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Clinical Sociological Perspectives on Illness and Loss: The Linkage of Theory and Practice

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Book Reviews

Clinical Sociological Perspectives on Illness and Loss: The Linkage of Theory and Practice, edited by Elizabeth J. Clark, Jan M. Fritz and Patricia Reiker. Philadelphia: The Charles Press, 1990. 340 pp., \$21.95 paper.

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This book is a collection of articles, most not previously published, centering on the contribution clinical sociology can make to the understanding of illness and loss. While the stated intent is to blend clinical sociology and thanatology, the book goes beyond those "limits" to explore the utility of sociological approaches for intervention in illness and loss. The book is a product of a joint effort of the Sociological Practice Association and the Foundation of Thanatology. The Foundation is dedicated to advancing the cause of enlightened health care for terminally ill patients and their family members.

The core of the book starts with Part II—Sociological Explanations of Attitudes Toward Illness and Death. This includes Don Sabo's "Men, Death, Anxiety and Denial: Critical Feminist Interpretation of Adjustment to Mastectomy," Joanne N. Clarke's "The Causes of Cancer: Women Talking," Dorothy Rosenberg's "The Death Certificate as a Reflection of Attitudes," Panos Bardis' "Thanatometer: A Scale for the Measurement of Awareness and Acceptance of Death," and Nancy Kutner's "A Social System Perspective on Cadaver Organ Transplantation," which appends a section on implications for clinical sociology.

Part III constitutes a section on Clinical Ethics, initiated by a "Role Analysis of a Clinical Ethicist" by Hammes and Bendiksen. The role analysis is placed in the context of the institutional review board of a community hospital. This is followed by an article on "Permission to Die: A Case Study in the Social Construction of Reality" by Suzanne Fleming and a case study of the implementation of a Louisiana law which allowed patients to refuse life-sustaining medical procedures. Elizabeth J. Clark deals with the interrelationship between loss and grief in the elderly population, and the section concludes with a Sociological Practice Association's Statement on Ethical Standards of Sociological Practitioners.

Part IV emphasizes Special Populations and Special Problems. Kabele reports on his work as a clinical sociologist in a child oncology clinic in Prague dealing with the mother-child relationship, and Bendiksen contributes an article on "Facing Death With Children." This is followed by Laura E. Nathan's "Coping with Uncertainty: Family Members' Adaptation During Cancer Remission," David Gordon's study of survivors of testicular cancer, and Tamara Ferguson, Jack Ferguson and Elliot Luby's "Role Performance After Loss," which deals with the adaptation of widows in developing a sense of attainment. The section concludes with Masako Ishii-Kuntz's study showing how sociological research can contribute to education on safe sex practices in the prevention of AIDS.

The last section, Part V, deals with organization and structure as sociological variables. In certain ways, these articles might be of most interest to other sociologists. Gear and Haney, in "The Cancer Patient after Diagnosis: Hospitalization and Treatment," deal with transitions to the role and status of cancer patient. They suggest ways hospitals might keep the cancer diagnosis from becoming a master status which overwhelms the patient. Clark, in her "Intervention for Cancer Patients," describes a problem-solving implementation for cancer patients in a mid-sized community hospital which deals with both internal staff changes and the utilization of community resources. Christopher Jay Johnson in "The Sociology of Alzheimer's Wings in Nursing Homes" describes a symbolic interaction assessment of Alzheimer's disease which led to the design and implementation of a low-stimulus environment for chronic patients in a nursing home. That environment seemed to lead to positive changes for the residents as their disease status changed. I found this article to be exceptionally insightful and hope it will become well known in the health care community. The section ends with an article by Kalekin-Fishman and Klingman entitled "Rituals and Ideology: The Case of the Funeral in Non-Religious Kibbutzim." While funerals seem to be an appropriate way to end the book, it would seem that most people die outside the kibbutz and within some religious tradition, so some comparisons with other forms of rituals would have been wise.

While the bulk of the book deals with loss and illness, the first part, Theory into Practice, represents some of the rationale for clinical sociology. Clark's introductory essay on sociology's contribution to the topic included in the book is a valiant attempt to tie in topics and theories. Fritz's article on the uses of sociology in clinical settings is rather detached from the intellectual history of the field. Roger Straus's reprinted article on "Changing the Definition of the Situation: Toward a Theory of Sociological Intervention," Reiker and Begun's "Linking Sociology to Clinical Practice," Cox and Fundis's "Teaching the Sociology of Dying and Death" are all useful in and of themselves but collectively contribute little to an introductory context for the rest of the articles. Instead of

being an "introduction," the first part seems detached from the rest. It would have been my preference to let the content articles in the book speak for themselves since collectively they constitute a better claim for the value of clinical sociology than does the introduction. It would seem that, as sociologists, we spend considerable intellectual energy in product differentiation, arguing the superiority of our theories, methods, approaches, and topics, usually with some ghost of the past or some imagined enemy. We would better spend our time improving our product, not just differentiating it. Certainly, there are a number of useful products in the book which contribute to our knowledge. Thus, the book would be useful to those in the sociology of health and could be used as supplemental readings in several different kinds of courses. Collections of articles are notoriously hard to put together in a coherent framework, but the parts still make the book worthwhile.

Marriage and Family Therapy: A Sociocognitive Approach, by Nathan Hurvitz and Roger A. Straus. Binghamton, NY: The Hayworth Press, Inc. 1991. 300 pp., \$29.95 cloth, \$17.95 paper.
Beverley Cuthbertson-Johnson

The creative partnership of Nathan Hurvitz and Roger Straus has produced an important work. The sociocognitive approach developed by Hurvitz in his clinical practice and refined and concisely articulated by Straus represents an essential step on the pathway to an integrated framework for applying important sociological concepts in therapeutic settings.

The first two chapters present the theoretical foundations of the sociocognitive approach. Chapter 1 identifies the macrosociological foundations of sociocognitive theory, stressing the importance of the sociocultural context within which family members interact and learn their behaviors, meanings, and feelings. Especially significant is a discussion of how established social structures, such as capitalism and the class system, as well as ethnicity, age/life stage, sex/gender roles, and social change can play a significant role in personal and interpersonal problems. Also particularly relevant is a discussion of the development and consequences of current social values in regard to individualism, personal responsibility, competition, and individual success.

Chapter 2 turns to the microsocial level, focusing on individual social actors as they act and interact. This chapter presents an in-depth discussion of the symbolic interactionism perspective in therapeutic applications. Drawing upon important contributions from the works of George Herbert Mead, W. I. Thomas, Robert Merton, and Erving Goffman, Hurvitz and Straus emphasize the social