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## Role Change: A Resocialization Perspective

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against nothingness, surrendering the quest for meaning. The author recognizes the problem, but does not ultimately come to grips with it.

He draws on Schopenhauer to make the case that sense and order in the world are constructed by an act of human attribution and only then rediscovered "out there" as supposed facts. What we call reality, he argues, is not what we discover but what we create. Once a world picture has been posited, a reality is constructed and the unconscious creators are trapped within that image. Their perceptions are bounded by that framework.

Those who suffer emotionally suffer not just from reality but from their own pictures of reality. Essentially, human sufferers (individuals, couples, families, or even nations) are trapped in their own world pictures, playing a game-without-end. This game has no rules for changing the rules and no rules for ending the game. It creates a vicious cycle without readily discernable escape routes. Nevertheless, Watzlawick argues, escape attempts are imperative:

If the sufferer should ever succeed—be it spontaneously or through therapy—to escape the apparently all-encompassing framework of his reality, it is the result of a remarkable and astounding leap out of his framework, a pulling oneself up by one's bootstraps that rivals the trick of Baron von Munchhausen. I would even go so far as to maintain that the essence of effective therapy lies in the bringing about of this leap. . . . (184)

In the final analysis, the critical ingredients of interpersonal reality are the answers we create to the questions we *choose to pose*. The consequences of our choice of questions are profound. The author persuasively challenges us to abandon the "why" question—the search for truth—and to reconsider our perceptions of interpersonal reality as well as our favorite strategies for therapeutic intervention.

**Role Change: A Resocialization Perspective**, by Melvyn Fein. New York: Praeger, 1990. 203 pp.

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The field of clinical sociology has stood on the periphery of mental health practice for decades. With the publication of *Role Change: A Resocialization Perspective*, clinical sociology may not only move into the psychotherapy arena, but may in fact change the way more traditional disciplines view the client and the helping process.

The world of psychotherapy has belonged to the psychiatrists, psychologists and social workers, most of whom have focused on finding the personal defect of the individual seeking help and assisting him/her in "fixing" it. *The Cinderella Complex* by Collette Dowling, *The Wendy Dilemma* and *The Peter Pan Syndrome* by Dan Kiley, and *The Good Girl Syndrome* by William Fezler and Eleanor S. Field, are but a few of the more recent popular self-help books that have followed this same focus of identifying the personal defect and offering solutions. However, the focus of *Role Change* is not the personal defect but rather the relationships and roles in which the person is engaged. The currently popular codependency literature has acknowledged the importance of relationships but has not developed it in the same fashion or to the same extent as Melvyn Fein.

The basic thesis of the book is that personal unhappiness is caused by social role problems, and in order to relieve the unhappiness, dysfunctional roles must be changed. Dysfunctional roles are created in the socialization process and must be relinquished and new ones constructed to replace them. This relinquishment and reconstruction is the resocialization process.

The first chapter outlines the role perspective and identifies types of role problems. These include roles which were initially constructed incorrectly, roles which have become dysfunctional in a new social context, and roles which are dysfunctionally maintained. In order to correct these role problems, Fein identifies three levels of intervention—social support, socialization, and Resocialization. The level of intervention to be used is dependent on the amount of change that is attempted.

The discussion of roles, role scripts, and role failures in the second chapter may seem basic or repetitive to the trained sociologist. However, the last half of the chapter includes an analysis of the effects of coercion on roles that should not be overlooked. It is in this analysis of coercion that some of the most helpful insights are presented. This writer found the discussion of "repetition compulsion" (30–31) particularly useful. It became apparent that clients who continually fight the same battle (and who continually lose) are not psychologically defective; they simply are attempting to find a relationship in which they can win (just once). These clients are reenacting childhood power struggles where the power cards definitely were stacked against them.

Throughout the book there are constant reminders that the resocialization process is not easy for the client. Resocialization strikes at the basic role structure and change is both scary and painful. However, it is in Chapter 3 that the losses and accompanying grieving process are systematically presented. Although this third chapter indicates the resocialization process is difficult, it is

not until the fourth, fifth, and sixth chapters that the emotional, social, cognitive, and volitional impediments to the change process are identified and discussed.

The strength of the seventh chapter lies in its outline of the qualities and skills of a "good" clinician. These are not restricted to clinical sociologists practicing the resocialization perspective, but are equally applicable to all clinical practitioners. Some of these skills are more extensively discussed in the two following chapters in terms of roles a clinician might play in helping a client unblock emotions and renegotiate dysfunctional roles. Again, these ideas are not limited to resocialization practitioners. All clinicians may benefit from Fein's insights.

The book presents a solid theoretical base for the resocialization perspective. It then outlines the perspective and details the client's defensive emotional, cognitive, and social barriers to the process. It offers insight on abilities and skills the clinician should possess in order to use this paradigm as an intervention tool. It also includes brief vignettes for illustration. The book is solid in every aspect, yet this writer is concerned that it will not immediately be embraced by either the professional mental health community nor the readers of popular self-help literature. Although the resocialization perspective represents the best of many respected therapies and trends in a variety of disciplines, this convergence may not be positively viewed by all disciplines. Professional turf protection and professional jealousies may *delay* the use of this perspective. The tradition of "medicalizing" interpersonal problems has been adopted to such an extent that the new terminology and focus may *delay* the understanding of this perspective by the general population. Please note that this writer has underscored the word *delay* for both audiences. It is my opinion that the resocialization perspective may not *immediately* revolutionize psychotherapy, but in the coming decades it easily could be the newly accepted perspective in the helping professions. This book, therefore, becomes important reading for all mental health practitioners, not just sociologists.

The beauty of this book for sociologists is that it uses the very basic principles of the discipline. Yet it systematically organizes them so they have utility beyond the academic and policy arenas.

If you only read one book this year, this is *the* book to read. On a personal level, it will add to your knowledge and may change the way you practice sociology. On a professional level, it clearly establishes the resocialization perspective as a viable method to assist clients in changing dysfunctional behaviors. On a broader scale, it may change the way clinical sociology is practiced, viewed, and accepted by other disciplines.