acquaint readers with a number of existing approaches for stopping wife abuse and some basic safety issues in all clinical interventions involving battered women; (2) consider the relevance of sociological theory for practitioners working with cases of battering; (3) examine the implications of two sociological perspectives—symbolic interactionism and critical theory—for counseling female victims and male batterers; and (4) increase general awareness among clinical sociologists of woman battering.

### **Existing Approaches for Intervention in Woman Battering**

The primary intervention strategy to date has been the development of shelters for battered women, based on a feminist analysis of woman battering (Schechter, 1982). Shelters are designed to provide safety from immediate threat of physical harm and “empowerment” for victims. Since the feminist analysis emphasizes the origins of wife beating in the social structure of patriarchy (Dobash and Dobash, 1979), efforts of the battered women’s movement to address this social problem have always been mindful of the need for social change and not simply individual “therapy.” More generally, the sociological perspective on family violence has emphasized social psychological and sociocultural over psychological causes. In a discussion of the application of knowledge about family violence to prevention and treatment, Gelles (1984) noted that social factors are considered to explain as much as ninety percent of the variance in family violence. “Consequently, individual psychiatric treatment is not the only, or even the main intervention for treating the problem of domestic violence” (Gelles, 1984:8).

In addition to efforts at social reform—including such diverse strategies as eliminating sexism, reducing unemployment, improving family life education, and even gun control—a number of counseling approaches have been developed. Szymanski (1985), for example, outlines a “curriculum for empowerment” used to counsel battered women at shelters. Ball and Wyman (1978) suggest applications of “feminist therapy” for battered wives. Follingstad (1980) described one successful cognitive and behavioral modification intervention with a physically abused female client, and a number of articles addressing the treatment implications of spousal violence have appeared since 1976 in *Social Casework*. A recent issue of the *Journal of Psychosocial Nursing* also included an article on nurses’ responses that facilitate or inhibit change in abused women. The therapeutic relationship with abused women was observed to be most beneficial when helpers: asked if abuse was occurring; believed the woman’s account of her experience; acknowledged the seriousness of abuse; told the man to stop the abuse; conveyed clearly that abuse is not deserved;

listened actively but avoided telling the woman what to do; helped her assess internal strengths; increased her awareness of available outside resources; and encouraged her to consider the full range of available options (Limandri, 1987).

In a review of types of programs for men who batter, Gondolf (1985:15) notes that "the conventional mental health programs employ primarily psychotherapy, stress management, anger control, and conflict resolution techniques." From a family counseling perspective, stopping violence may be viewed as requiring change in the marital interaction which sustains the violence. Practitioners should be aware, however, of reservations voiced by activists in the battered women's movement. Counseling approaches that begin with an assumption of shared responsibility may lapse into "victim blaming." Female victims are placed at greater risk of further abuse, if the batterer's perception that the spouse is responsible for his behavior is inadvertently reinforced by the counselor. Keeping a couple together and working on changes in marital interaction patterns, if the violence itself does not stop, jeopardizes the victim's safety. To avoid "collusion" in maintaining an abusive relationship, counselors need to be explicit and unequivocal in stating that violence is unacceptable and must stop as a condition for counseling.

Becoming familiar with existing literature on the dynamics of battering would be useful for clinicians. On the practical side, Kremen's (1980) recommendations for changes in professional practice include becoming knowledgeable about existing community resources which can be used for referral and support (e.g., locate and develop a working relationship with staff at the nearest shelter or domestic violence program). To identify the presence of domestic violence, which may not be the presenting complaint, clients seeking help with marital or medical problems should be asked specifically about use of physical force. Assessing the potential lethality of the situation and "developing a protocol of safety procedures for women to follow who are living with abusive spouses" (Kremen 1980:129) are other important steps in all interventions with battered women.

### **Clinical Practice, Theory, and the Problem of Battering**

As counseling practitioners, clinical sociologists have a unique contribution to make in providing services to battered women and their partners. The sociological perspectives which they bring to counseling are well suited to intervention in cases of woman battering, because social factors play an important part in creating and maintaining patterns of domestic violence. Sociological theories provide a useful framework for conceptualizing the interactional dynamics of battering and for understanding the actions of batterers and victims in a social context.

In an earlier issue of the *Clinical Sociology Review*, Johnson (1986) out-

lined the relevance of sociological theory for treating clinical problems. Johnson argued that theories highlight particular aspects of a problem and, correspondingly, suggest certain types of solutions. Familiarity with sociological theories "provides considerable flexibility to practitioners in terms of the types of problems they can diagnose and potential interventions they can implement" (Johnson 1986:58).

Attention to the theoretical foundations of intervention strategies is beneficial for a number of reasons. Sociological theories offer basic models of social behavior which can influence counseling *goals* and provide a *rationale* for selection and use of particular techniques. Theories serve to clarify and open to critical evaluation the *assumptions* about social reality implicit in practice. Theories make available to practitioners conceptual frameworks for *understanding* how, or why, certain interventions lead to, or fail to produce, desired changes. Theories also help to *organize* various techniques and exercises into a consistent, integrated approach.

If Johnson's (1986) contention is correct, that sociological theory is a major part of the knowledge base needed by clinical practitioners, then it will be worthwhile to consider how several of the theories he analyzed might contribute to clinical practice in cases of woman battering. Discussion of techniques for counseling female victims and male batterers should be more meaningful against the background of theory. The presentation which follows is intended to illustrate the usefulness of at least two theoretical models—symbolic interactionism and critical theory—for practitioners confronting cases of spouse abuse. For each theory, a brief review of selected concepts is presented and implications for the problem of battering are considered. Several case illustrations are also provided.

### **Symbolic Interaction and the Battered/Battering Self**

The concept of the self is central to the theoretical framework of symbolic interactionism. The self develops via communication with others on a symbolic level through the ability to see one's self imaginatively from the standpoint of the other (Mead, 1934). Language is a particularly important system of significant symbols facilitating communication and shaping self-awareness. Johnson (1986) noted that according to symbolic interactionism, "people are sensitive to one another for support for their self concept." As captured by Cooley's idea of the looking glass self, an individual obtains a concept of self through reflective role taking. In this way the perceived appraisals of others influence individual identity and self-esteem. The self arises only in social context, and is an ongoing process—changing to the extent that an individual's social experience changes (Stryker, 1980).

Another key concept in symbolic interactionism is the definition of the

situation. Mead's social psychology begins with observable activity, but does not ignore the inner experience of the individual (Mead, 1934). Ongoing action is considered as a whole; encompassing stimuli in the social environment, individual motor responses, and the mediating internal processes defining and interpreting the situation. Individuals use cues from others to construct the meaning of a social situation and determine an appropriate course of action. According to Johnson (1986), one kind of clinical problem symbolic interactionism might highlight would be "lack of consensus or clarity in people's definition of the situation," in which case appropriate action will also be inhibited. Finally, since individual acts reflect socially constructed meanings, the behavior of the individual can only be understood with reference to the larger social units of which s/he is a member (Mead, 1934).

Consider the problem of "wife beating" from this perspective. What does abuse do to a woman's sense of self? Even for women who enter what will become a battering relationship with good definitions of themselves, the experience of repeated abuse can negatively alter self-concept (Kinard, 1978). For other women involved in battering relationships, an already low sense of self-worth is reinforced by the batterer's behavior. Loss of social identities is a typical pattern for a woman in a battering relationship since men intent on controlling their partner's behavior, will try to isolate her. When the batterer accompanies physical assault with verbal abuse the victim's sense of self is further eroded by constant criticism. The existence of violence in the relationship and the spouse's shifting of blame to the victim—for provoking him—also threatens her primary remaining identity as a wife.

Lacking social supports, the battered woman is more dependent upon her spouse to validate her sense of self and define their relationship. Battered women sometimes report a stage of emotional numbness and robotlike behavior that grows out of confusion about the meaning of violence in the relationship and reluctance to admit the failure of her coping strategies to prevent the violence. Mills (1982) described this as a loss of observing self. It is a suspension of critical judgment in response to internal contradictions in the situation, which simply does not "make sense" to the victim at this point. There are a variety of factors that keep women in a battering relationship, but symbolic interactionism sensitizes us to the victim's difficulty in determining an appropriate course of action when her sense of self is weak and her definition of the situation is unclear.

In keeping with Johnson's (1986) conception of the relevance of theory for practice, we find that symbolic interactionism provides a perspective on social reality highlighting certain aspects of the problem of spouse abuse and, additionally, suggests particular approaches for clinical intervention. The role of the clinician in cases of domestic violence is *not* as an impartial mediator. The

clinician needs to serve as a significant other in unambiguously defining violence as inappropriate. From the perspective of the battered woman, the support she receives in re-evaluating the relationship is crucial. The counselor can provide her a standpoint outside herself and separate from the batterer, to enable her to realistically assess the situation she is in and to validate her own perceptions: e.g., her efforts to placate the spouse are not ending the violence because his demands are unreasonable and impossible to meet; the man is not changing despite his promises; the level of violence is escalating over time; she is not the cause of the battering; and so on.

Another goal of counseling with battered women, from a symbolic interactionist standpoint, is to support the woman's efforts in restructuring her sense of self: e.g., recalling positive identities prior to this relationship; recapturing lost social identities outside of the marriage; recognizing competencies on which to rebuild self-esteem. This may be a lengthy process. Counselors should not be discouraged to find women leaving temporarily and then returning to the battering relationship more than once before developing adequate resources to leave permanently, if the violence does not stop.

From interviews with women who have left battering relationships, Mills (1982; 1985) provides examples of how shifting definitions of the situation changed their responses to the husband's assaults. One of the cases in which outside validation was an important contributing factor was Deb. Deb decided to leave her husband . . . after talking with a therapist: "She convinced me that my life was in danger. I realize now that it was. I was ignoring a lot of signs even though I was in the middle of it." For Pam redefinition of the situation was suggested by a psychiatrist: " . . . the funny thing about it [was that] he said the problem was my husband and not me. He said that if I got away from him I'd be better off. That was pretty good, because I thought maybe I was the one that was crazy."

The impact of abuse on the self, when physical battering is accompanied by severe or continual verbal criticism, is illustrated by Jane: "I felt like I had done everything I could. But he got me feeling so inadequate I was wondering, "God, am I so inadequate that I don't even know I'm not doing it right?" Restructuring the self was a long and difficult process for these women. Success appeared to depend on having positive identities to draw upon along with support networks that allowed them to see themselves in a favorable light. Brenda says that since moving "I've had a lot of firsts. First job. First time ever being on my own. I got my driver's license for the first time . . . I'm depending on me for a change!" New friends and co-workers, who did not know her as a victim, accepted her new presentation of self. For Deb, work was therapy: "It was safe and I could forget all the rest. . . . I could pour everything I had or was into the job."

Therapeutic interventions with these battered women promoted more effective behavior in dealing with their circumstances by altering internal perceptions of themselves and their home situation.

In counseling men who batter, the clinician again plays an important role in clarifying and promoting redefinition of the situation. For batterers, accepting responsibility for violent behavior is the first step in changing (Gondolf, 1985). This requires breaking through the client's denial, obtaining an accurate description of the extent of violence enacted, unequivocally locating responsibility with the batterer for his own behavior, and helping the batterer understand the dysfunctional consequences of his violent actions. Additionally, batterers' counseling typically rests on the assumption that alternatives to violence can be learned. Cognitively, this involves redefining situations of stress and conflict as amenable to nonviolent coping strategies so that he is open to developing alternative lines of action. Specific techniques presented in Gondolf (1985) which are relevant include: questionnaires; time-outs; anger logs; guided imagery; a feeling inventory; and positive self-talk. The men learn to distinguish feelings from action, pick up on arousal cues, and build "evasive action" skills.

Batterers also need support in altering their self-concepts. The prolonged interaction, intimacy, emotional closeness, and intense investment of the self in family life expose the vulnerability of both partners (Gelles, 1972). Behind the batterer's facade of masculinity may be dependency conflicts, abandonment anxieties, feelings of inadequacy, helplessness or failure. Such responses may evolve from socialization patterns in society, a personal history of abuse, or childhood experiences of deprivation and neglect (Weitzman and Dreen, 1982). Pertaining to battering men, two central, interrelated issues in self-concept will be control and masculinity (sex roles). A tenuous sense of self often leads batterers to relate to the female partner as an object of control. Gondolf (1985) observed that as batterers became even somewhat "feminized" (i.e., let go of some of the overbearing sense of rigidity, domination, and control they associated with manhood), their relationships improved and their violence subsided. Counseling provides a social setting in which nonviolent aspects of masculinity can be modeled and positive, nonviolent identities rewarded.

Case profiles presented by Gondolf of participants in a group program for men who batter illustrate some of the issues batterers' counselors confront. These men came from a cross-section of occupations and displayed a wide range of personal styles, but all are described as men "fighting for control." Bill is a large man with "a temper which just snaps." He has worked twelve years at a steel plant in a job he "hates," but he sees no good options. He says he very much loves his family, but believes that "the children should obey" or he will whip them with a belt, because that is "part of being a good father." About twice a month he and his wife had serious arguments which resulted in violence against her. When his wife left, he became depressed, called the hotline, then



joined the program. Bill, who was abused by his own father, also battered his previous wife. With group support, he became less depressed, but initially still blamed his wives for his problems: "After two houses and two marriages . . . I got nothing. You know it's hard to let that go by." Another group member explained: "That's the problem. These women want everything. There's nothing for the men. We're the ones that end up getting dumped on. How much is a person supposed to take?"

Joe, also a batterer, who is unemployed, describes an argument with his wife over a game of cards: "She started arguing over nothing, so I grabbed her by the arm and told her to forget it . . . yanking her pretty hard and maybe giving her a bit of a shove." Only when pressed did he say, "I may have slapped her just to bring her to her senses." Joe's wife "thought I was about to kill her on at least five occasions" . . . "I had all these expectations that were bound to make me disappointed . . . the anger leads to violence before you know it." Joe sees himself as quiet, shy, and considerate, but as not being able to communicate very well. He describes his own father as someone who "ruled the house" and who "always put me down and made me feel stupid."

Controlling their wives provided a sense of self-esteem and privilege for these men. In the program, they learn to be more questioning of their "rights" and able to back off in arguments. Al says, "coming to the [group] meetings has changed me. I have begun to see myself as more of an individual instead of the way I thought I was supposed to be."

### **Critical Theory as a Framework for Understanding Battering**

Critical theory is a term applied to several specific theoretical approaches which are critical of the existing social order (Johnson, 1986) and focus on issues of power. Social systems, including marriage, are regarded as based to a greater or lesser extent on inequality, repression, and exploitation. The feminist analysis of women in society has called attention to the asymmetry of social resources which creates an imbalance of power in male-female relationships (Gillespie, 1971). Conflicts of interest which arise at the interpersonal level would ideally be negotiated through effective communication and compromise. Consensus reached through discourse would be genuine and free of coercion. In Habermas's critical theory, which will be emphasized in the following discussion, the inability to enter into discourse in situations of inequality is termed systematically distorted communication (Habermas, 1970). The degree of distortion increases with the general level of repressive domination—e.g. of men over women—in society (Scott, 1978). To avoid systematically distorted communication, constraints must be absent. There must be a symmetrical distribution of chances between parties involved to express their attitudes, feelings, and intentions.

In terms of Habermas's theory, battering can be regarded as a communication disorder symptomatic of unequal power relations. Violence is used as a technique for maintaining control in a social system based on domination. While critical theory generally gives more attention to large scale social change, counseling interventions may also be developed which attempt to improve communicative competence in resolving conflicts at the interpersonal level. Therapeutic goals suggested by critical theory include recognizing conflicts of interest, empowering subordinates, and developing [nonabusive] mechanisms to deal with conflict (Johnson, 1986). Habermas (1973) proposes that "relations of power embodied in systematically distorted communication can be attacked directly by the process of critique." In shelter programs, efforts to empower battered women typically include providing a critique of sexist assumptions about family relations, particularly the husband's right to dominate and by force "if necessary." Critical evaluation resulting in the experience of consciousness raising provides a motivation for action. What action is actually taken will depend on the battered woman's individual goals and available options. Thus, another important aspect of empowerment is exploring and developing practical resources.

Consciousness raising regarding the legitimacy of having her own claims heard in communication with the spouse, ideally, should lead to more assertive communication and reduce communicative distortion. However, as Johnson (1986) mentions, there are situations in which increasing communication may actually worsen problems. This is a particularly significant caution in dealing with cases of battering, because unilateral change in the victim's behavior may be experienced as highly threatening by the spouse. Despite popular beliefs regarding provocation, the victim does not "cause" the batterer's behavior (Rouse, 1986), but his inability to deal with changes in the relationship may lead, even if only temporarily, to more, not less violent behavior.

Violence itself prevents attempts at dialogue and closes off unconstrained communication. Interventions with men who batter should address the connection between violence and domination and can provide a model of effective discourse. The battering spouse needs to be taught assertive communication skills that will enable him to express his own needs and feelings without lapsing into violence (Gondolf, 1985). Assertiveness training "is a combination of cognitive restructuring and behavioral techniques such as modeling, behavior rehearsal, role-playing, coaching, homework, and feedback . . . designed to teach the individual to express his/her thoughts without attacking the other person or denying [the other person's] feelings" (Ball and Wyman, 1978:550). Gondolf (1985) gives specific examples of techniques useful for working with men who batter to help them distinguish assertive communication from passive or aggressive communication. Cognitive restructuring for battering men includes a critical examination of male sex role socialization, and consciousness

raising concerning power issues in relationships.<sup>1</sup> In "working through" interpretations offered by the counselor, batterers, as well as victims, can begin to "see through" and alter their own distortions/self-deceptions.

For female victims of battering, the benefits of assertiveness training are not limited to possible improvement in marital communication. Assertiveness training has been suggested as a method to improve self-concept (Ball, 1976) and to help overcome a sense of passivity and helplessness which makes it more difficult for many women to leave a battering relationship (Walker, 1977). Assertive communication is self-reflective. In assertiveness training for battered women the counselor clarifies the client's rights: to express her own thoughts and feelings; not to be abused; not to be isolated from others; to be angry about past beatings; to try to change her situation; to develop her own talents and abilities; to leave (Ball and Wyman, 1978). Assertive behavior training and consciousness raising for female victims of battering are empowerment exercises in line with critical theory's notions of enlightenment and emancipation (Randolph, 1980).

While violent relationships are often characterized by poor communication patterns (Elbow, 1977), the primary goal of intervention is not simply improving communication, but ending violence. Where the battering spouse is not changing, empowerment for the victim means developing the emotional resources and social supports that will enable her to perceive alternatives and leave the relationship, if she so chooses. From the perspective of critical theories, empowerment also means that clinical interventions with battered women ideally avoid a dominant-subordinate relationship between therapist and client. Rather, the therapeutic relationship becomes a model of the kind of communication in which systematic distortions are overcome.

Case notes from a shelter for battered women describe the following intervention with Mrs. A. Mrs. A was referred to the shelter by a hospital social worker after Mrs. A was admitted to the hospital emergency room. Mrs. A, 26 weeks pregnant, was experiencing abdominal pain and vaginal bleeding as a result of being hit in the stomach by her husband. She had a history of previous visits to the emergency room and appeared anxious, but was willing to talk to the nursing staff about beatings received from her husband. Her story was initially thought to be exaggerated, because hospital staff did not believe she would still be returning home, if the beatings were so severe and frequent. Mrs. A stated: "I love my husband and he needs me very badly. How can I leave? Nobody's marriage is perfect anyway . . . who is going to want me and a baby?" Her husband called the hospital issuing threats and insisting she be released. He spoke to her in a paternalistic, authoritarian manner. Mrs. A did not feel she had the "strength" to stay away and alternatives appeared limited at this time. Regardless of the abuse she felt dependent on her husband. However, she was fearful enough to follow through in contacting the shelter.

In sessions addressing myths about violence, Mrs. A began to understand more about the dynamics of battering. Discussions with other battered women at the shelter also impressed upon her that violence was not deserved: "I stopped really believing it was my fault, but I still thought he would change." Self-deceptions about the marriage and feelings of weakness kept her returning to him and unable to make changes. In counseling, Mrs. A was encouraged to reflect critically on the beliefs and assumptions that maintained the battering relationship. Shelter workers provided information about community resources and helped her clarify her options. Role playing was used to rehearse different styles of communication. Assertiveness training enabled her to confront Mr. A with the idea she was not deserving of abuse and would not stay with him, unless he received counseling. "I'm not ready to leave permanently, but now it seems like I have more choice. I can speak up for myself and ask for something I want, not just accept the way it is."

This intervention is viewed as providing Mrs. A with opportunity for enlightenment through systematic critical examination of beliefs that contributed to distorted communication. Increasing awareness of sources of outside help and developing skills also "strengthened" (empowered) Mrs. A, so she could begin to explore alternative courses of action.

## Conclusion

Domestic violence is a multifaceted problem that can be approached in a variety of ways. Sociological theories are particularly useful, because it is clear that battering cannot be treated simply by using models of individual pathology. In addition to providing guidelines for institutional level change, sociological theories offer perspectives with implications for clinical practice. Symbolic interactionism, specifically, calls attention to the female victim's need for outside support to realistically assess the battering relationship and rebuild a positive sense of self. In addition, Habermas's critical theory argues that a critical analysis of communication patterns can provide a basis for decision making and action. The two perspectives are complementary. Counselors do not need to choose between them and may, in fact, employ both simultaneously. For example, empowerment (from critical theory) has implications for one's self-concept (from symbolic interactionism). The cognitive restructuring involved in "consciousness-raising" exercises serves to reveal underlying issues of power and control in a way that provides a new "definition of the situation" as well as reducing communicative incompetence and distortion. Counseling techniques like assertiveness training, too, have an impact on power relations as well as influencing marital partners' sense of self.

As health care and social service professionals in agencies or private practice become increasingly aware of domestic violence as a social problem, they

are more likely to identify individual cases and respond effectively. Symptoms of violence will be detected earlier and addressed directly. This is an important contribution to prevention and treatment efforts. As Gelles (1984) pointed out, milder forms of family violence frequently escalate to more severe and lethal forms encouraged by hesitation of agents of social control to intervene. Thus, interventions curbing milder violence will also help prevent more serious abuse.

## NOTES

1. Another counseling perspective somewhat compatible with critical theory is the strategic communication approach outlined by Voelkl and Colburn (1984). Note the assumption underlying this approach that all social relationships involve the dimension of power; "at least some family or marital problems can be interpreted in terms of the inability of persons to resolve the issue of power or control." In the strategic communication approach, the therapist takes a directive role in "altering relationships in ways the therapist sees as more desirable for family functioning." The two case studies presented by Voelkl and Colburn illustrate interventions restoring balance of power in marital relationships. One obstacle in implementing this approach is resistance from batterers who initially perceive the directive counselor as challenging their authority and competing for control.

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# An Intervention Model For Homeless Youth\*

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## ABSTRACT

Youth homelessness has become a more visible problem in recent years, and is exacerbated by changes in the central city economy, schooling, and the family. This article describes the "Street Youth Employment Program," a program designed by sociological practitioners to intervene into the lives of homeless street youth through a collaborative effort between a socio-medical clinic and an urban university. Program elements included (1) Stabilizing the living conditions of homeless youth, (2) Providing immediate part-time employment for participants on subsidized work projects, (3) Ensuring participation by youth in program policy and operation, and (4) Providing education and on-the-job training for youth.

Of the youth who participated in the program (N=16), the majority (70%) successfully moved away from living on the street to more stable involvement in work or school. The limited success of the intervention was attributed primarily to the linkage of meaningful employment with stable living arrangements, and attention to medical and mental health needs. It was noted that direct job creation is a more appropriate intervention strategy for homeless youth than pre-employment and job readiness services alone.

Homelessness in American cities has become a increasingly serious and visible problem in recent years. Many cities are facing serious problems in attempting to manage the growing numbers of "traditional" poor and homeless (i.e. older, skid row alcoholics, transients) as well as the increase in homeless women and youth. Although some attribute an increase in the number of home-

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less individuals to the deinstitutionalization of the mentally ill (Hope and Young, 1984), this is a debated assumption (Snow, et al., 1986; Mowbray, 1985). The number of women on the streets has been increasing (e.g., see Baxter and Hopper, 1982) and there is general agreement on the need for structural (e.g., housing, employment, and a variety of social services) solutions (e.g., see Sexton, 1986; Snow, et al., 1986; Mowbray, 1985). Kaufman (1984) insists that a comprehensive policy, including provisions for a continuum of services, is needed most in addressing homelessness (see also Stoner, 1984 on this point).

The number of single, young adults living on the streets without resources for survival has also increased significantly as a problem in the 1980s. This has alarmed the public and overwhelmed skid row shelters and other social service agencies who are attempting to respond to the homelessness problem (U.S. Conference of Mayors, 1986). For youth who end up on the streets, homelessness is characterized by fear, exploitation and violence, and by the constant attempt to find food and shelter (Young, et al., 1983; Wooden, 1976).

### **Factors Related to Youth Homelessness**

The homeless youth problem comes at an unfortunate time in that most U.S. cities are hard pressed to marshall the resources to meet the needs of an increasing number of homeless youth. Cities' efforts to address youth homelessness are further handicapped by changes in the central city economy, the increasing number of school dropouts, and changes in family structure. As a result, the number of urban youth who are homeless or living in poverty has increased.

### **The Central City Economy**

The youth labor market has suffered dramatically in recent years due to fundamental changes in the central city economy. These changes are most evident in the decline in manufacturing and production employment, which has led to the elimination of numerous entry-level positions which were traditionally occupied by youth (Kornblum and Williams, 1985; Waldinger and Bailey, 1985). Moreover, it has been suggested that remediation efforts, such as job training programs for low income youth, are inferior and that, overall, there is an inadequate supply of summer work opportunities (Kornblum and Williams, 1985). Polk (1984) asserts that these changes have resulted in a "new marginal youth," that is, youth growing up in the inner city without the means or prospects of achieving self-sufficiency and stable employment.

## **School Dropouts**

The literature suggests that most homeless youth have a history of poor school performance and oftentimes withdraw or drop out of school before completion (e.g., see Burgess, et al., 1986; Schaffer and DeBlassie, 1984; Young et al., 1983). The large number of homeless youth who have dropped out and failed to acquire marketable skills further exacerbates the cities' ability to remedy their homeless situation.

Furthermore, there are changes occurring in the mission of the public school which may create additional barriers for homeless youth. The "excellence" movement in education is a case in point. The trend appears to be toward a more rigid and disciplined approach to education, and focuses a greater amount of school resources on the socially and economically advantaged student. This creates the potential for leaving a significant number of disadvantaged youth behind, therefore diminishing their career prospects (Bastain, et al., 1985; Apple, 1985; Smith and Hester, 1985). Observers claim it is the disadvantaged student who will be unemployable and left with reduced prospects for competing with college-bound peers for the highly skilled and well paying jobs in the central city.

## **Family Structure**

Another explanation for the increase in youth homelessness involves the negative effects of dysfunctional families and changes in family structure and stability. The increasing numbers of runaway, abused and abandoned youth illustrate the role of the family in contributing to homelessness. Several recent articles point to physical and/or sexual abuse at home as a contributing factor to many runaway situations (Burgess, et al., 1986; Wiseberg, 1985). Other studies note that some youth are abandoned or "thrown out" of the home because they are unwanted (Adams, et al., 1985). In addition, Wooden (1976) has cited crumbling family structure and increased family mobility as contributing to runaway behavior.

One result of these developments is a new form of urban poverty and homelessness that affects young people between the ages of 15 and 21. This form of poverty is characterized by restricted occupational mobility and disrupted family situations which, furthermore, increases the number of teenagers and young adults who are unable to assume independent lifestyles, and who are without the "natural" support systems traditionally provided by family members. The resulting lifestyle is marked by the following:

1. relatively long term homelessness
2. infrequent and sometimes hostile contact with a single natural parent or step parent

3. moderately advanced stages of drug or alcohol abuse
4. relatively long periods of unemployment or marginal employment
5. and extended absence from formal schooling.

New integrative strategies clearly are needed to respond to the problem of teenage homelessness, and the negative consequences that this marginal existence presents to American cities. Some of the more promising elements center around combining a small range of services directed at stabilization, school reintegration, part-time employment, and youth participation and empowerment programming.

### **The Street Youth Employment Program**

This is a case study of the collaborative effort between a socio-medical clinic located in a central city and an urban university in order to design and implement an intervention program for homeless youth. Specifically, the intervention attempted to identify the service and program elements that would stabilize housing and health problems, and to target work experience and job finding assistance for youth who desired to leave the streets. The overall goal of the intervention was to identify the elements of a model that would enable youth to move away from the street toward stable living and working conditions.

The intervention program was carried out in a major west coast city (1984 population 374,000) with an estimated homeless youth population of 300 -500 (MacRae, 1985; Donough, 1985). The social service agency involved in the intervention operates a small program to assist homeless youth. The youth program provides on-street outreach and operates a medical and prenatal clinic. The program provides homeless youth with emergency food and clothing, and operates a 90-day transitional housing program in cooperation with the county and several single room occupancy (SRO) hotels. The youth program staff provide counseling and case management, and assist youth in reentering school or enrolling in alcohol and drug treatment programs. The agency had been awarded short-term funding to supplement its existing medical and social services, and to target these services to homeless youth. University researchers were initially contacted as consultants for grant activity, and later for summary evaluation. The intervention model which resulted was called the Street Youth Employment Program (SYEP), the purpose of which was to determine which combination of strategies were most effective in dealing with youth living on the streets.

One of the difficulties encountered in creating a program for homeless youth is that, many times, the nature of their "street lifestyle" does not conform to operational procedures of established agencies which serve youth. There are a number of specific difficulties in working with street youth, which are related

to the structural conditions of homelessness itself. Table 1 lists several of the most important of these difficulties the SYEP had to take into account in the intervention program.

**Table 1**

**Circumstances Surrounding Homeless Youth**

- Homeless youth do not have access to shower facilities or a place to keep clothing or other personal effects. Therefore they often look and dress in a bizarre fashion.

- Homeless youth may have been living without conventional rules or structure and, therefore, may find it difficult to move to a more structured environment.

- Homeless youth often lack legal identification (i.e., birth certificate, driver's license, etc.) and have few means to obtain them.

- Homeless youth are inaccessible to contact by social service agencies due to the lack of a stable address and access to a telephone. Without access to a telephone, homeless youth have difficulty making medical, employment and other contacts.

- Homeless youth are forced to live in the present, since they must constantly focus upon immediate survival needs. This makes any attempt to plan for the future difficult.

- Existing pre-employment training and training services, such as resume writing and job search skills, do not impact homeless youths' need for immediate food and shelter. Dealing drugs or prostitution may therefore take precedence over completing a job training program.

- Many homeless youth have chronic substance abuse problems, as well as a range of emotional disorders.

- Very few homeless youth have obtained their high school diplomas and may have serious academic deficiencies.

### **The Intervention Model**

The intervention model was comprised of four interrelated strategies:

1. Stabilize the living conditions of homeless youth in order to reduce the disruption to intervention efforts caused by the lack of secure shelter.

The first and most critical aspect of the intervention was to provide temporary shelter and to arrange for health screening for youth participants. Temporary shelter was provided by securing 90-day emergency housing vouchers from the county Department of Social Services; these vouchers enabled the youth to live in single room occupancy (SRO) hotels, the local YWCA, or other low cost housing arrangements. In addition, the youth were assisted in establishing eligibility for a range of social services including food stamps, medicaid, clothing allowances, and health screening and assessment.

2. Respond directly to homeless youths' need for regular employment in order to assist them in establishing healthy, independent lifestyles.

Homeless youth have proven to be difficult clients for federally funded private-industry council (PIC) programs to serve. Many of the young people participating in the SYEP had previously been enrolled in PIC job readiness classes only to fail or give up due to lack of progress in being placed in regular employment. The Street Youth Employment Program was designed to provide immediate, part-time employment for participants on subsidized work projects. The youths worked 20 hours per week at the minimum wage on projects that involved small teams of youth working under the supervision of program staff.

3. Involve homeless youth in decisions affecting program policy and operation so that they might gain greater control over their environment and exert "ownership" over the intervention effort.

It was important for the intervention effort to enable participants to assert greater control over events affecting their lives. The SYEP involved youth in the planning of work projects and in setting program policy, thereby increasing the youth's participation in workplace decision making. This resulted in the creation of both a personnel policy for the program that established sanctions for absences and repeated tardiness, and a grievance procedure designed to resolve work-related conflicts. This form of participation was intended to increase ownership and investment in the program, and to develop a sense of accomplishment and competence from the work projects.

4. Provide education and on-the-job training so that homeless youth can learn marketable job skills and become reconnected to schooling.

This aspect of the intervention was designed to train participants in the skills needed to complete the work projects. At the same time, youth were kept eligible for future job choices by being encouraged to complete high school credentials. On-the-job training was provided by project staff and a university faculty member. University students assisted in the development of training materials and other resources for use by program staff. The faculty member led weekly group discussions on work-related subjects (e.g., "urban parks") and facilitated project staff meetings. Participants who had not done so were encouraged to complete their high school education (through classes which met GED requirements) while enrolled in the program.

## **The Participants**

Sixteen homeless youth entered the program between October, 1985 and March, 1986. This represented approximately 3–5 percent of the city's street youth population. Program staff recruited participants through street outreach efforts and by screening referrals from shelters in the downtown area. The criteria used for selecting participants were: (1) the youths had to be between

the ages of 16–20; (2) they had to be living on the streets; (3) the youths had to agree to participate in treatment services; and (4) they could not be runaways. SYEP participants were comprised of five females and thirteen males. The age distribution was five sixteen-year olds, three seventeen-year olds, and four each at eighteen and nineteen years of age.

Youth participants varied in terms of the length of time they had been living on the streets. Three of the youth had been on the street less than 30 days; five had been on their own for one to six months; two for as long as one year; and six for lengths of time ranging from two to three years. There were no significant differences between males and females in terms of how long they had been homeless.

Four of the youth (three females and one male) had been involved with prostitution, ten had been sexually assaulted or physically abused while growing up; one female was pregnant and three males had fathered children. Twelve of the sixteen youth (ten males and two females) had contact with the juvenile justice system; four had previously been psychiatrically hospitalized; and three were taking psychotropic medications. All sixteen youth were current or past alcohol or drug users; four were recovering alcoholics, three were recovering drug addicts and four were still abusing drugs or alcohol but were currently in treatment for these problems.

The educational backgrounds of the youth were similar in that all had dropped out of school before graduation. Five of the youth (three females and two males) had since completed their GED certificates; five (two females and three males) had gone as far as the eleventh grade; one to the tenth grade; two each had gone as far as the eighth and ninth grade, and one had only a sixth grade education.

## **The Work Projects**

The Street Youth Employment Program was designed to employ youth at work that had meaning to the youths and value to the broader community. In addition, the program was planned to be small in scale, with a low supervisor-to-youth ratio. The youths worked in small teams (of 4–6 members each) with an adult supervisor. The small group nature of the projects allowed youths to actively participate in planning and policy setting for their work group.

The first work project was planned in cooperation with the City's Bureau of Parks and Recreation. The project involved trail marking, clearing and construction on a section of forest trail that is part of a historic 40 mile loop of walking and bicycle trails which encompass the entire city. The work crews were supervised by SYEP staff and trained by Park Bureau staff in trail design, landscaping and in elementary botany and plant identification. During the six-

months of SYEP operation, the youths completed 2½ miles of trail through steep wooded areas and did landscaping and planting in the city's Arboretum.

The second project was a news and speakers bureau. The youths wrote and produced a quarterly newsletter and made presentations before public audiences on the problems of street life and related issues, such as drug and alcohol abuse, street crime and family problems. The youths spoke before a wide variety of community groups including church groups, social clubs and public school classes.

The news and speakers bureau designed and produced six 8-page newsletters containing short stories, poems and articles authored by the youths. The program approach, borrowed from the successful Foxfire concept (Wigginton, 1978), emphasized the development of writing, interviewing and small group discussion skills. This approach was found to be successful in terms of helping youth to gain an understanding and perspective on their life situations, and to make plans for their future.

### **Outcomes of the Intervention**

In very general terms, the small scale of SYEP allowed friendships to develop, which many times extended outside of the program, thereby enabling the youth to act as confidants and advisors to each other. Program participants also assisted in educating new team members on program operation and policy. Finally, the youth spent considerable time together when not on the job, often times sharing meals and leisure time. These informal associations enabled the youths to establish support systems that created a more positive environment in which to address other social, medical or personal needs.

Of the sixteen youth who participated in SYEP, seven (four males and three females) remained employed on projects after five months. This represents a considerable amount of stability for youths who had been living on the streets and who had very little work experience. Four of the sixteen youths (two males and two females) moved on from the program after successfully applying for full-time employment or returning to school; thus, eleven of the sixteen homeless youths succeeded in moving away from street life to more stable involvement in work or school.

The remaining five participants (all males) were not as successful by the same criteria. Two youths worked for a few days, but were forced to leave the program due to interruptions in their housing; one was terminated from the program for fighting, one failed to comply with drug treatment, and one youth was terminated from the program for being a fugitive from justice.

The limited success of the intervention was attributed to several factors: (1) The combination of meaningful employment with stable living arrangements,

and attention to medical and mental health needs. (2) Recognition that, although most homeless youth are school dropouts, they are not incapable of learning. The youth involved in SYEP were not opposed to learning, but had a history of conflict with teachers and other school staff and, therefore, did not utilize the conventional school to meet their needs. (3) The collaboration between social service agencies and the university, which reflects the fact that complex community problems can be addressed by establishing organizational linkages in new ways.

## Conclusions

The major difficulty confronting successful strategies for homeless youth is establishing an organizational network that can provide the specialized services that enable youth to move off of the streets. The reported intervention program blended short and long term services to stabilize the youth, provided education and job training and enabled the youth to perform useful and personally gratifying work. The SYEP brought together housing, food, health, education, and employment services in a way that created a positive support network for program participants.

Homeless youth are similar to other young people in that "make work" projects are generally performed poorly, while more challenging and socially useful work is embraced and done well. Planning employment services for homeless youth ought to take account of their need and desire to make a meaningful contribution to the broader community. In this context, direct job creating is a more appropriate strategy for intervening with street youth than pre-employment and job readiness services alone. The latter services prepare youth for employment, but do not directly provide a job. Street youth need both types of services, with primary emphasis on direct employment.

In the final analysis, this paper is a report on the attempt by social scientists to address a complex and persistent problem in urban areas. The intervention model which emerged was the result of careful collaboration in response to the crush of an immediate problem which has very large implications. The interventionists took into account the structural factors which often account for the failure of street youth to enter the "mainstream" of the job market and a stable lifestyle. By incorporating the natural abilities of the youth, and by allowing them to contribute to something larger than themselves, this model reflected the potential for a much larger effort with street youth.

It is the collaborative effort, which combined practitioners and researchers, that underscores the importance of a clinical sociological approach. With the overarching purpose of intervening for positive change, sociologists were engaged to provide a unique perspective on a thorny social problem. The linkage of program elements to theoretical and empirical analyses of structural and



institutional determinants of homelessness produced a creative approach to problem solving. In addition, sociologists were incorporated into practitioner roles during the course of the intervention (as staff and youth trainers) and in the evaluation process. (The major shortcoming in this respect is that the researchers were not incorporated earlier, which would have permitted a more controlled intervention.) In these ways, sociological practitioners demonstrated productive responses to the challenge of refining intervention procedures for homeless youth.

This case study represents only one effort; however, the central elements of the model call into question the factors which eventually lend themselves to a growing social problem. What is needed (in addition to increased collaboration between sociological practitioners and social service workers) is a comprehensive, national policy which deals with homeless street youth. A good deal of work has been done with other street populations; however, this population of young people may be, in the final analysis, the most important in terms of their long-term impact on our society.

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# Cross Cultural Intervention: The Case of the Hexed Hair

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## ABSTRACT

One aspect of my work as Director of Education and Training at Hutchings Psychiatric Center is to consult on cases that are difficult for clinical staff. It is in these situations that my clinical sociological skills are used extensively. I wish to present an unusual case on which I was asked to consult in the Fall of 1986. I present this case with the permission of the client whom we shall call Sophie Koslowski.<sup>1</sup>

I first met Ms. Koslowski in my office where I was to interview her as a prelude to suggesting a treatment plan to her treatment team. The team included a therapist, a social worker, a psychiatrist, and the interdisciplinary staff of the Hutchings Day Treatment Unit. This was the first admission for Ms. Koslowski, a colorfully dressed woman in her forties. I had been told the problem in advance. Ms. Koslowski believed that she had been hexed by her next door neighbor, a woman of Ukrainian descent. The hex took place eleven years previously and took the form of her (Ms. Koslowski) being unable to cut her own hair. Many practitioners have difficulty with cross cultural issues. As a clinical sociologist, I get consulted when some unusual aspect of culture is part of a presenting problem. I am asked to judge whether the belief is delusional or is related to a legitimate cultural phenomenon.

Ms. Koslowski was quite different from the picture that had formed in my mind when her condition was described to me before our first meeting. I had expected her hair to be wildly tangled and to be flagrantly displayed, a badge of her condition. Instead the hair that was displayed was waist-length, well-combed, and a stylish addition to an outgoing presentation of self. This was again unexpected. I assumed I would be dealing with a slovenly, sorrow-filled, self pitying woman. I noted these differences as I established rapport. I shared

with her my part Polish background and my extraordinary ignorance of how this background affected me.

She began to talk easily about her life. She was born in a Polish village during World War II in Poland. Shortly after her birth, her parents were moved from the village to a refugee camp. When she was three, the family was able to move to the United States, albeit with some hardship. They settled on the West Side of Syracuse in the Polish parish. She was the eldest child. She progressed through high school, graduated, took a job and worked for a year as a secretary-receptionist. She then moved to New York City to learn fashion design but returned within six months. She never again worked at a paying job. For the next twenty-five years, she stayed at home and helped her parents. She sang in the church choir and took part in the religious life at St. Casimar's Parish.

During this period, she believed hexes were being placed on her by her next door neighbor. The white magic practiced by her mother reversed the hexes until one that took place eleven years ago which resulted in her not being able to cut her hair. At this point she decided that she could trust me enough to show me her real hair. She pulled this thick tangled mass of hair from under her wig. She told me it weighed eleven pounds. I then noticed the straight necked position she held in order to support the hair.

I resisted my desire to gag, and asked why she didn't have it removed. "I have no power to remove it. If I would cut it I would die. All my energy is in the hair. It must be removed by a znachor, a holy person who practices white magic." I asked, "Do you know a znachor?" "No," she replied. "It must be an old man, holy in the eyes of the Church, or a holy woman past menopause. Five years ago, I visited a clairvoyant who told me there would be a time coming when it would be possible for me to get the hair removed once I had grown stronger. When that time came, I was to find the Reverend Tommy Jones on Tallman Street and he would cut my hair." I asked her if she had "shared this with the Parish Priest" [whom I knew conducted healing services involving the laying on of hands]? "Yes," she replied, "but he is not the person I would choose to do this. Father Karon is closer to my family than the Monsignor and he's been trying to help me."

I sensed that Ms. Koslowski was disturbed by how much she had told me, so I stood up and ended the interview. I now had the task of determining whether these beliefs were supported by her cultural heritage, or were delusional. It had already become clear that the solution to her problem would have to be related to these beliefs or the condition that underlies the hex would remain unchanged.

In preparation for the treatment team's review and planning of treatment for Ms. Koslowski, I went to the library to find resources on magic in Polish culture. I first consulted the Human Relations Area Files, (1970), a coded compendium of materials on many cultures around the world. I usually find its

information uneven and unwieldy. I also consulted Thomas and Znaniecki, (1927) "The Polish Peasant in Europe and America," and found that it features excellent information on magic in Polish culture. In summary, magic in Polish culture is closely connected with the Catholic Church. Black magic can be done to individuals through evil forces or sinful behavior. This can be counteracted by white magic delivered by persons holy in the sight of God. The calendar is important as white magic is more powerful during holier times.

I called Father Karon who told me that not only was witchcraft part of the belief system of members of the Parish but poltergeists were also part of this world. I also checked with a hair dresser who stated that hair would appear as it did on Ms. Koslowski if it had not been touched for eleven years, that she knew of no medical reason or other way the hair could have become so unkempt. She told me it would take at least sixteen hours to comb the hair out, and that she had never seen or heard of a case like this.

Between the interview with Ms. Koslowski and the corroborating evidence from the resources I consulted, I believed I had enough evidence to suggest that Ms. Koslowski's beliefs were grounded in her family and her parish and were not deviant delusions. I then began to formulate a treatment plan, based both on her belief systems *and* on her stated desire to have the hex and the hair ritually removed.

In formulating a treatment plan, there are a number of components and a multiplicity of perspectives to be considered. I usually begin by asking what has brought this client to treatment at this time. What were the forces in play? What goals does the client have? What is the medical condition? What is the social history, the vocational history, the psychological outlook? What are the strengths and the problem areas? What sociological levels of focus are in play? (Freedman, 1985) How does the client's belief system abet or discourage particular available treatment interventions?

I use this information to do a problem formulation. I try to put the case together in a systematic manner that provides the basis for a treatment plan. This approach to treatment planning does not differ much from those of other disciplines. My focus, however, is sociological.<sup>2</sup>

In formulating a treatment plan for Ms. Koslowski, I recognized that no plan would work unless it took into account the presenting problem as stated by her. She believed she had been hexed and as W. I. Thomas pointed out, 'what people believe to be true is true in its consequences.' While one could consider many ways to remove the hair, it seemed likely that unless her hair was removed ritually, Ms. Koslowski would continue to act as if she had it. Since she viewed the hair as the current source of her power and her energy, the most direct way of empowerment was to explore the possibility of removal of the hex. However, the removal of the hair, would also remove a key component of Ms. Koslowski's identity, the rationale she used to give meaning to twenty-

five years of personal history. The hair was her quiet celebrity. To remove it without therapeutic support would leave simply a middle aged woman without any marketable skills, an isolate in her ethnic community, and with a relative who had designs on the family property. These designs could leave her homeless.

We had to find a healer to perform the necessary white magic, a primary therapist to give support, and a psychiatrist and a treatment team that would consent to this unusual strategy. I also had to suspend my own judgment about the worlds of white and black magic [I noted with passing surprise that three black crows had landed on the windowsill outside my office while I was conducting the initial interview.] I also had to be willing to present this approach to members of the treatment team and risk ridicule for suggesting an unusual treatment plan.

The staffing took place in the Day Treatment Program's day room. This staffing was a special event because of the unusual case and almost the entire treatment team plus some students took part. The primary therapist, social worker Carol Clendenin presented the case with an emphasis on Ms. Koslowski's social history. At the conclusion of her presentation, I shared my research into the role of magic in Polish religion. I then presented the treatment approach based on the formulation, ongoing therapy with the social worker, a group oriented activities program with the emphasis on successful completion of writing projects, and the search for a healer acceptable to Ms. Koslowski to perform the necessary white magic to fulfill her expressed wish to have the hair cut off. (This presentation was accompanied by the giggles of one staff therapist.)

This mix of culturally-based ritual with psychotherapeutic support is used by clinical anthropologists. They see the client existing between two worlds: the world of the Polish-American strongly involved in an religious/ethnic community, and the small city world of Central New York where a new identity would need to be forged. This new identity would be bereft of mangled hair and hexes but would include enhanced self-esteem.

The treatment approach was accepted by the team. I continued to function as a consultant with the therapist and psychiatrist. The client continued to be served by the Day Treatment Program supplemented by educational/vocational programs of the Hutchings' Campus Learning Center. At the insistence of the client, I was involved in supportive, exploratory meetings that took place at six week intervals. Ms. Koslowski was willing to answer questions during these sessions, but the answers were sometimes unusual. For example:

J Freedman [JF]: "What did you do during the years you didn't work?"

Sophie Koslowski [SK]: "I copied cookbooks"

JF: "You copied cookbooks?"

SK: "Yes, My mother showed me some recipes in a cookbook and I thought these were interesting so I copied them."

JF: "Did you cook using the recipes as a guide?"

SK: "No, just copied recipes from lots of books into my recipe book.

I still don't quite know how to interpret this exchange. Was this a busywork project for a disturbed daughter, or a straightforward project for which the daughter was motivated? Ms. Koslowski would also come and visit me in my office which is in another building. She liked to share with me the results of her creative writing class which is part of the Day Treatment program.

During the months that followed, progress was uneven. However, Ms. Koslowski talked more often about finding a *znachor* to remove the hex. She began to search in earnest for the Reverend Tommy Jones, the hex remover recommended by her seer five years before. She went to the address on Tallman Street that was on the slip of paper given to her by the seer, but the building had been torn down. She checked the city directory looking for someone by that name, but the search proved fruitless. She then enlisted her professional 'supporting cast' to join her in the search. I enlisted a minister friend to use her contacts among Black ministers to locate Reverend Jones. Father Karon, the parish priest, began to accompany her on her door-to-door searches. At first, there was no progress and the search took on delusional qualities. Reverend Jones was long gone as far as we can tell.

The treatment group and I began to strategize on how to find an alternative person acceptable to Ms. Koslowski. We continued to accept the strategy that any action directed to cutting the hair that did not meet Ms. Koslowski's approval would not change the situation. She would continue to act *as if* she had the hair. We would lose some of the leverage we needed to bring about change.<sup>3</sup> Then my minister friend located Reverend Timmy Jones, pastor of a storefront Pentecostal Church at which healing services took place. I called him. He said that he was not the person we were looking for, but he had met the other Reverend Jones and would try to find him and tell him we wanted to see him.

At about the same time, Sophie Koslowski and Father Karon found an ex-wife and then a son of the right Reverend Jones. After two weeks more of searching, they found the Reverend Tommy Jones, a man in his eighties who had been dealing with hexes and healing since he was a young child. People called him Doc Jones. His followers believed that the film he has over one eye gave him magical powers. He had had a large following in New York City before he retired to Syracuse. He lived in an apartment house surrounded by

many generations of his family. Once again, our clients tenacious belief had yielded results—results that were the equivalent of finding a needle in a haystack at the start of the search.

Finding Doc Jones also had some sociological implications. He was a well-known figure in the Black community in Syracuse, yet his existence was denied by Black ministers of several persuasions. We were not sure what this denial meant. However, sociologists are well aware that communities can protect certain members from outsiders. Of course, in retrospect, we may have been using the wrong information network to discover the healer. However, it seemed a logical one at the time.

Father Karon was the liaison with the healer.<sup>4</sup> The following section is based on an interview I had with him.

Once we found Reverend Tommy Jones, he and Sophie Koslowski talked for a while. He felt the hair and talked about the need to treat the whole person. We made an evening visit to a cemetery. He told her to leave some money scattered around. She said prayers and buried something in the ground. It symbolized lots of sin. Ms. Koslowski was concerned about a book in St. Casimar's in which someone had written her name. She believed it to be part of the hex. She retrieved the book and gave it to Doc Brown at his request. For several visits, he put oil on her hair. Then on a visit just before Easter, a time when Sophie Koslowski believed that the forces of white magic are the strongest, Doc Jones cut the hair from left to right and then back to the left again. As he cut, he said prayers.

He instructed her to show the hair to those people who were important to her. She came to see me and was noticeably happier (and certainly light-headed).<sup>5</sup> The hair was left in her church for a while. Then she brought the hair to Doc Jones and he buried it—different pieces at different times in different places. The book was buried also. Tarot cards were read. Doc Jones continued to treat her for six weeks using herbal medicine for some skin discoloration. His only charge to her was for the medicine.

Note the care Doc Jones took with Sophie Koslowski's beliefs. All too frequently therapists expect quick overthrow of dysfunctional cultural attitudes with a short application of talk therapy. Doc Jones uses ritual over time to create a successful transformation.

Sophie Koslowski continued to visit me to share successes. At Christmas, I received a card on which she had written "To my favorite Clinical Sociologist." I have not seen her since Christmas, but have been told that she has made a successful transition to our Rehabilitation Services where she is learning vocational skills.



## Discussion

This is an unusual case for several reasons:

This was the first psychiatric service for this woman in her mid forties. In many other cultural settings, her behavior and beliefs probably would have resulted in earlier total hospitalization with the cultural belief in hexes viewed as a symptom of insanity. It is likely that if the belief were treated as one to be extinguished, she would have been hospitalized for many years. I have staffed long-termed patients at other psychiatric centers who tenaciously cling to unusual cultural beliefs. Their 'reward' has been many years of inpatient hospitalization.

Diagnosis using the criteria of the Diagnostic and Statistical Manual IIIR (American Psychiatric Association) suggests schizophrenia, paranoid type. The categories in DSM IIIR are supposed to take into account cultural differences.<sup>6</sup> However, treating Ms. Koslowski as a typical paranoid would not have yielded such positive results in a relatively short time. This case supports a position of culturally relevant diagnosis and treatment. It supports a clinical sociological approach.

Louis Wirth's (1931) article "Clinical Sociology" indicates that as far back as the 1930s sociologists were working in therapeutic settings as clinical consultants. In cases like the one just presented, the sociologist as clinical consultant offers the treatment group a perspective that is unusual. It might appear to the trained social scientist that the treatment plan devised for Ms. Koslowski is obvious given her position in her social setting. However, rarely do members of a treatment team trained in the professions of psychiatry, psychology, social work, or nursing have the sociological perspective.<sup>7</sup>

While mental illness might be biologically caused and while it affects a person's psychological functioning, it gets played out in a social setting. Therefore, clinical sociologists sensitive to the interface of the individual with culture in the societal setting can provide an important service in diagnosis, and formulation of treatment plans, even in cases less intriguing than that of Ms. Koslowski. Every person exists within a social context. Sensitivity to that context can provide keys to effective treatment.

## NOTES

1. All names in (except for staff names) connection with this case have been changed to protect the confidentiality of the client.
2. The background to the approach I use is delineated Glassner, B and J.A. Freedman, *Clinical Sociology* A second edition of this book is in preparation
- 3 This minister was willing to perform the haircutting as a service to the client, but Ms Koslowski

would not consider it because the minister was of child-bearing age and the black magic was very powerful. However, later she did not forget the kindness; and sent the minister a card of thanks as well as asking about her.

4. This is a role I think most mental health professionals would gladly give up. What would any reviewer of staff utilization think about a mental health professional walking the streets looking for a healer!

5. I was ecstatic. In formulating the treatment plan my goal was for the hair to be cut by Easter. In our earlier group meetings I had tried to no avail to convince her to cut her hair by Christmas.

6. There is some debate over this. See, for instance, Lebra (1976), Kleinman, (1980), and Higgenbotham (1984)

7. I am currently teaching social psychiatry to a class of third year residents in psychiatry. Most of them have not had a course in sociology, and for the few who took such a course, it's information was forgotten long ago as it was not seen as relevant to becoming a physician.

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# Book Reviews

**The Sociologist as Consultant**, Edited by Joyce Miller Iutcovich and Mark Iutcovich. New York: Praeger Publishers, 1987. 287 pp.

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As the role of sociological practitioner becomes more widely accepted, sociologists with special expertise and entrepreneurial spirit may want to establish themselves as consultants. Few sociologists have training in business management. Many may be unaware of the activities of sociologists who have successful practices. With little published in this area, *The Sociologist as Consultant* presents itself as an exciting contribution for this emerging field.

The text promises two important goals: to examine the types of work done by consulting sociologists and to describe how to prepare for and establish a practice. Overall, the text did a creditable job in reviewing a range of professional consulting; it was found lacking in the section on establishing a consulting practice.

Part I has two chapters: applying a sociology in the consulting role, and the constraints in establishing and maintaining a practice. O'Toole, Turbett, and O'Toole, experienced consultants, identify a number of consultant roles in agency settings. They describe the application of the negotiation paradigm in solving practitioners' and consultants' problems. They also discuss issues and strategies that sociologists should consider in order to find work as consultants.

Lange looks at the prospects for anyone who would establish himself/herself as a consultant. Lange's perspective is less than optimistic, discussing constraints coming from within the discipline and misconceptions about sociology in the "real world," he suggests that, "instead of infiltrating the 'applied world' through consulting work . . . sociologists may have to be content with holding the ground they now have in academia. . . ." Lange calls for greater realism about career paths for sociologists, and he warns that, "the 'real world' and 'consulting sociologists' remain largely unready for each other."

Part II of the text describes consulting activities of sociologists. Fornaciari and Chakiris present an excellent overview of the role of organizational development (OD) specialists. The authors describe the OD consulting process from initial contact to completion and the actions and decisions associated with each phase. In a final section, they present some trends and implications of these for OD consultants.

Koppel cites examples of projects within the World Bank, USAID, and the

United Nations which have provided consulting activities for American sociologists. Koppel describes AID's social soundness analysis, a system that assesses the sociocultural context and consequences of projects, and the role of sociologist in multilateral development projects. The chapter includes discussion of the educational preparation and professional development of those who would work in the international sphere, and presents some basic issues for practicing sociologists in any area.

Mercurio's chapter on market research was disappointing. The chapter focuses on a narrowly defined area: store location research. Since market research is a viable and lucrative area, I had hoped for a broader article which would include managing projects, developing research designs and survey instruments, leading focus groups, or other activities that sociologists have found to be a natural area for their talents.

The inclusion of the chapter by Swatos, on consulting for churches, suggested a number of ways that sociologist/consultants can consult on the denominational or local congregational levels and as clinical pastoral counselors. Swatos notes that this may represent one of the oldest forms of sociological practice in America, but I wondered about the likelihood of funds on the congregation level to make this type of consultation viable today.

Smith, a trained engineer and sociologist, describes the utility of the combined disciplines for organizational analysis and managing change in high technology settings. Though few sociologists have academic preparation across these rather disparate disciplines, the real value of the Smith chapter is his excellent suggestions for interdisciplinary teaming.

Part III addresses training professionals for consulting practice and implications for education. Garrison reminds us that students may have post-baccalaureate professional lives that span fifty-plus years. He argues for a liberal education that stresses broadly based skills rather than narrowly defined programs with specialities in institutional content areas. He suggests that undergraduate educators stress the core ideas of our discipline, that sociology curricula be more integrated and sequential, and that elective courses be integral to our sociology program rather than designed as popular electives to lure non-majors. He challenges undergraduate educators to establish more rigorous standards in all our courses and especially in introductory sociology—emphasizing that the quality of our majors is crucial to the survival of our field.

Jones gives an overview of the elements in the education program of aspiring consultants and mentions several outstanding texts on educating consultants and establishing a consulting career. Among these was Gallessich's *The Profession and Practice of Consultation*. The Gallessich text is far more helpful in presenting models and approaches to consulting and information on establishing a practice than the text under review.

Ademek and Boros describe the applied sociology intern as a junior consult-

ant. The authors adapt Van Horne's typology as a means of analyzing internship roles, and they present four cases which illustrate consulting roles of their interns: researcher, program developer, evaluator and field educator. Each case study demonstrates the capability of students in different practice settings.

The chapter by Melick presents the case that sociologists with applied experience in a second field (her own is nursing) have advantages because of their dual career preparation. The author draws on her own professional experience and responses from an exploratory study of professionals with dual career preparation to outline the advantages and the disadvantages of such a background for consultant work.

Part IV focuses on establishing a consulting practice. In a very practical chapter, Williams and Jones describe the relationship between research consultants and agency practitioners—a relationship characterized more by conflict than consensus. Williams, a research consultant, and Jones, a public agency practitioner, discuss reasons for this conflict and present specific strategies for achieving consensus and cooperation.

In the following chapter, Bernie Jones shares useful insights from his years of operating a non-profit corporation. Jones discusses problems that are the nemesis of many business persons: client building, marketing yourself, managing cash flow, collecting fees, and maintaining one's integrity with non-profit clients. He offers some pithy advice: "time," "cost," and "quality" are three important variables in the consulting business; let the client dictate any two, as long as the consultant can specify the third.

Hutslar's chapter on "entrepreneurialship" offers the promise of finally getting us to the nuts and bolts of establishing a practice, but the information that I had hoped would be there simply wasn't. Instead, Hutslar (a personal, business, and sport management consultant) gives us "some personal tips that you can take or leave." His tips include, "when you work closely with people, brush your teeth frequently so that you will have pleasant breath." It was at this point that I began to search for a different text on establishing a consulting practice and met with the Gallessich volume. Her widely cited text presents basic information for the novice, which includes the processes of each phase of consultation from entry and relationship building to the final phases of evaluation and termination.

The final section of the Iutovich text, "Sociologists in Practice," includes articles by Canan on consulting for city government, Boros on consulting with a grass roots community group, and Thoresen's formal and informal consulting with athletic teams and camp owners about homosexuality. Since the volume already has a section on consulting activities for sociologists, these last chapters seem out of place at the end of the text.

Overall, the text presents a picture of the enormously varied ways in which sociologists act as consultants. As such, it will be of value to anyone with

curiosity about the consultant role or to those who teach in the practice areas. For those who are ready to try their hand at consulting, the section on establishing yourself as an entrepreneur, which could have been the heart of this text, left me wishing for more.

**The Use, Non-Use, Misuse of Applied Social Research in the Courts**, edited by Michael J. Sacks and Charles H. Baron. Cambridge Mass: Abt Books Inc, 1980. 189pp. Hardback

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The title of this modest but useful book casts a rather longer shadow than accuracy should allow. While not light, the articles are easy to read. One needs no training in statistics or advanced research methods, though both would enhance the insights which have been drawn. There are no equations or long, jargon-filled paragraphs that so torture the readers of some professional journals.

Although not new, the book is still relevant, possessing, if not a timeless quality, at least an enduring value. The collection of articles and comments provides a panoramic yet insightful view of the issues that arise when courts in modern American society confront problems that require—or at least would benefit from—social scientific analysis. I found this of value from both of my perspectives; i.e. as a practicing trial attorney and as a sociologist.

The book follows the conference style, having one or more short introductory papers preceding a transcription of the panel discussion that followed. The introductory papers are brief, often only a page or two. The treatment is never exhaustive, but most papers offer something to make their inclusion worthwhile, if only a new twist on an old topic. The comments that follow the introductory papers are often distracting, but valuable because they reflect the way members of certain communities approach the issue that had been discussed.

An exception to this generally favorable evaluation is Michael Kirby's piece which purports to "provide a framework for understanding the effect and value of one form of applied social research, project evaluation, upon the criminal justice system." The piece is not badly written. It simply states the obvious: funding sources must understand enough about evaluation to order a useful study; research methods must be explained simply so that the people who pay for and use it can understand it; research methods must fit research problems; and valid evaluation requires an experimental or quasi-experimental design. Kirby's is not the only inclusion that suffers from the malaise of stating the obvious, but it is typical of one troubling characteristic of some of the articles

and highlights a problem that this kind of book faces when trying to relate to so many different audiences.

Lawyers and judges who read this book are unlikely to know what a quasi-experimental design requires or how that relates to validity. Yet to the social scientist, the concept of an experimental design and its derivatives is likely to be so familiar and the problems of doing applied research so painfully apparent that nothing much is added. Fortunately, articles that contribute very little to the discussion are far outnumbered by articles that provide useful insight and add new thought. It must be added that Kirby may have fulfilled his given assignment at the conference very well, but an assessment of the value of this book some ten years later necessarily applies different, and by that difference, harsher criteria.

An example of the kind of analysis that has as much value now as ten years ago (and probably will have ten years hence) is contained in the section titled, "Misuses of Applied Social Research." Ted Marvell's discussion of the misuse of research begins with the examples of the use of IQ tests in placement decisions in secondary schools and Judge Jerome Frank's use of his own survey to help him decide in a case of unfair competition. Testing whether an independent variable, such as IQ score, has an effect on dependent variable, such as placement in special groups for the educable mentally retarded, presents a classic case for which social scientific analysis should be especially well suited. Apparently the judge agreed. There is, however, a problem. Judges are usually not familiar with the principle of replication, let alone validity. With a problem to solve and no practical means to deal with issues that he did not understand, the judge simply latched onto one articulate, but probably flawed, piece of research. No doubt that this seems preferable to Judge Frank's questioning of some adolescent girls in the second example and calling that a survey.

Marvell's article defined one theme from which variations were developed in other articles: judges have disputes to settle, lawyers have cases to win, and social scientific research is primarily valued in a trial for its capacity to aid in one or both of these endeavors. It might have been argued more forcefully that academics have articles to publish for promotion, tenure, and merit raises.

This leads me to what I saw as the major shortcoming of the book. The conference and the book are dominated by academics, consultants, and staff attorneys for court support organizations. Not enough real lawyers participated. Having recently moved from academia to trial practice, I am acutely aware of the difference between what seems now to be the professor's luxury to ponder and critique, with few, if any, materially consequential effects, and the practicing lawyer's need to produce a certain result. Unlike the professor, the lawyer often receives dramatic feedback in fairly short order from either judge or jury. The result is almost always materially consequential, though the degree of consequentiality varies widely.

Addressing this issue from a different angle and at a different level, the chapter titled "Legal Concepts and Applied Social Research Concepts: Translation Problems" sets out the richness and complexity of the variance between legal reasoning and social scientific reasoning. I found this chapter so seminal that I wished it had been placed earlier in the order of presentation and given double or triple the space. Leonard Saxe, drawing on Thomas Kuhn's development of the notion of paradigm, provocatively sketched the differences in symbolic systems that value change versus those that value order, as well as those that employ a nomothetic versus those that use an idiographic approach to understand and explain human behavior. Robert Post skillfully extended the conversation by introducing Jurgen Habermas' division of modalities of knowledge into the empirical-analytic and the hermeneutic. Most judges (and by training and socialization, most lawyers) utilize a hermeneutic perspective. *Stare decisis* is, at base, a way to reinforce established values, whereas the major point of empirical analysis is to discover new patterns in the data. In the final selection of this chapter, H. Laurence Ross raises in a creative and practical way, the issue of the twin goals of the courts, pursuit of truth and maintenance of order.

The middle chapters of the book cover issues such as the value of a specialized Science Court to provide adjudication of technical matters, the basic research concepts that lawyers and judges need to understand and the basic knowledge academic researchers need to have about the courts. A set of case histories are also included that are just as valuable today as when presented. Indeed, the example by David Baldus is all the more interesting in light of the recent statement by the Supreme Court about the place of social scientific research (especially the Baldus study) in deciding death penalty cases. Finally, the often good reasons the courts have for skepticism over applied social research as evidence is illustrated by Justice Robert J. Hallisey with examples from his own courtroom.

In summary, there is much in this book that will be valuable for a long time. Its range is at once its weakness and its strength. I can envision usefully assigning parts of it in both undergraduate and graduate courses and in professional workshops. Yet, a substantial number of chapters would be out of place at any given time in all of these settings. This book, then, must be employed selectively. Having done that, it should prove quite useful in a variety of venues.



**Special Children-Special Risks: The Maltreatment of Children with Disabilities**, edited by James Garbarino, Patrick E. Brookhouser and Karen J. Authier. New York: Aldine De Gruyter, 1987, 311 pp.

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All too often, an edited book turns out to be a collection of disparate articles brought together more by the editor's apparent desire to publish than any real effort to explore a particular issue or question. Two or three of the articles may well be worth reading, but often these articles are already in print. The remaining articles are of little value. *Special Children-Special Risks* does not fall into this category. This book proposes to bring together the knowledge and concerns of experts from diverse areas of expertise and experience to examine one issue—abused handicapped children. The editors have produced what they promised.

An indication that this book is not the typical edited work is the first chapter, written by the senior editor, James Garbarino, President of the Erikson Institute for Advanced Study in Child Development. Garbarino focuses on the subject of inquiry, the abuse and neglect of handicapped children, and presents several research problems related to this particular area of inquiry.

The first problem is conceptual. Despite "volumes of research, theory, and speculation on the topic, there is still no totally satisfactory definition of abuse" (p. 3). The second problem is directional. It is difficult to determine if abuse or neglect followed the handicap or if the handicap was the consequence of abuse or neglect. Garbarino argues that even if the latter is true, these children are at even greater risk for subsequent abuse or neglect. Even so, the ambiguity of both definition and time of abuse constitutes a major obstacle in research on the maltreatment of handicapped children for it precludes a precise identification of the population to be investigated.

A third problem is the complex etiology of child abuse and neglect in general. Recognized factors include personal resources of the parent, characteristics of the child, the relationship between a particular adult and a particular child, the immediate situation, and the cultural norms with respect to appropriate child care. Despite these problems, Garbarino suggests that recognizing the special issues involved in protecting handicapped children and designing methods for intervention outweigh the need to determine the level and conditions of risk. His goal is pragmatic, the protection of handicapped children. As a result, the book offers a wealth of information on a variety of issues related to the topic.

Carl Dunst, Carolyn Cooper and Faith Black, from the Human Development Research and Training Institute in Morganton, North Carolina, examine the issue of community support for families with handicapped children. These researchers expand the traditional model that defines maltreatment as a function

of risk factors, and introduce a set of intervening variables. Using this model, promising approaches in the prevention of maltreatment are presented and recommendations are made. Susan McHale and Wendy Gamble, Pennsylvania State University and University of Denver respectively, review the literature on the role of siblings and peers and conclude that despite the incidence and risk of abuse by siblings and peers, the positive potential in handicapped child/sibling or peer interaction outweighs the risks. Suggestions for promoting positive relationships are outlined.

Garbarino joins Karen Authier, Administrative Director of the Center for Abused Handicapped Children and Director of the Family Support Systems at the Boys' Town National Institute for Communication Disorders in Children, Omaha, Nebraska, to discuss the role of educators. Perception of the role of schools ranges from the school as part of the problem to the school as the solution to the problem. The authors attempt to deal realistically with issues such as responsibility for identification and reporting of abuse, and responsibility for maximizing the potential of the child. They neither condemn nor defend the schools, but rather explore potentially positive contributions.

James Whittaker, School of Social Work, University of Washington, reviews the literature on incidence of maltreatment of handicapped children in out-of-home residential care. Factors both within and outside these institutions which contribute to or decrease maltreatment are discussed and concrete suggestions for prevention are made.

I found the chapter by Helen Howerton, National Center on Child Abuse and Neglect, particularly interesting. Tracing the role of the Federal government from the 19th century to the present, she concludes that attention to existing legislation, rather than more legislation, is needed to prevent abuse or neglect.

Patricia Sullivan, Center for Abused Handicapped Children, Boys' Town National Institute for Communication Disorders in Children, and John Scanlan, St. Paul-Ramsey Mental Health and Hearing Impaired Program, St. Paul, Minnesota, explore therapeutic issues; Patrick Brookhouser, Director of the Boys' Town National Institute, for Communication Disorders in Children, looks at medical issues. Both chapters outline structural problems in various health care systems as well as problems associated with the handicaps in particular. Again, realistic suggestions for intervention and prevention are outlined.

Gary Milton, University of Nebraska at Lincoln, focuses on the legal rights of the parent. Similar to Howerton, Milton argues that new legislation may not be the answer and suggests that rather than blaming either service providers or parents, the problem may rest in the child protection system itself.

William Modzeleski, Office for Victims of Crime, Washington, D.C., reports on abused handicapped children in the criminal justice system and explores problems related both to the protection of and intervention for handicapped victims. Finally, Robert McCall and Thomas Gregory from the Father

Flanagan's Boys' Home, discuss the positive role of the mass media in creating awareness, setting agenda, changing attitudes, imparting information and promoting action. Unfortunately, they do not discuss the negative role of media in sensationalizing maltreatment or reinforcing stereotypes. Sullivan and Scanlan touch on this, but I would have liked more in the chapter devoted to mass media. The section on working with the media, however, is excellent, particularly the part on preparing for an interview.

Overall, the articles are clear, concise and readable. The major contribution of this book is the extensive review of literature on child abuse in general, sibling and adult aggression, neglect within and outside the home, and the abuse and neglect of handicapped children in particular. A bibliography is included at the end of the book for easy reference. The secondary contribution is the practical aspect of the book. A number of authors present detailed suggestions for both prevention and intervention, suggested materials and relevant addresses are presented in the appendix.

Because of the emphasis on structural rather than psychological factors, the book should be of interest to class-room sociologists, as well as researchers, clinicians, and other professionals who work with handicapped children. Because of its readability, it is also a book that would be useful for parents of handicapped children as well as other lay persons who come in contact with these children and their families.

**Journey into Sexuality: An Exploratory Voyage**, by Ira L. Reiss. Englewood Cliffs, N.J.: Prentice-Hall, 1986. 282 pp.

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The author states his purpose in writing this book at the outset: to offer a societal-level interpretation of human sexuality (p.1). The ensuing chapters are, indeed, devoted to an explanation of the social structural forces that relate to sexual practices in a society. For those of us who have tired of psychological, biological, or culture-specific explanations of human sexuality, this book presents a truly sociological approach.

The first two chapters set the framework. The search for cultural universals that reflect social system properties yet permit cross-cultural variation leads to a definition of human sexuality as "those scripts shared by a group that are supposed to lead to erotic arousal and . . . produce genital response." Two key elements of sexuality, physical pleasure and self-disclosure are linked to this definition. The case for these definitions as a starting point is built by a discussion of the approach, research examined, theories considered, and the route to

the conclusion, including conceptual doubts and data limitations. Even if the reader does not agree with the formulations, it is a reasoned presentation; that alone makes it valuable and enjoyable.

Once the assumptions and definitions are specified, the next three chapters identify three dimensions of the social order that the author believes influence human sexual behavior: the kinship system, the power structure, and the societal ideology. From each of these three broad dimensions the author extracts a crucial aspect that represents the direct link with sexuality. Within the kinship system, sexual jealousy is the crucial aspect; within the power structure it is gender role definition; and within the ideology of society it is the definition of the normal. Each aspect is discussed separately to document the premise that sexual behavior can be explained by societal-level variables.

Marital sexual jealousy is examined first as a boundary maintenance mechanism within the kinship system. It protects the union of sexuality and marriage and is necessary to the kinship structure that defines the institution of the family within any society. Individual sexual behavior is universally bound by these elements, but may show wide variation since the content of kinship structures is not universal.

Several dimensions of sexual jealousy are explored and the causes of a husband's sexual jealousy are contrasted with the causes of a wife's sexual jealousy in a path analysis diagram. Variables presented as influences on sexual jealousy are: importance of property, importance of marriage, extent of male kin groups, and extent of female premarital sexual permissiveness. The author works hard, and with reasonable success, to demonstrate that societal-level variables can explain the sexual behavior of individuals. As he points out throughout the book, he is presenting an "exploratory journey," not a confirmed arrival. The chapter accomplishes that goal.

The next two chapters are not as full of insight. The power differential in gender role definition is well documented. That this difference is reflected in the sexual behavior of men and women is not surprising. Interesting explanations of the development and support of A. the belief in female inferiority and B. the link between gender roles and kinship use societal level variables and are worth reviewing. However, the direct links between power, gender role definitions and sexuality, especially sexual rights and permissiveness, are not new.

The argument on cultural ideology and its tie to definitions of normality is a clinically useful chapter. Major societal ideologies are linked to particular sexual ideologies. A typology of gender and sexual equality is also presented. Together these give a perspective on social change which would be helpful in understanding and treating individuals who are having difficulties due to rapidly changing definitions of normative sexual behavior for men and women. The "problem" of premature ejaculation is skillfully used as an illustration of the normality analysis. Normality is judged by the extent of integration of the act

within society. In a clinical sense this perspective encourages the practitioner to view many client problems as conformity problems not psychiatric disturbances. This therefore results in a sociologically based intervention strategy.

The next two chapters deal with the application of the three linkages, kinship, power, and ideology, to the specific cases of homosexuality and erotica. Since both areas are heavily value-laden within American society, the ideological focus is emphasized. Cross-cultural variation is documented. A look at class stratification, male dominance, and infant involvement as causal variables in homosexuality again supports a societal level explanation of sexual behavior. Most material will be familiar to readers who have studied the nature of homophobic societies.

The erotica chapter is the stronger of the two illustrative chapters. There is a detailed examination of the evidence, or lack of evidence, linking erotica and violence. This is followed by cross-cultural material, a brief societal-level explanation of rape, and concludes with the links between gender role definitions and differing erotic fantasies among men and women. This chapter does not support the feminist analysis of erotica and its link to violence against and degradation of women. Certainly the author views erotica as relective of the society, but does not view its removal or control as a useful tool in rendering the society more egalitarian. Regardless of the reader's perspective on these issues, there is much useful information in this chapter.

The final brief chapter organizes the theory into a unified whole. The propositional structure of the theory, the basic assumptions underlying the propositions and a summary narrative statement of the theory are presented in one place. However, it would be difficult to overlook earlier chapters and still comprehend the summary. It would be helpful if that were possible. It is an abstract discussion and even the experienced reader could benefit from more integration. The theory is, as the author notes, in the early stages of development and will need empirical support and refinement. The theory is a well-structured starting point.

One of the strengths of the book is its coherent movement from beginning to end. Rarely is it possible to find a book that opens with a clear explanation of its goals and how those goals will be reached, and then proceeds toward the goals in a way that moves the reader through a journey. The voyage is in the first-person, making the thought processes of the author evident. The structure of presentation is a model of the clarity needed in theoretical exploration.

Additionally, the empirical support is well documented. The principle support came from the data files of the Ethnographic Atlas and the Standard Cross-Cultural Sample. Other research data and conclusions are frequently noted and referenced. Problems with the data or research methodology are cited. The author gives his full explanation of the methodology employed in the Appendix, permitting the narrative to flow smoothly for the average reader and locating in

one area the issues of the most concern to the more sophisticated reader. Each chapter has abundant references and comments. The extensive glossary in a non-text is a continuation of the author's commitment to fully define terms within the narrative. While the material is very much sociological, one does not have to be a sociologist to comprehend the message.

This book is useful, in different ways, to the three most common audiences in our field: the clinician, the instructor, and the researcher. Some clinical uses have already been identified. This is not a book on intervention techniques or the physical aspects of human sexuality. It is, however, an excellent book for gaining a sociological perspective on human sexuality. This vantage point opens new possibilities for applied strategies. While the book as a whole would not be read by the average client, certain content areas could be modified for discussion, with the goal of freeing clients to see their behavior within its societal context. The book needs to be read and reread by practitioners as a refreshing reminder that a sociological perspective is crucial in an area of human interaction that has been dominated by other approaches.

Any human sexuality instructor would find this book a valuable resource for lecture presentation and for identifying material to pursue in more depth. This is obviously an extension of the value of the book. It has been difficult to locate a concise and well documented discussion of social structural influences on sexuality. Students often find this viewpoint difficult to comprehend and to believe. Now, instructors have the support needed to accomplish this task. The book could be used as a supplementary text in an advanced senior seminar or graduate course. In any case, it is highly recommended reading for anyone teaching a human sexuality course or facilitating skill training or personal development groups.

The value of the book to a researcher should be evident. The theory is in the developmental stage. The concluding chapter is a veritable smorgasbord of research possibilities. Methodological explanations appear throughout the book. The references would assist a literature review and the book represents a model for how to present a theoretical position for consideration by others in the discipline.

In summary, the book is a solid addition to the field. Some chapters are stronger than others. Some positions will not appeal to all readers, and some additional work may be needed to clarify the theoretical statement in the final chapter. These limitations are minor compared to the value of the book and the societal level explanation of human sexuality it affords. The journey is worth taking.

**Troubled Youth, Troubled Families**, by James Garbarino, Cynthia J. Schellenbach, Janet Sabes and Associates. New York: Aldine de Gruyter, 1986. 356 pp. cloth

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In *Troubled Youth, Troubled Families* the authors demonstrate that adolescents are over-represented among those victimized by coercive intimate relationships. They are less visible victims than the very young and the very old because they are physically and intellectually better able to defend themselves, hence more likely to be mislabeled as the aggressor. Many of society's "delinquents" and "runaways" are better understood as reacting to the violence or neglect of others, usually parents or step parents, rather than as initiating these behavior, *de novo*.

*Troubled Youth, Troubled Families* is built around a study of 62 families, some troubled and some not. It assumes that the problems of the young are generated within family contexts and that it may be possible to identify families at high risk for developing patterns of abuse. If high risk can be predicted, then interventions can be designed to prevent abuse.

The authors make a promising start on accomplishing their task. They delineate the nature of abuse and its context very well. The reviews of the abuse literature which permeate the volume are impressive in scope and depth and they alone make the book worth reading.

Unfortunately, the research itself does not deliver what it promises. It uses structured interviews, questionnaires and some quasi-projective devices to gather considerable material about the families, and then analyzes the material using cross-tabs and regression analyses. As a correlational study building on a small data base, however, there are limits to the amount of significance which can be generated. Moreover, while some of the research instruments used have proven track records, the instruments which have been designed specifically for this study have only their face validity to recommend them.

The book itself is also unevenly written. Because it has so many authors (there are 10 credited "associates"), it lacks a sharp focus and consistent style. Therefore, at some moments it is pithy, and even literary, while at other moments, it is confused and clumsy.

Nevertheless, the topics covered are provocative and important. Among these are the relationship between abuse and delinquency, an overview of the runaway problem, a review of social competence in adolescence, the effect of socioeconomic stress on family functioning, and the impact of stepfamilies on children. What is said about these issues is not particularly startling, but it does seem to be substantially true.

We learn, for instance, that remarriage and large families increase the risk

of abuse. High risk families seem to be "cohesively enmeshed" and the parents heading them apparently provide less support and more punishment for their children. These families also tend to be more conflictual and to have undergone more life changes than non-abusing families. They do not, however, show defects in cognitive functioning.

The authors note the contributions of parental risk factors, but do not make the mistake of assuming that teenage children make no contributions to their own situation. An adolescent's own social competence affects how he/she will respond to parental pressures and whether these responses will invite an excessive parental rejoinder. Not surprisingly, incompetent teenagers seem to be more given to problem behaviors.

Another point which deserves notice is that stepfamilies seem to be more at risk for abuse than families that have not been reconstituted. Given the current prevalence of divorce and the tendency of some behavioral scientists to minimize its destructive aspects, the present study provides a useful corrective. It draws attention to the fact that new families which emerge from combining the fragments of former families are subject to special stresses. Many new roles must be constructed to supplant the old ones which may not have been completely relinquished. The resocialization process may be painful and confusing. Reaction to this pain and confusion may only make matters worse.

The clinical sociologist who comes to this book will find it studded with familiar conceptual trappings. Its authors are at home discussing "systems," "roles," "definitions of situations," "the looking glass self," "SES," "power," and other sociological variables. They are also familiar with G. H. Mead, W. I. Thomas, and C. H. Cooley. A family's definition of its situation is given a prominent place in explaining why some families slip into abuse. Therefore the reason why some families with poor economic resources respond abusively while others do not is explained in terms of perceived role satisfaction. Apparently parents who do not define their role resources as inadequate do not find their frustrations building to uncontrollable levels.

Much of what *Troubled Youth, Troubled Families* is about is how social contexts, especially families, affect individual fates. It emphasizes that patterns of abuse can only be understood by examining individual, family, community, and cultural factors. For some strange reason, however, this is described as an "ecological" rather than a "sociological" approach. One can only suppose that this is a way of avoiding a tilt toward the social as opposed to the psychological aspects of human behavior. It may be that one is seeing latent "sociology-phobia." If so, how sad.

Finally, we must consider the relevance of the work to sociological practice. Despite its avowed goal of saying something applicable to practice, the book has only one chapter devoted to intervention strategies. While this is workmanlike and comprehensive, it essentially trots out the "usual list of sus-



pects," that is, the standard methods currently used in the treatment and prevention of family and individual problems. It suggests therapeutic and educational techniques, which probably do have value, but which are not new and which are in no way derived from the research at the heart of the book.

**Social Support and Health: An Annotated Bibliography**, John G. Bruhn, Billy U. Philips, Paula L. Levine, and Carlos F. Mendes de Leon, New York and London, Garland Publishing Co, 1987, 504 pps. \$64.00

An Appreciation by David J. Kallen

The concept of social support has been receiving increasing attention in the social science and medical literature since the early 1970s. This volume, edited by an Associate Editor of this Journal and his colleagues brings together in one place an annotated bibliography of over 1200 publications in social support which appeared in the literature between the early 1970s and 1986.

The book is organized into seven main sections: 1) Social support theories, 2) Social networks, 3) Social support, physical health and illness, and rehabilitation, 4) Social support, mental health and mental illness, 5) Social support and life cycle issues, 6) Social and cultural factors and social support, and 7) Social support strategies and applications. Each area is further subdivided by topics (i.e. specific disease categories in section 3). There is an author index and a topic index.

The book has the strengths and weaknesses of an annotated bibliography. There is no clear theoretical orientation; rather the selection seems to be relatively comprehensive and eclectic. Each selection includes a brief statement of the audience most likely to be interested in the particular publication. The index is comprehensive enough to be helpful in looking for fairly specific topics (i.e. elderly service programs, work environment). At the same time, the researcher or practitioner interested in general topics will need to look carefully through a number of pages in order to make sure that all relevant articles are found.

This is a useful book for practitioners and researchers concerned with issues of social support. Having these citations in one volume will save hours of library searching, or of searching of electronic data bases. The summaries and interpretations are useful guides for which articles might be obtained and read and which are not relevant to the interests of the particular reader of the book. Bruhn and his colleagues have provided a real service in bringing these materials together.