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# Social Problem as Affliction and Social Problem as Hazard

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## ABSTRACT

Social problem as affliction and social problem as hazard represent two related but differing foci of sociological concern and intervention. Social problem as affliction refers to the personal problem which is largely social in nature. Intervention is concerned with helping the afflicted person with his or her problem. Social problem as hazard refers to the collective social problem posed by a social condition responsible for increased likelihood of personal problems and ills. Intervention is concerned with dealing with the collective problem.

The concept of social problem can be an important tool in the creation and utilization of knowledge useful in reducing suffering and increasing well-being. However, especially in the context of developing and utilizing knowledge for sociological intervention, it is useful to distinguish between social problem as affliction and social problem as hazard.

## **Social Problem as Affliction**

The use of the term *social problem* to refer to a personal problem that is social in nature appears to be rather recent. Thus, in the title of a 1978 article on the classification of the presenting problems of clients referred to social workers (Fitzgerald, 1978), the term “social problem” is in quotes to indicate that it is not being used in a usual sense.

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A similar use of the term appears in connection with a "classification of social problems and psychological symptoms for inclusion in a classification of health problems" (Regier et al., 1982) and in an expansion of that classification to include categories of special relevance to children (Burns et al., 1982). The classification is limited to problems which involve distress or disability. When the affliction appears to derive from a social situation and is more nearly social than psychological in nature, it is referred to as a social problem. Categories such as "change in residence," "conjugal problems," "family disruption," "phase of life problem" and "occupational problem" are used to classify these personal social problems.

A later use of the concept of social problem as affliction appears in an article which develops a taxonomy of sociological interventions based on the level or levels of social organization at which intervention is indicated (Strauss, 1984). At the person level, sociological intervention is illustrated by sociological counseling aimed at a change in the client's perception of and/or dealing with social reality. In such counseling, intrapsychic mechanisms and personality traits receive relatively little attention. Instead the client's difficulties are approached as "social problems" which are "intimately tied to cultural and subcultural factors, location in history and society, reference groups, family dynamics, and the social construction of reality." There is also the implication that social intervention to deal with a person's difficulties need not be limited to the person level. Thus, for example, intervention may be at the group level and be aimed at a change in the role structure of the person's family.

The main object of identifying personal problems which are largely social in nature is, of course, appropriate intervention. Papers which describe how personal problems are identified as social and dealt with at the personal level (e.g., Straus, 1982) or at the group level (e.g., Hurwitz, 1979) are helpful. However, the systematic development of the knowledge needed to deal with the great variety of personal social problems also requires a parallel development of sophisticated classification for such problems.

In developing such classification there is advantage in viewing personal social problems as a subset of the broader set of problems generally considered of mental health concern and sometimes encompassed under the heading of "mental health problems." As long as it is clear that the concept of mental health problems also includes problems that are largely social in nature, a broad conception of mental health problems need not amount to what Goroff (1983) describes as a "medicalization of human distress," which directs attention away from the social nature of many of the problems included as mental health problems. On the contrary, informed classification calls attention to the social nature of many of the problems generally viewed as mental health problems.

Another advantage in viewing personal social problems as a subset of mental health problems stems from the need to deal with the complex nature of de-

moralization. As here used, the term “demoralization” refers to the concept introduced into the mental health field by Jerome Frank (1973) and used by Link and Dohrenwend (1980) to refer to “nonspecific” psychological distress found both in the presence and in the absence of specific psychological syndromes.

Link and Dohrenwend (1980:115) describe demoralization as:

a condition that is likely to be experienced in association with a variety of problems including severe physical illness (particularly chronic illness), stressful life events, psychiatric disorders, and perhaps conditions of social marginality as experienced by minority groups and persons such as housewives and the poor whose social positions block them from mainstream striving.

They feel that “it is likely that demoralization is a more frequent reaction than clinical psychiatric disorder on the part of previously normal persons facing severe physical illness or other stressful life events” and that these persons should perhaps be studied and planned for as “a group with special need” (1980:126-127).

However the distinction between demoralization and some of the conditions described as psychiatric disorders is not always unambiguous. The third edition of the *Diagnostic and Statistical Manual of Mental Disorders*, commonly referred to as DSM-III, describes the essential feature of the disorder called Adjustment Disorder as a “maladaptive reaction to an identifiable psychosocial stressor, that occurs within three months after the onset of the stressor” (American Psychiatric Association, 1980:299-301). The criterion for “maladaptive” is “impairment in social or occupational functioning” or “symptoms that are in excess of a normal and expectable reaction to the stressor.” That leaves considerable room for differences in judgement as to whether or not a given personal problem amounts to an adjustment disorder.

If the reaction to the psychosocial stressor is associated with sufficient symptoms to qualify for the disorder called Major Depression there is less room for differences. However, even then the problem is only considered a major depression if the reaction is not assessed as “uncomplicated bereavement” (APA, 1980:213-214).

This is not to say that DSM-III attempts to make a sharp distinction between problems which do and problems which do not deserve professional attention. On the contrary, DSM-III recognizes that a “behavioral or psychological problem may appropriately be a focus of professional attention or treatment even though it is not attributable to a mental disorder” (APA, 1980:6). In fact, DSM-III includes special “V codes” for classifying these problems into categories such as “uncomplicated bereavement,” “occupational problem” or “marital problem” (APA, 1980:331-334).

However DSM-III is of limited use in developing and utilizing the knowledge needed for sociological intervention. Classification more tailored for that purpose is needed.

### **Social Problem as Hazard**

In his analysis of clinical procedure Louis Wirth (1931) pointed to the value of clinical records for furthering the "sciences that deal with human behavior." Similarly C. Wright Mills (1959) described the "sociological imagination" as enabling its possessor to relate "private troubles" to the larger social scene. However, while relating personal problems to the larger social scene has been a concern of sociology since its beginnings, there is no well-developed body of sociological theory and knowledge specifically concerned with identifying social conditions which are a factor in personal problems and ills.

Of the traditional approaches to social problems none is clearly concerned with social conditions that interfere with individual well-being. In the functional or social disorganization approach a social problem is a condition which interferes with the smooth functioning of the social system. In the normative approach, it is a discrepancy between shared norms and actual social conditions. In the consensus approach, it is any condition which people define as a social problem.

The consensus approach, which currently appears to be receiving the most attention, is particularly removed from a concern with identifying social conditions which have an adverse impact on well-being. The option of defining social problem as anything which is viewed as a social problem tends to shift concern from what is to be included as social problem to how social conditions come to be defined as problems. Thus, in the conflict approach to social problems, the conflict between the interests or values of various social groupings becomes of interest less as a source of social problems than as a source of conflicting definitions of what is and is not a social problem. In the symbolic interactionist approach the difficulties associated with arriving at a definition of the situation (and the associated process of labeling) become of interest less as a source of social problems than as a source of differing definitions of what is and what is not a social problem.

Such shifts in the focus of social problems inquiry from the nature of social problems to the process whereby social problems are defined, are in line with what Kitsuse and Spector (1973) consider "the distinctive task of the sociology of social problems." Spector and Kitsuse (1977:73) feel that "the notion that social problems are a kind of *condition* must be abandoned in favor of a conception of them as a kind of *activity*." They call this activity "claims-making activity" and define it as the activity of "those who assert the existence of conditions and define them as a problem" (1977:74). They do not argue that the objective conditions themselves need not be examined. They merely wish to

limit the sociological subfield called "social problems" to the (admittedly very important) study of claims-making activity.

However, since the Kitsuse and Spector (1973) article, there have appeared two approaches to social problems which emphasize the objective social conditions which adversely impact the well-being of individuals. One of these is what Manis (1974a) calls the "scientific inquiry" approach to social problems. The other is what Etzioni (1976) calls the "societal guidance" approach.

Manis (1974a) takes the position that definition of social problems as conditions considered to be undesirable by many people "ignores the possibility that some perceived social problems may be trivial or spurious." He proposes that social problems be defined as "those social conditions identified by scientific inquiry and values as detrimental to the well-being of human societies." Manis (1974b) further proposes that the seriousness of a social problem be assessed on the basis of its primacy in relation to other social problems, its extent or frequency, and its degree of harmfulness to the well-being of individuals.

Etzioni (1976:44) uses the term "societal guidance" to refer to the set of factors that a society must manage in order to deal with social problems. For him, social problems are conditions which "people are expected to ameliorate or overcome" (1976:34). How to decide whether or not a condition is to be included as a problem is not spelled out, but Etzioni speaks of "our capacity to render our social conditions more congruent with our deepest needs" (1976:37).

Etzioni proposes a tentative list of basic human needs, including "a need for secure survival (food, shelter, protection), affection (or love), recognition (or dignity), and self-actualization" (Etzioni, 1968; 1976:39-40). These needs are viewed as universal, though not necessarily biologically derived. At the very least they provide a useful theoretical framework for identifying social conditions likely to have an adverse impact on well-being. However, it is important that the whole sociocultural context be considered.

A social condition shown to increase the likelihood of personal problems and ills constitutes a social problem which is collective rather than tied to and coterminous with the difficulties of one person. This concept of social problem as hazard offers an approach to collective social problems which incorporates the main thrust of both the Manis "scientific inquiry" and the Etzioni "social guidance" approaches. It also permits a useful distinction between a collective social problem such as conflicting social norms and a related personal social problem such as a person's difficulties in dealing with conflicting expectations.

## **Conclusion**

While closely related, the concepts of social problem as affliction and social problem as hazard call attention to different foci of sociological intervention.

These concepts can be helpful in formulating and articulating the objectives and priorities of intervention. For instance, the immediate need of a person suffering demoralization due to job loss is help in dealing with that affliction, not measures to reduce the risk of job loss or to reduce the risk of demoralization when job loss occurs. However the hazard posed by social conditions which increase the risk of demoralization due to job loss may require such measures.

The concepts of social problem as affliction and social problem as hazard are also useful in developing and organizing the knowledge needed for effective intervention. However, in addition to the affliction versus hazard distinction, fairly detailed classification of social problems is needed for valid propositions concerning etiology or intervention. Those engaged in sociological intervention have much to contribute to and much to gain from the development of such classification.

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