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SOCIOLOGICAL PRECEDENTS AND CONTRIBUTIONS TO THE UNDERSTANDING AND FACILITATION OF INDIVIDUAL BEHAVIORAL CHANGE: THE CASE FOR COUNSELING SOCIOLOGY

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ABSTRACT

This article clarifies the distinction between clinical and counseling sociology and provides some direction for the practice of counseling sociology. This is accomplished by a consideration first, of sociological contributions to the understanding and facilitation of individual behavior and its change, and second, of historical precedents in the field.

CURRENT STATUS OF COUNSELING SOCIOLOGY

Several articles in the professional sociological literature have focused upon the concept of clinical sociology (Gardner, 1978; Glass, 1978; Straus, 1978; Schwartz, 1978; Glassner and Freedman, 1979; Lee, 1979). These writers report that: (1) this is not a new specialty in sociology; (2) it has been and is being practiced; (3) it is an emerging and timely specialty; (4) it is viewed as applied sociology; (5) the common focus is upon the role of social factors in individual behavior and individual behavior change, even when it utilizes sociological perspectives with the intent of altering social structures; (6) it can be defined broadly as the utilization of the sociological perspective, concepts, and methods in problem solving interventions at the level of individual, group, organization, or community; (7) it can be viewed narrowly with respect to the involvement of professional sociologists in therapeutic problem solving for individuals and families; and (8) both types of situations require appropriate internships.[1]

Data about counseling sociology are more limited than are data about clinical sociology. While Glass (1978), Gardner (1978), Straus (1978), and Glassner and Freedman (1979) all touch upon the role of clinical sociology in individual therapy, only the latter provide a very extensive treatment of this aspect of clinical sociology. Even they do not consider it under the concept of counseling sociology.

Both concepts are made clearer in the process of differentiating clinical sociology from applied sociology. Glass (1978) and Glassner and Freedman (1979) are particularly helpful in this task. Glass defines the applied sociologist as being a researcher of social problems, quite possibly in non-academic settings and of a policy nature, and views the clinical sociologist as an intervener who has behavioral and organizational change as an end. Like Glass, for Glassner and Freedman, a key factor in differentiating these two concepts seems to be the commit-

ment to intervention for change on the part of the clinician. Clearly, these writers imply that the clinician is involved in the total change process of the individual or group rather than with just a fragmentary part of the process such as social policy research or evaluation research. Thus, the clinical approach is distinguished from what they perceive as an engineering approach. Munson (1979) in reviewing the literature on applied sociology indicates that applied sociologists do, in fact, practice in some cases on both the micro and macro levels. Glass as well as Glassner and Freedman, by contrast, emphasize the idea that historically the concept of applied sociology has not, in fact, resulted in application on the part of sociologists. Rather, the findings of applied sociologists are quite often implemented by a third party. Consequently, Glass and Glassner and Freedman suggest that the applied sociologist who is indeed a practitioner would be more appropriately or correctly labeled as a clinician.

It is out of this attempt to clarify the relationship between applied sociology and clinical sociology that the need to clarify the relationship between clinical and counseling sociology becomes evident. Perhaps the most concise distinction resides in what may be referred to as the broad and narrow focus of clinical sociology. The distinction appears to be on the process used rather than on the clients served. That is, with the narrow focus the therapeutic process is emphasized, while in the broader focus counseling sociology would simply be seen as being one method among many others which might be used in problem solving intervention. In effect, one could do counseling not only with an individual but also a group or family, organization or community. The literature makes it clear that the use of the concept of clinical is not limited to the medical model. It is, rather, the notion of the professional sociologist utilizing the sociological perspective, concepts and methods in problem solving interventions at the level of individual, family, group, organization or community. The narrow focus, which is seen as therapy or counseling, is only a method or process in the broader approach.

While this is a valuable clarification of the field, it leaves the definition of clinical sociology unnecessarily broad. More importantly, it fails to take note of or deal with a critical issue of the profession. That is the legitimate role of sociologist as counselor or therapist. While the clinical sociologist may, in fact, consider a broad range of problem solving interactions as appropriate, including counseling or therapy, many important groups, such as, state legislatures, third party insurance contractors, liability insurance carriers, and the general public will tend to view the role as involving consulting and intervention with large groups or organizations and not as including one-to-one, family, small group, or private practice counseling. Hence, the sociologist will continue to be denied a legitimate role in the field of counseling. It would seem appropriate, therefore, to separate clinical sociology into those practices which deal with organizations and/or the largest social groups, have an essentially indirect role in counseling, and use a team approach. Counseling sociology, then, would describe those professional sociologists involved in counseling with one person, families, or in other small group situations.

In differentiating clinical from applied sociology, Glassner and Freedman (1979) raise an issue which is important for the definition of counseling sociology outlined here. That issue has to do with the relationship of clinical sociology to

social work. In their overall evaluation of social work, they characterize it as being rooted in psychological theory and practice. Glass (1978) concurs in this view. If one agrees with this description, then clinical sociology may be viewed as being separate and distinct from social work. Similarly, counseling sociology may be considered separate and distinct from social work. While recognizing that historically and currently social workers have often grounded their practice methods upon sociological theory (Turner, 1979; Black and Enos, 1980), social workers are not specifically committed to either developing theories of counseling sociology or utilizing sociological models for their work. By contrast, the specific orientation of the professionally trained sociologist lies in developing and implementing sociological theories and models in counseling. Although counseling sociology is conceived as being separate and distinct from social work, this does not imply or necessitate an antagonistic or competitive relationship between the two practices. For example, Cleveland (1976) in his analysis of the clinical sociology program at Drake University, suggests that there is a compatible relationship between clinical sociology and social work. He reports that social workers constituted one of the major groups that participated in the program. David A. Rogers (1979) a psychologist, who is head of the psychology section at the Cleveland Clinic Foundation, also suggested that the relationship between clinical psychology and clinical sociology need not be antagonistic either. He considers each of the helping professions as having a viable role in meeting the needs of their respective specialties. It should be noted that this clinic was one of the first to utilize a clinical sociologist in a counseling role.

HISTORICAL BACKGROUND

Current literature quite correctly points to the first use of the concept, clinical sociology, as being that by Louis Wirth (1931). He defines it as the application of sociological knowledge and methodology to understanding and treating personality problems of those who come to the clinic. The clinic provides sociologists an opportunity for carefully controlled observation. In addition, he discusses the contributions of W. I. Thomas and Dorothy Swain Thomas to the field. Specifically, Wirth notes their idea of the "beneficient framing" method of social therapy and their sociological approach to behavior problems outlined in The Child in America (1928).

Aside from current literature, two other writers discuss clinical sociology. Argow (1941) reaffirms Wirth's contention that application of the "academic principles of sociology" to "therapeutic practice" in the clinical setting is a realistic possibility. Observation of "group response" to "therapeutic efforts" first hand constituted the clinical study of society for Lee (1955). In addition, he underscores the clinical nature of the contributions of many of the classical social scientists.

A similar description of such a specialty in the field of sociology was projected by Bain (1936) under the label, socio-therapy. Schein (1969) uses this concept to describe one who enables a group or organization to solve its own problems by using sociological knowledge of the dynamics and structure of organizations and the change process within them. Using Parsons, Edelson (1970a) provided

the major theoretical framework for socio-therapy. A second work by Edelson (19..) outlined a model for socio-therapy and an in-depth case study demonstrating the model.

As well as noting variations in nomenclature attached to similar ideas and practices, attention should also be given to the development of specialized fields which acknowledge the role of social factors in facilitating individual behavioral change: social work, social psychology, social psychiatry, social psychotherapy, and a variety of radical therapies (Jaffe 1975). Each of these particular fields acknowledges a specific role of sociology in the practice of counseling. While it is difficult to find a unified definition of such specialties, each has its area counseling expertise outlined by legal certification and professional association requirements. Any admission or utilization of the sociological perspective is secondary to the area of primary focus, circumscribed by legal certification. No professional sociologist would be permitted to counsel from his or her sociological expertise unless licensed in the primary specialty.[2]

Sociology does, however, have its own historical and theoretical development which suggests that it has a legitimate role to play in counseling. Extensive literature has indicated from the very inception of the professional journals the necessity of understanding the sociological perspective if one is to work with individuals and for individual behavioral change. Examples of such research[3] include attention to the role of social factors in: (1) suicide (Gibbs 1966); (2) mental illness (Gore 1970); (3) neurosis (Horney 1936); (4) psychosis (Dunham 1937); (5) schizophrenia (Demerath 1943); and (6) anxiety (Montague 1955).

A somewhat different support for the role of sociology in the counseling process emerges out of the attempt by the American Sociological Association to protect sociologically trained social psychologists from licensure laws passed by the American Psychological Association. After lengthy negotiations, a report from the American Sociological Association Committee on State Certification and Legislation (1961; 989) indicates that an acceptable agreement has been worked out with the American Psychological Association to provide recognition of social psychologists trained from the sociological perspective. Criticism of the licensure laws is made by Borgatta (1958) on the basis that these kinds of laws inhibit sociologists and other social scientists from performing in areas of their own training and expertise. In other words, through licensure, psychology makes a claim to areas of individual and group behavior neither historically nor scientifically belonging to psychology alone. While Goode (1959) does not anticipate much problem for sociologists because of the licensure laws, he does struggle with the need for the concept "sociologist" to take on definite meaning. As this meaning becomes clear and the sociologist's skills are demonstrated, Goode predicts the sociologist can do his own work under his own label. Although these discussions focus specifically on sociologically trained social psychologists, a logical conclusion of the discussion is that facilitating individual behavioral change (counseling) is a method, technique or process and is not restricted to any one discipline or any specific content. More specifically, counseling does not arise out of the discipline or content of psychology. Many disciplines or fields contribute to individual behavioral change (counseling). Again, although Borgatta (1958) is talking with reference to social psychology, he indirectly underlines sociology's legitimate role in the counseling process. He

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makes the point that if psychology has something uniquely its own as a field of practice, that is what should be specified, and only that restricted. In other words, psychology has no unique claim on changing individual behavior or counseling. Wirth (1931) contends that sociologists will be as successful in listening to an individual behavioral problem as will psychologists, and their analysis will not be less significant. White (1947) emphasizes that culturological approaches to some behavioral problems are more effective than psychological approaches. Likewise, Link (1948) feels that the sociologist tends to relinquish his or her rightful role in working with individuals seeking help for personal problems.

THEORETICAL CONTRIBUTIONS TO COUNSELING SOCIOLOGY

Sociology's contribution to counseling lies not only in the use of sociology by separate disciplines in their counseling, or in the numerous studies indicating that social factors are significant in resolving individual emotional crises and facilitating behavioral change. Individual theorists have made contributions paralleling, and in some cases anticipating, the counseling approaches developed in other fields. Such theoretical developments clarify the sociological base underlying much individual and group counseling. Some of these contributions have been directly acknowledged by other counseling specialties.

Both Lee (1955) and Gouldner (1957) consider Durkheim as one of the most important early and major theorists for (1895) clinical sociology. Similarly, Durkheim is clearly an important contributor to the use of sociology in counseling. Writing about the influence of society upon individual behavior and resulting patterns of conformity, he utilizes the concept, "collective consciousness" (Martindale 1960). This has significant parallels with Jung's (1937) "archetypes" and treatment of the "collective unconscious" (Progoff 1973). Both express the idea that society is more than the sum of the individuals in it. The idea that society and history are inextricably bound to each other is common to both. It is expressed by the idea that society is a reality in itself which influences the individual's behavior. For Durkheim the influence is the collective consciousness, for Jung, the archetype.

That particular school of sociological theory, labeled symbolic interactionism, provides singularly fruitful parallels for counseling. Cooley's (1902) treatment of the development of the self, as expressed in the concept "looking glass self," (involving the imaginations people have of one another [Martindale, 1960; 347]), deserves as serious consideration as that of Freud's (1924) hypothesis of the importance of the ego and superego in the development of self or Berne's (1961) or Harris' (1967) paradigms of parent, child and adult stages. Goffman's "situational propriety" (1961, 1963) and Garfinkel's "degradation ceremonies" (1956) provide analysis of ritualistic behavior which is equally as significant in understanding individual behavior and behavioral change as Freud's (1924) treatment of ritualistic behavior. Dramaturgical sociology as developed by Goffman (1959, 1963) finds a counterpart in Berne's (1964) games. The focus of symbolic interactionism upon the importance of the symbolic nature of human interaction has much to contribute to an awareness of insights into individual behavior expressed in symbolic actions and perceptions as outlined by both Freud (1924) and Jung (1923; Progoff, 1973). The latter of whom contends that the link between society and psychic energy is the symbol.

That branch of symbolic interactionism labeled phenomenological sociology, including Weber's verstehen (the consideration of the meaning of action and social structures for actors [Martindale, 1960; Kando, 1977]), is an essential complement to Frankl's logotherapy (1962, 1965) or "meaning" therapy, Reik's (1948) "third ear," gestalt psychology's emphasis upon perception, configuration, dissonance and meaning (Kando 1977), Lewin's (1972) field theory with emphasis upon motivation and meaning (Kando 1977), Perls' gestalt therapy (1969a, 1969b) which emphasizes self-actualization and meaning, and Rogers' (1961) client centered therapy. All of these, like phenomenology, posits the importance of empathetically understanding the meaning of a specific experience for the actor. Thomas and Znaniecki's (1918-20) analysis of motivation parallels Maslow's (1955) hierarchy of needs and Perls' (1969a, 1969b) self-actualization.

Schools of role and labeling theory have also contributed to counseling sociology. Thomas' (1918-20, 1923) definition of the situation, Merton's (1948) restatement as self-fulfilling prophecy, Marxian conflict theory (1930), and Sheff's (1966) residual deviance all merge with the work of psychiatrists who have rejected the concept of mental illness: Eysenck (1960), Laing (1959), Szasz (1961, 1970), and a variety of radical therapists such as Jaffe (1975). Labeling theory also has parallels with a more traditional figure in the field such as Menninger (1963) in his significant discussion on the history of psychiatric classification.

Mention should also be made of the methodologies used by symbolic interactionists such as participant observation, personal records and documents, and the arts including poetry, drama and literature, which directly correspond with a counseling approach such as that of Kopp's (1972) "pilgrimage," as well as more traditional therapies.

Finally, mention should be made of studies in the area of sociobiology which have similarities with and make contributions to behaviorist approaches in psychology and the uses of behavior modification in counseling. Kemper (1978) points to the legitimate role sociologists make to the understanding of emotions. While Michaels and Green (1978) do not explicitly contend that sociology has a legitimate role in counseling, their definition of behavioral sociology would seem to imply it. Although their main point is to indicate the use of operant conditioning in understanding and altering human behavior, perhaps equally important is their documentation of the failure of sociologists to become involved in or give consideration to applied behavioral analysis. Baldwin and Baldwin (1978) report that, in the past decade, behaviorism has moved toward recognition of the importance of private behavior, cognition and emotion. In discussing the behaviorist view on verstehen and erklaren, they indirectly support the contention of the present research that sociology (particularly as expressed in the symbolic interactionism school) has a legitimate claim to individual and personal counseling for individual change.

A MODEL FOR COUNSELING SOCIOLOGY PREDICATED UPON CULTURAL RELATIVITY

While a number of contributions and parallels between sociology and other disciplines practicing clinical work and counseling can be identified, sociology, at present, has made no concentrated effort to present a theoretical formulation

for utilization of the sociological perspective in counseling, nor in developing
models out of which counseling sociologists might practice. In essence, any of the
theoretical approaches previously discussed could provide an underlying theory for
counseling sociology and contribute one or more counseling models. At the same time,
it is important to recognize that sociology contributes a viewpoint which unites
several of the theoretical insights presented here that would be fruitful for
developing models for application in counseling. This construct emerges from
historical discussions in the field of cultural relativity (Lee 1966) and finds
current expression in what Kando (1977) labels cultural sociology. Kando con-
ceives of cultural sociology as a unifying approach in social psychology. While he
includes cultural-humanism, symbolic interactionism, phenomenology, ethno-methodology
and existential-humanistic sociology as contributors to cultural sociology, function-
alism, conflict theory, and sociology of knowledge also contribute to the process
of cultural relativity. It needs to be emphasized again that the cultural relativity
perspective is offered only as directional, both in terms of theory and models,
rather than exhaustive. As the previous discussion should have made clear, one could
use for example, a sociobiology model, a dramaturgical model or a symbolic inter-
action model. Other models based on sociological theory, but not implied in the
previous discussion could also be developed for example, a structural-functional
model.

With respect to the model suggested here, that of cultural relativity, a good
deal of literature posits the importance of culture upon personality and individual
behavior. Both Kando (1977) and White (1947) cite Durkheim (1938) with respect to
this, emphasizing his view of society as **sui generis** reality in which the independent
existence of social structure and culture is assumed, and individual and inter-
personal behavior is considered to be determined by the former. Sumner's (1940)
contention that "The mores can make anything right" (Christensen, 1960; 31) is used
to demonstrate the importance of culture for individual behavior. It is argued by
Christensen that Sumner's idea challenges the notion of absolute standards of
judgment to be applied uniformly regardless of time or place. Marx (1930) and
Mannheim (1936) indicate that everything one believes or knows is colored by one's
culture, class, social position, and environment. Thus, no one is right or no one
is wrong (Kando, 1977; 289). Wirth (1931) documents W. I. Thomas and Dorothy Swain
Thomas' view that behavior is a cultural product. Likewise, Berger and Luckman
consider culture to be a significant determinant of human behavior (Kando, 1977; 100).
Lee (1966) outlines four cultural models important in understanding an individual's
opinions, emotions and actions. Zola (1966) raises the issue of relativity with
reference to social pathologies in his discussion of the role of culture in illness.
Link (1948) emphasizes culture as important in human behavior in a discussion on
socio-somatics.[6]

Since the paradigm offered here for counseling sociology is that of cultural
relativity, it should be acknowledged that it has recently been stated that cultural
relativity has fallen into disrepute among sociologists (Spencer 1977). However,
several writers have still pointed to the producing of a mild culture shock among
introductory sociology students, researchers and others as a legitimate goal
(Arensberg and Niehoff, 1964; Bock, 1970; Lee, 1973; Spencer, 1977). Recognizing
that culture shock is, at least in part, a result of an awareness that others do

not hold one's own culture or social structures as absolute in their appropriateness, one is brought quickly back to the issue of cultural relativity.[7] Woodward (1938) notes that cultural anthropology also has this effect of undermining one's ethnocentrism.

It is both culture shock and this effect of undermining one's own world view which is the foundation of a sociological counseling model based upon the idea of cultural relativity. Berger (1963) and Lee (1966) are particularly helpful in bringing this counseling model into focus. If, as Berger contends, one task of sociology is to create recognition of the relativity of one's own culture, society, and life style, then this "task" can be viewed as presenting an opportunity for sociologists to become involved in activities, such as counseling, that promote individual behavior change. If, in fact, this is a legitimate goal in the teaching of sociology to groups of students, there is no logical reason to assume it is not an equally legitimate goal in working in a one-to-one situation. If, as Lee claims, sociologists can first, help the lonely and tense people of the twentieth century, "By interpreting social realities as data with which . . . people may . . . deal . . . and . . . . [still] accept the challenges and opportunities of those realities . . . ." and second, to "assist people to make their own assessments of social mythology . . . . (what treasured and preserved, what discarded, what irreverently and experimentally probed," (Lee, 1966: 360-1), then this presents the sociologist with the occasion for individual behavioral change. Once again, as with Berger, assuming that this is a legitimate goal in the teaching of sociology, there is no logical reason to assume it is not a legitimate goal in working with a single individual in a one-on-one situation. The model for counseling sociology which emerges from both of these perceptions of the task of sociology is consistent with Rogers' (1961) characterization of counseling as an educational or learning process.[8] This is also consistent with Schein's (Glass, 1978; 6) description of sociotherapy with respect to organizations. It consists of enabling a "client to learn self-diagnosis and self-intervention." In essence then, counseling sociology based upon cultural relativity is teaching sociology one-on-one, with relativity of cultures and societies as the focus. It is important to recognize that other models can be and quite possibly are being employed in counseling sociology.

Several sociologists provide alternative models and methodological variations from the cultural relativity vantage point of counseling sociology. Marx (1930) explains behavior in terms of class conflicts. Much individual behavior labeled deviant and/or antisocial is rational and moral when perceived in light of persons dominated by those in power in a capitalist society. This behavior does not indicate an emotional or psychological problem of the individual, but rather is a result of a basic problem in the social structure. The approach or methodology recommended or counseled for this individual in resolving the problem is political action or class revolution. Thomas (Wirth, 1931; 65) offers "modification and manipulation of a child's social world" (re-defining the situation) as a means of changing behavior harmful to the child. This method of social therapy is labeled "beneficient framing." As an attempt to resolve the struggle with the multiplicity of conflicting ideologies which confront an individual, Mannheim (1936) sets forth the process of "dynamic relationism." The process involves a recognition that first, all ideologies claim absolute validity yet, are "related to a particular position and [are] adequate only

to that one." Second, the individual must assimilate "all the crucial motivations and viewpoints, whose internal contradictions account for . . . [one's] social-political tension [if] the . . . [individual is to be] in a position to arrive at a solution adequate to our present life-situation" (Lee, 1973; 115). Lee (1966) outlines the method of "cultural multivalence as the most helpful and healthful approach . . ." to enable individuals to alter old routines and deal with anonymity and anxieties. Cultural multivalence is the ability to be of many minds, to be many things to many people, and to perceive it as normal (1966; 79). "Sociological Machiavellianism" is the technique developed by Berger to assist individuals "weakly, hesitatingly, sometimes passionately trying to be something else" (1963; 156). The technique is designed to help individuals understand "the rules of the game . . . so that one might be in a position to cheat." Sociology can serve as "a course in how to beat the system" (1963; 152).

The additional and unifying element which the cultural relativity viewpoint for individual counseling sociology brings to each of these varied methodologies is the idea that if an individual, through the one-on-one teaching of sociology, becomes aware of the processes labeled "the looking glass self," "situational pro-priety," "degradation ceremonies," the role of "symbols," "meaning," and "ideology," "the definition of the situation," "self-fulfilling prophecies," "labeling," and "class conflict," and alternatives to these, he or she may decide to alter his or her perception or meaning of culture, roles, statuses, groups, institutions, symbols, interaction, and self. If, in fact, these perceptions or meanings are altered to include the recognition of the relativity of these elements, there is then, signifi-cant opportunity for individual behavioral change.

Labeling theory provides a helpful, if very general, example of the application of this model. This approach hypothesizes that by enabling the individual to per-ceive that his or her behavior is determined by these labels, and exploring alterna-tives, individual behavioral change is a possibility.

If Thomas' "definition of the situation," and Merton's "self-fulfilling pro-phecy" represents role theory (Kando 1977), rather than labeling theory, they too provide interesting although general examples from a somewhat different theoretical perspective. Change the definition of the situation for an individual, or for those interacting with an individual, and it is possible that the prophecy inherent in the original definition may not be fulfilled.

In other words, sociology taught one-on-one from the construct of cultural relativity, offers an opportunity for an individual to become aware of the relativity and effects of the forces and processes of society, culture, and self upon himself or herself. This knowledge creates the possibility that the individual will alter his or her perception of the importance and meaning of past, present, and future responses to these forces and processes. Such an approach facilitates the possi-bility of individual behavioral change.

SUMMARY AND CONCLUSION

What the current research demonstrates is first, the need to differentiate counseling sociology from clinical sociology. Clinical sociology is defined as those practices which deal with organizations and/or the largest social groups, have

an essentially indirect role in counseling, and use a team approach. Counseling sociology, then, describes those professional sociologists involved in counseling with one person, families, or in other small group situations. Second, there is historical precedent in sociology for the application of sociological knowledge to counseling. Third, there is theoretical support for a sociological claim to a role in the counseling process. Fourth, the construct of cultural relativity provides theoretical and methodological direction for a counseling sociology, which consists of a one-to-one teaching of sociology or the teaching of sociology to a small group with facilitation of individual behavior change as a goal.

NOTES

[1]While the articles do not always state this directly, it is expressed indirectly, or by the authors in discussions of the field.

[2]While the American Association of Marriage and Family Counselors and the International Association of Applied Social Scientists provide sociologists the opportunity to engage in counseling, they do not, nor were they meant to, embody a strictly sociological approach to counseling. Thus, they do not lead to recognition of this approach either by the public or by the legal system.

[3]These examples are meant only as documentation of research in these areas and in no way represent an exhaustive presentation of the research in these areas.

[4]In other words, a sociologist need not be trained as a psychologist or social psychologist to utilize his expertise in facilitating individual behavioral change (counseling). Nor, on the other hand, if counseling is a process utilizing a variety of perspectives, does a psychologist need training as a sociologist or social-psychologist to engage in counseling, although many personal problems may be more easily resolved from a sociological framework.

[5]Humanists Berger (1963) and Lee (1966) also merge with the work of those psychiatrists.

[6]Even Freud recognized the significance of culture in individual behavior and particularly with reference to what some societies tend to label aberrant or deviant behavior, see Civilization and Its Discontents (London: Hogarth Press, 1946).

[7]Some early sociologists did, in fact, teach with the goal of increasing students' awareness of the diversity of cultures and societies, and of demonstrating the validity of such diverse cultures and societies. The issue of "value free" sociology is not a new one (Gouldner 1970). Even today some contemporary sociologists teach with the aim of expanding students' knowledge and acceptance of other cultures and societies (Berger, 1963; Lee, 1973; Gouldner, 1970). In some instances, there are even latent hopes that students will embrace and encourage others in society to adapt some alternative element of another culture, society, social structure, institution, or organization.

[8]Essentially, what this recognizes is that education is itself a process of human growth and development. Any discipline with appropriate internships in counseling and human growth and development has a valid contribution to make to this developmental process. This has been the thrust of humanistic and liberal arts education from time to time throughout history. This was the original focus of the concept of the "well rounded" person. It was an attempt to facilitate the development of whole personalities.

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