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Editorial Board

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Editor's Preface

W. David Watts
Jacksonville State University

This volume of the *Clinical Sociology Review* contains a number of exciting applications of sociological theory and methods. Whether Melvyn Fein is discussing treatment of the individual client, Sandra Coyle is writing about the process of reconstruction of emotions of members of a 12-step community or Linda Weber and Allison Carter reconstructing trust, these authors continue to demonstrate sociological applications at the individual, emotional level. S. Joseph Woodall, a sociologist and a firefighter, writes about the emotional traumas that firefighters experience in the ordinary practice of their profession in "Hearts on Fire." John G. Bruhn compares the organization to an individual in the context of reactions to major organizational changes. Lynn M. Mulkey asks us to reflect on the theoretical and humanistic implications of sociological practice.

In the teaching notes section, we have an interesting contribution that explores the real world, cultural boundaries of teaching written by David W. Hartman, Betty J. Fein and Avraham Schwartzbaum. In addition, Billy P. Blodgett and Ellen E. Whipple explore the implications of demographic characteristics of students who are taught via compressed video instruction. Melodye Lehnerer tells us a cautionary tale regarding using interventions in the classroom.

The Practice Notes Section offers a wonderful piece on the federal poverty measure. How was this very important measure created? What applications has it had? The macro implications of the measure of poverty continue to be explored and debated. Here is a reflective offering by Gordon Fisher, a man who has spent the majority of his career administering this measure.

Finally, this volume includes an autobiographical statement by one of the true pioneers in clinical sociology: Jonathan Freedman. Jonathan helped to found the Clinical Sociology Association, the predecessor of the

Sociological Practice Association. Along with Barry Glassner, he wrote *Clinical Sociology*, a book that many consider to still be the best in the field.

As the outgoing editor of the *Clinical Sociology Review*, it is my privilege to thank the many sociologists who have contributed their time and energy to making this journal. Hugh McCain has done great work as Associate Editor. He has received efficient and generous clerical support from Gail Childs. In addition, Ron Koss has generously provided the "Résumés en Français" for the past three issues of the *Clinical Sociology Review*.

For many years, Harry Cohen as served as the Book Review Editor for the *Clinical Sociology Review*. With his retirement from Iowa State University, Harry has asked to be relieved of these responsibilities. The Sociological Practice Association and the *Clinical Sociology Review* owe Harry Cohen a great debt. He has provided quality reviews in a timely, well organized fashion. Thank you, Harry.

The reviewers make the journal. Some reviewers deserve credit for in essence editing the journal, but all deserve recognition. I particularly want to acknowledge Beverly Cuthbertson Johnson, Ann Marie Ellis, David Kallen, Ray Kirshak, Sandra Coyle, Sarah Brabant, and Jonathan Freedman for their consistent, quality work in support of the *Clinical Sociology Review*.

John G. Bruhn is the incoming editor of the *CSR*. John will do an outstanding job. Please send your manuscripts to him at Penn State, Harrisburg; 777 W. Harrisburg Pike; Middletown, PA. 27057-4898. He may be reached by e-mail at jgb5@psu.edu, by phone at (717) 948-6101 and (717) 948-6105, and by fax at (717) 948-6452. If you are interested in serving as a reviewer, please contact John.

Working with John is Dr. Steven Couch as Book Review Editor. If you wish to volunteer to review books or have a book for the *CSR* to review, please contact Dr. Couch at Department of Sociology; Penn State University, Schuylkill; Schuylkill Haven, PA 17972. Dr. Couch's telephone is (717) 385-6071; Fax (717) 385-3672. His e-mail address is arc@psu.edu.

W. David Watts
Editor

About the Authors

Billy P. Blodgett is an Associate Professor in the Department of Sociology and Social Work at Northern Michigan University. Prior to this academic appointment in 1990, he was the Director of the Social Work Department at the Wichita Falls State Hospital in Wichita Falls, Texas. In addition to his teaching and writing, he contracts with Marquette General Hospital in providing psychiatric crisis intervention services. He received his Ph.D. in Sociology at North Texas State University in 1986, and his Master's Degree in Social Work at the University of Texas-Arlington in 1976.

John G. Bruhn is a certified clinical sociologist who is Provost and Dean and Professor of Sociology at Penn State, Harrisburg. After receiving his Ph.D. degree from Yale University he focused his research efforts on stress and coronary heart disease and later became involved in several projects in health education, rehabilitation, and prevention. His recent research interests are in the health of organizations and organizational dynamics.

Allison L. Carter is an instructor of Sociology at Rowan University in Glassboro, New Jersey, where she teaches courses in gender and stratification. Her research and practice interests are in the area of trust in interpersonal relationships, selfhood, and homelessness.

Sandra Coyle holds a Ph.D. in Human Development from The Fielding Institute, Santa Barbara, CA. She is on the Board of The Institute for Deep Learning in Santa Barbara where she continues the research, design, and facilitation of Deep Learning Groups. She is also the Director of The Emotional Fitness Center in Fort Myers, FL where she conducts emotional fitness programs for individuals, small groups, and corporate organizations. Her work continues its focus on the "biopsychosociospiritual" underpinnings of emotionality and the processes inherent in emotional resocialization. Her aim is to better understand how identities constructed amid adverse socioemotional circumstances can be reconstructed in novel social structures and communities.

Melvyn L. Fein, Ph.D., is Associate Professor of Sociology at Kennesaw State University in Marietta, Georgia. He is a certified clinical sociologist who holds his doctorate in sociology from the City University of New York and has accumulated over twenty years of clinical experience. He is the author of *I.A.M.* * *A Common-Sense Guide to Coping with Anger, Analyzing Psychotherapy: A Social Role Interpretation, Role Change: A Resocialization*

Perspective, and *Hardball Without an Umpire: The Sociology of Morality.*

Betty J. Feir, Ph.D., P.C., is a clinical psychologist and has been in private practice in Texarkana, Texas for the past eighteen years. She is a former college professor, having taught at Oklahoma State University, the University of South Carolina, and East Texas State University at Texarkana, and is currently a Clinical Professor at the Arkansas Health Science Center, and an adjunct professor at the University of North Texas. In addition, she provides psychological services to a variety of industries and businesses, is a noted workshop leader and public speaker, and provides forensic consultation to attorneys, individuals, and the courts.

Gordon M. Fisher has worked as a program analyst at the U.S. Department of Health and Human Services since 1973. He began his professional federal career by working for the U.S. Office of Economic Opportunity — the lead agency of the War on Poverty — in 1968 and from 1970 to 1973. Since 1982, he has been responsible for issuing the annual update of the poverty guidelines (the administrative or program-eligibility version of the federal poverty measure) and responding to public inquiries relating to them. For about a decade he has been working to compile and preserve information about the development and history of the poverty thresholds (the statistical version of the poverty measure) and to research the history of earlier unofficial poverty lines in the United States.

Jonathan A. Freedman wrote the sociological autobiography featured in this issue. In addition to that extensive presentation, we note that he reviews articles for CSR, is a past Executive Officer and President of the Association, and also has been honored with the Distinguished Career in Sociological Practice and President's Award.

David Hartman holds a Ph.D. in Anthropology from Wayne State University. He currently serves as Interim Dean of the School of Community Service at the University of North Texas in Denton, Texas. He has taught at Culver-Stockton College, Wayne State University, Virginia Commonwealth University, and the University of North Texas. His research interests include ethnicity in the United States, urban social organization, migration, and issues related to religious conversion and rebirth. He is active in numerous community-based organizations and has developed techniques and strategies to immerse students in community redevelopment, both in the United States and Mexico, as part of their educational training. He has also published one book and numerous articles related to his research interests.

Melodye Lehnerer is a certified clinical sociologist and an assistant professor at Southwest Missouri State University. She is currently teaching in the criminal justice program specializing in institutional and community corrections, gender and justice, and qualitative methods. She is also working with the Citizen's Advisory Board, a supportive agency to Missouri probation

and parole, as a board member and consultant. Her research focus is the application of Freirean pedagogy to reintegrative problems of ex-offenders. Her aim is to expand the application of this pedagogical model to a variety of social groups to promote "humanistic transformations."

Lynn Mulkey is Associate Professor of Sociology at the University of South Carolina, Beaufort and is an evaluation consultant for various human service agencies in the South Carolina lowcountry. The ideas foundational to this manuscript in CSR were initially investigated by the author (who received her Ph.D. from Columbia University in 1985) while at the University of California, Los Angeles as Fellow of the National Institute of Mental Health and Visiting Assistant Professor of Sociology. The views expressed pertaining to a humanistic version of the definition and resolution of individual and social problems are reflected in her books, *Seeing and Unseeing Social Structure: Sociology's Essential Insights* (© 1995 with Allyn & Bacon [Simon & Schuster]) and *Sociology of Education: Theoretical and Empirical Investigations* (© 1993 with Harcourt, Brace, Jovanovich). The perspective also derives from her past work in sociological practice as an Evaluation Research Associate with the New York City Board of Education, particularly in co-authoring reports of the effectiveness of federally-mandated poverty programs.

Avraham Schwartzbaum holds a Ph.D. in Organizational Behavior from the School of Industrial Labor Relations, Cornell University. He serves as registrar of Neve Yerushalayim College in Jerusalem, Israel. He is also the Academic Coordinator of the cooperative master's degree program in Clinical Psychology between the University of North Texas and Neve Yerushalayim. His current research paper focuses on the antecedents and consequences of people returning to a more religious Jewish lifestyle. He serves on the Advisory Board of the International Network on Therapeutic Jurisprudence.

Linda R. Weber is an Associate Professor of Sociology and Chairperson of the Department of Sociology and Anthropology at the State University of New York in Utica. She is certified as a clinical sociologist (CCS) in the area of group facilitation. Her research and practice interests are in the area of trust in interpersonal relationships.

Ellen E. Whipple is an Associate Professor in the School of Social Work at Michigan State University and is a practicing clinical social worker and psychotherapist. She earned her Ph.D. from the University of Washington in 1989 and her MSW from the University of Michigan in 1984. She has more than a dozen publications in the child welfare area, evaluating both parent-child interactions and early intervention programs (especially infant mental health) for preschool-aged children at risk of abuse and neglect. She is continually interested in finding methods to improve teaching effectiveness, particularly at the graduate level.

S. Joseph Woodall is a sixteen year veteran of the professional fire service, currently serving as a Captain on Ladder Company 193, Peoria Fire Department, Peoria, Arizona. In addition to his duties as a Company Officer, he serves on the Phoenix Department's Juvenile Fire Setter Provider Panel, providing counseling services to juvenile fire setters. As a clinical professional counselor, Joe also frequently works with the St. Luke's Employee Assistance Program as an instructor, and counselor therapist. The majority of his off-duty time is spent as the Public Safety Administration Program Director at Grand Canyon University, College of Continuing Studies, Phoenix, Arizona. As Joe steadily moves toward the completion of his Ph.D. at the Fielding Institute, he is also in the process of certification as a clinical sociologist via participation in the Fielding Institute/Sociological Practice Association joint certification program. His recent research "Hearts on Fire: An Exploration of the Emotional World of Firefighters" received the prestigious Sociological Practice Association's Graduate Paper of the Year, 1997. Captain Woodall holds an M.Ed., M.A. Counseling, and M.A. Human and Organization Development.

The Social Reconstruction of Emotions: Insights from Members of a 12-Step Community

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ABSTRACT

Common among many approaches to the study of emotions that are emerging across disciplines is the fundamental proposition that emotions "are emergent properties of social relations and sociocultural processes" (McCarthy 1994: 269). Consistent with Berger's (1977) assessment of ideas, emotions--their meanings and associated behavioral counterparts--are believed to succeed in history by virtue of their relationship to specific social processes. Hence, as Stearns and Stearns (1994) observed, emotions have histories that are a part of every individual's socializing environment. Emotions, then, are social things that are learned and can be relearned (McCarthy 1989).

As in Power (1984), this paper positions the emotions as a critical component of the socialization process. It then endeavors to establish the equally critical role of emotions in the process of resocialization--the intentional effort to transform one's subjective reality (Berger and Luckmann 1966)--as experienced among members of a 12-Step group for Adult Children of Alcoholics (ACOAs). Following McCarthy's (1994) lead, this analysis proceeds from a social constructionist standpoint as informed by culture theory. As such, it is believed that "emotions are best grasped as objects of investigation within the domain of cultural forms and meanings" (McCarthy 1994: 268). The context of this analysis is the contrasting cultural domains of a family with parental alcoholism and an ACOA community. The goal is two-fold: first, to better understand how culture matters in the way emotions are "differentiated, socialized, and managed socially" (McCarthy 1994: 269); and secondly, to investigate the relationship between an individual's emotional experience, subjective reality, and overarching experience of self.

INTRODUCTION

It has been estimated that each day millions of Americans attend 12-Step group meetings. Modeled after the 12-Step program for Alcoholics Anonymous (AA), such meetings address problematic issues arising for many people in everyday life: overeating, overspending, substance abuse, gambling, and compulsive sexual activity, to name a few.   One 12-Step group is of particular interest to the study of emotions, given its explicit purpose to assist its members in getting in touch with emotions that have been denied in the past. Members of this group, Adult Children of Alcoholics (ACOA), share the belief that growing up in a family with at least one alcoholic parent has had damaging effects on their physical, emotional, psychological, and spiritual well-being--conditions that continue to affect them in adult life.

While making no attempt to evaluate the veracity of the ACOA community's ideology, the ACOA group is positioned here as a community of intelligibility that poses a major challenge to dominant assumptions held by its members.   The ACOA community is viewed as an "emotional culture" (Gordon 1981) aimed at helping members achieve transformational shifts in the emotional, psychological, and spiritual domains of life. The community's culture is established, in part, through its own sort of "generative theory" (Gergen 1994) designed to undermine commitment to one's prevailing system of belief for the purpose of generating new understandings and options for alternative modes of action.   From the standpoint of postmodernism, the ACOA community represents a "deconstructing" culture designed to challenge old, problematic constructions of self and the world. It provides a context ripe with opportunities to study the dialectical relationships among emotions, culture and self-identity. For, as McCarthy (1994) has observed,

> feelings and emotions have come to serve as one of the principle
> experiences of self-validation, as the moorings, the moral and spiritual
> resources, from which to claim an identity and to build a self-conception.
> (p. 275)

The focus of study here is the difference in the conceptions of self as experienced and recounted by six ACOA group members. This paper treats the stories of these six anonymous individuals as sociological autobiographies in an attempt to better understand the influence of the socius--be it a family with parental alcoholism or a 12-Step group--on a person's experience and explanation of self. Particular focus is placed on the contrast between the conceptions of self constructed amid the "structures of reality" (Berger and Luckmann 1966) and "emotional culture" offered by families with parental alcoholism and those constructed within the ACOA community. This contrast is explored through the storied accounts of the emotional patterns of these six individuals before and since their ACOA group participation.

This paper begins by offering Meadian theory as a means for understanding the social genesis of self within a family with parental alcoholism. It then engages in a more in-depth, theoretical discussion of the processes of primary socialization active in an "alcoholic family" and the objective and subjective realities that such socialization can produce. Focus is then placed on the "problem of consistency" that can be experienced during secondary socialization as attempts are made to reconcile the reality bases of self and world as presented within the alcoholic family culture with those presented by the larger social culture. The paper culminates with an analysis of the ACOA community as a collection of social processes capable of encouraging and supporting intentional efforts to change one's subjective--and, hence, one's objective--reality. Throughout the discussion, the essence of this inquiry lies in the role that emotions play in the social construction and reconstruction of reality. It is suggested that a reconstruction of reality necessitates a reconstruction of emotion and that this reconstruction, in turn, necessitates the availability of certain social and conceptual conditions.

A MEADIAN APPROACH TO AN UNDERSTANDING OF THE SOCIAL GENESIS OF SELF WITHIN A FAMILY WITH PARENTAL ALCOHOLISM

This paper represents an attempt to take a sociological approach to understanding what is generally considered psychological phenomena. Leaning heavily on the social psychology of Mead (1934) and the social constructionist thought of Berger and Luckmann (1966) and Berger (1977), this analysis is grounded on the prepositional assertions that, first, there is a dialectical relationship between social structure and psychological reality, and second, that there is also a dialectical relationship between psychological reality and any prevailing psychological model (Berger 1977) that an individual comes to hold in her/his mind. In this sense, "psychological reality means the way in which human beings in a specific situation subjectively experience themselves" (Berger 1977: 28). Of particular importance to the discussion at hand is the notion that "psychological reality originates in specific social processes of identity production, so the continued existence and subjective plausibility of such a psychological reality depend upon specific social processes of identity confirmation" (Berger 1977: 28). Extrapolation of this notion would then suggest that significant change in the social processes active in one's identity confirmation could produce change in the psychological reality--and prevailing psychological model--one has come to rely on in one's day-to-day experiences of self and the world.

The two identity-confirming domains of social processes, or "cultures," of interest here are the family with parental alcoholism and a 12-Step community for Adult Children of Alcoholics. It is assumed that the institutional world

transmitted by most parents to their children "already has the character of historical and objective reality" (Berger and Luckmann 1966: 60). This analysis also assumes that such "character" is infused with and shaped by an indisputable emotional quality that serves to solidify and add permanence to the objective reality it projects and maintains. Here it is suggested that alcohol-dependent parents will, however unwittingly, project and maintain an objective reality that reflects the elements (e.g., constituents of the psychological model) that have predisposed them to their misuse of alcohol and their resultant emotional comportment. In Denzin's (1993) profile of the alcoholic self, these "emotions of self" are identified as "chiefly resentment, guilt, anger, and fear" (p. 58), which underlay the individual's entire emotional repertoire.

In applying Mead's (1934) theory of the social genesis of the self, one could posit that a child of an alcoholic becomes, to some degree, a reflected entity of the alcoholic parent. She will, in her own unique way, come to reflect the attitudes first taken by her alcoholic significant other(s) toward herself. She will become that which she becomes addressed as by her alcoholic significant other. As she identifies, cognitively and emotionally, with her significant others in the alcoholic family culture, she will adopt as her own the representations and meanings of the alcoholic's objective world. The generalized other, as represented by the alcoholic family, will eventually become crystallized in her consciousness, thus encouraging what is perceived to be real outside to correspondingly become real within. It is in this manner that the objective reality of the alcoholic parent becomes, to some degree, "translated" into her subjective reality. The dialectical nature of this phenomenon becomes evident as her subjective reality begins to act in turn on her objective reality—thus confirming the alcoholic's version of what is real while minimizing any threat to that reality. Later, the ACOA community is introduced as an alternative emotional culture that offers both social and conceptual conditions conducive to a radical alteration of its members' subjective and objective reality.

PRIMARY SOCIALIZATION AND THE SOCIAL CONSTRUCTION OF EMOTIONS IN THE ALCOHOLIC FAMILY

> I did not know about myself before. Because of my mother's demanding and her outbursts when she would get drunk, you know. She would get nasty and mean, and yelling and screaming at everybody. All of that made me feel as though I was worthless. I took on all those feelings for so long. —Carol[1]

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[1] All names have been changed to ensure anonymity.

To treat families characterized by parental alcoholism as a distinct culture, it is necessary to attribute to them distinctive approaches to creating and sustaining symbolic systems of thought, meaning, and behavior. Such approaches become evident when the constitutive processes of socialization employed by a social unit are examined. For purposes here, the processes of primary socialization employed, in what heretofore will be referred to as the alcoholic family, involve the identification of a "world of objects" (Blumer 1969: 11), meanings, rules, rituals, and emotional experiences conducive to maintaining the reality and practices of the alcoholic parent(s). While not intending to make villainous the alcoholic or imply the existence of any sort of generalized approach to socialization common among all family units with parental alcoholism, this study recognizes that, as suggested in Carol's remark above, there are emotional antecedents to the condition of alcoholism that impact the systems of thought and behavior patterns of the alcoholic and those with whom s/he interacts.

The alcoholic parent(s) is positioned here as the emotional linchpin of the alcoholic family culture. While an exhaustive account of the alcoholic identity and its potential impact on the family lies outside the scope of this paper (see Denzin 1993; Steinglass, Bennett, Wolin, and Reiss 1987; and Coyle 1996 for examples of such accounts), it is acknowledged that emotional and behavioral predispositions often accompanying alcohol dependency can contribute to the creation and maintenance of a negative "atmosphere of feelings" (Denzin 1984). Additionally, behavioral inconsistency and problematic emotional comportment--referred to here as *emotional immaturity*--common among alcoholics are believed to provide a negative "looking-glass reflection" (Cooley 1902/1964) for family members of alcoholic parents.

The co-existence of a negative looking-glass reflection and a negative atmosphere of feelings within the alcoholic family can adversely affect the process of primary socialization--a relational process undergirded by emotionality. When viewed as symbolic interaction, emotionality "can be seen as arising out of the self-interactions that individuals direct toward themselves and out of the reflected appraisals of others" (Denzin 1984: 54). As family members begin to take the role of the significant alcoholic other, their self-feelings, self-conceptions, and negotiated meanings begin to reflect in some fashion the emotional and cognitive social acts directed toward them by the alcoholic other. Following Shott (1979), it is contended that the emotional and cognitive predispositions of the alcoholic parent shape the family culture and influence how family members come to interpret their emotions and, to some extent, what they actually feel. Shades of this contention can be heard in one of Kate's recollections:

> Someone tells you what to feel, someone tells you what to do,
> someone creates a picture of what is important. In other words, no one
> asks you what you feel or what you think! And if they do, or in fact when
> you do say what you're feeling, because your feelings are different, they're
> spanked away. So with that you have been squashed and you never really
> find out what it is you feel on any subject.

The alcoholic family culture is treated here as one that can create and reflect problematic versions of "commonly recognized spheres of understanding...[and] shared, repeatedly communicated and routinized interpretive schemes" (Hostein and Gubrium 1994: 243). It is seen as one producing an emotional culture that, "affecting individuals' evaluation of their own emotional experience [as Kate expressed above], may condition judgments of others at least as strongly" (Stearns and Stearns 1994: 263). The alcoholic parent is understood as one whose emotional immaturity cannot accommodate a disposition toward interpersonal sympathy or empathy. The socializing culture of the alcoholic family can in turn be seen as one often involving the "punitive socialization of emotion" (Malatesta, Culver, Tesman, and Shepard 1989). As Tomkins originally suggested, children socialized under such conditions are likely to acquire emotional disorganizations or "affective biases" (cited in Magai and McFadden 1995: 278). Such biases then manifest as an imbalanced emotional repertoire, which accommodates only a narrow, inflexible use of affect. Vic speaks of his experience with such shades of emotional immaturity and their ability to endure throughout adulthood:

> There was never any consistency in my life as a child except that I
> was always told, 'You were bad; you were naughty; you were sinful.'
> And all I was doing were the things that all kids do. But for those things,
> my parents and the people around me would always say, 'Good little boys
> don't do this.' I used to react with my anger and rage—they became my
> defense mechanisms. Even now when I react to something negative it
> takes me back to my childhood and I can feel myself starting to react the
> way I did as a child.

When emotions are viewed as *socioemotional* constructions, emotional performances—whether in the form of expressed or repressed emotion—are necessarily circumscribed by and reflective of the broader, culturally-determined patterns of relationship. Within these patterns of relationship emotions become "social objects" (McCarthy 1989) with a "dual capacity to serve as objects of action and as signs that enable action to proceed" (McCarthy 1994: 275). And as Bruner (1990) and Averill (1986) have observed, the one being socialized is entering a world in which the meanings of acts and social objects have already been established; they are already in place, deeply entrenched within the culture and its language. Accordingly, the

social construction of emotions and the socializing processes inherent in the socioemotional context of the alcoholic family reflect the internalization of the meanings, beliefs and values of the significant alcoholic other.

The developing attitudes involved in emotions--and their associated behavioral expressions--are also learned as part of one's introduction to the beliefs, values, norms, and expectations dictated by the alcoholic family's socioemotional tenor. "Emotion rules" (Averill 1982) evolve that determine the usage of emotion, the way emotion should be experienced and expressed, and way in which emotional display should be managed--all of which are designed, however unconsciously, to support and protect the world of objects, meanings, and interpretations of the alcoholic. Consequently, "emotional schemas" (Averill 1982), or belief systems, are constructed to guide the appraisal of situations, organize responses, and direct the self-monitoring of behavior in the interest of minimizing any threats to the alcoholic's subjective or objective reality. As such, the alcoholic family can become a microculture in which microsocial patterns of interaction produce "systems of intelligibility" (Gergen and Gergen 1988) that are insufficient to foster even moderate degrees of socioemotional competence--or *emotional maturity*. (See Salovey and Mayer 1990, for their related model of "emotional intelligence," as discussed at length in Goleman 1995.) Deficient systems of intelligibility, as cultivated within the alcoholic family, often prove themselves to be problematic when members attempt to "fit" into the larger culture. Lori's story provides an account of such an experience:

> I didn't know what was wrong with me and my family but I knew something was different. I always felt different. I liked being in my friends' homes because I knew they were different. I remember being like an observer there so I could learn how to be "normal." I didn't know how to fit in because stuff just wasn't like Ozzie and Harriet in my house. I couldn't bring anyone home because mom might be passed out on the floor.

Later, Lori speaks of the beliefs and emotional patterns she developed to compensate for feeling so "different:"

> I became very control-oriented. I thought things were either black or white, right or wrong. I had to be right. I was also very reactive and judgmental. I didn't have much of a sense of self-worth and I certainly did not have much of a sense of self-acceptance. I felt like I had to react to everything anyone ever said. It just did not enter my head not to. I used to think that by reacting and trying to be controlling--by using my anger-- was how I gained control.

Terry's story provides another glimpse of emotionality and self-identity as socially constructed in an alcoholic family culture:

> Silence was golden in our family. But I think another reason I didn't express my feelings was because I wasn't really certain that what I was feeling was real. I think I had a tendency, when people put me down, to accept that they were probably right. I can remember being cynical as a child about life and not expecting good from life. I kept on a front that I expected would keep me safe. Then somewhere along the line I got confused about what was the mask and what was the real me.

In addition to serving as examples of how culture impacts emotionality, the stories shared so far by Carol, Terry and Lòri also highlight the linkage McCarthy (1994) has made between emotions and authenticity:

> The emotions have become preeminent objectifications of subjective experience, precious vehicles for rendering one's life and one's identity meaningful (p. 275).... Emotions are vital aspects with which the self establishes or discovers its authenticity; emotions have become a "language" in which the self discloses and confirms its identity. (p. 276)

Critical to this discussion so far is the understanding that "primary socialization ends when the concept of the generalized other (and all that goes with it) has been established in the consciousness of the individual" (Berger and Luckmann 1966: 137). As in the cases of the participants in this study, establishing in consciousness the concept of the generalized other, as presented by the significant alcoholic other, can produce emotional schemas incapable of allowing a meaningful rendition of one's life, identity, and place in the world. The following section of this paper discusses secondary socialization and the ways in which, for these individuals, the world of one's parents that was internalized as the world became so problematic in adult life that each began seeking ways to radically transform her/his own subjective reality. The final section then examines the processes of "resocialization" (Berger and Luckmann 1966) undertaken by these individuals. In so doing, our inquiry into the impact of culture on emotionality continues as we begin an examination of how emotions can in fact be socially reconstructed.

SECONDARY SOCIALIZATION AND THE PROBLEM OF CONSISTENCY

The process of primary socialization involves the internalization of a reality that, for a child, is necessarily "apprehended as inevitable" (Berger and Luckmann 1966: 147). The child is not yet equipped to make discernments between the reality presented within the cultural orientations of the family of origin and alternative constructions of reality. Secondary socialization begins as the child is exposed to and begins to internalize institutional or institution-based "subworlds" (Berger and Luckmann 1966: 138). Through secondary

socialization, the individual acquires knowledge necessary to assume contemporary social roles.   It is assumed that in the process of secondary socialization the individual is exposed to new constructions of reality and is afforded opportunities to experience new internalizations.   However, a fundamental problem is also recognized:

> secondary socialization...always presupposes a preceding process of primary socialization; that is, it must deal with an already formed self and an already internalized world...[and] the already internalized reality has a tendency to persist...There is, therefore, a problem of consistency between the original and the new internalizations (Berger & Luckmann, 1966: 140).

Terry's story informs us about her difficulty dealing with this problem of consistency:

> I got negative messages all during my childhood. To think of life as being happy and the world as a good place was like blowing hot air. I never, ever took a look at the fact that I could be happy by just not looking at the dark side of everything. I know I got a lot of these ideas from my family that happiness is elusive and you may never get any--not even a speck.   I didn't get any encouragement and I never gave encouragement. My pattern was to say, "Oh, that will never work. There's no point in trying."
>
> Later when I got out into the "real world" and saw people with "unnegative" attitudes, I thought it was real childish to have a cheerful attitude.   Then I began to think that those negative, discouraging things were actually cool, you know, sophisticated.   As a result, life became a constant struggle for me. I wanted to have my own way and live that way. Of course, it never worked. But I fought constantly to make it happen. I fought either myself or somebody else all the time for some goal that I am not even sure I knew what the goal was. I became defensive and thought of it as rebelliousness. I also used to think that I was the only one having all the difficulties and that others didn't have any. That had a tendency to make me feel powerless.

Terry's story illustrates how self-defining and persistent initial internalizations of reality can be. It also illustrates how, absent an emotionally charged identification with the significant others presenting the new, potential internalizations, life can proceed in a constant struggle to achieve some workable solution to the problem of consistency between one's habitual approach to life (e.g. adopting a rebellious nature) and approaches now observed in others (e.g. having a cheerful attitude). As Berger and Luckmann (1966) purport, "the facts that the processes of secondary socialization do not presuppose a high degree of identification and its contents do not posses the quality of inevitability" (p. 144) can work to one's advantage in that they can permit learning experiences that are rationally discerned and emotionally controlled.   However, as Terry's story exemplifies, the emotional control

exerted by some throughout the process of secondary socialization is limited to the narrow margins of the emotional repertoire developed during primary socialization. This can create the experience of "going around in circles," as Kate's story illustrates:

> I was convinced that I had a perfect childhood. I felt very good about myself and the world around me. I felt very much in charge. I was really surprised about the ups and downs I was having in my life. I couldn't understand why someone like me, who wasn't afraid to take risks, kept running into bad luck all the time. For example, why I was choosing all the wrong partners for me—I've been married at this point a total of six times.
>
> I also couldn't understand why I couldn't keep my really good friends. I was always the one who made the chicken soup and would drive 100 miles to bring it to a friend. Yet, I never made any requests of my friends. I always had difficulty letting other people do nice things for me. I learned that from my mother. It's her way of staying in control. I also used it as my way of staying in control. But as a result I always ended up in one-sided affairs—always me giving but losing in the long run.

Processes of secondary socialization become affectively charged only when commitment to a new reality becomes perceived as necessary. At that point a relationship needs to be established between the individual and a socializing agent or group, which then becomes "correspondingly charged with 'significance'...and take[s] on the character of significant others" (Berger and Luckmann 1966: 145). For Kate, certain processes of secondary socialization became affectively charged when, to her "astonishment," her "perfect daughter" ran away from home and ended up in a treatment center for juvenile drug abusers. For Roy, the catalyst for commitment to a new reality was the trauma incurred when he, too, had to admit his son into a drug treatment facility. For Carol, it was emotional despair and her experiences upon admitting herself into a mental health treatment center.

In the cases of Kate, Roy, and Carol, intensely important, emotionally-laden circumstances served as a catalyst to seek out a new reality-defining institution and/or social group. While treatment center personnel initially assumed this function, each was eventually encouraged to join a local 12-Step group. As Roy recalls,

> I was crying all the way home after we left our son in the hospital. I thought that maybe in support for him I might be able to stay off the sauce for a while. I better set a decent example. Eventually I went to ACOA and began to find a lot of the information and material we covered to be like a positive way to improve my attitude and my life. I could relate to a lot of it. I used to approach life like John Wayne—if John Wayne doesn't like it, he doubles up a fist, swings a chair, and straightens 'em out. I thought it might be good for a change to be around people who don't drink booze and make fools of themselves like that.

For others, the memory of a particular trigger event is less prominent. Lori claims

> there wasn't any one crisis or catalyst that I can remember that sent me to ACOA. I just knew it was time. I was hurting so much emotionally. I even felt like I was going to die. I had to do something.

For Vic, the initial, new-reality-defining social group that evoked a strong affective identification was formed by the participants in a 24-week Inner Child Workshop. As he recalls,

> I felt like I kept losing myself; I kept losing my direction. I quit my job and from that point I really began to search into the person that I was, and how I got to be what I was, and parts of myself that I did not like. I started asking myself, 'was that really me or was that something that I had learned?' The inner child work made me look at myself and I began to accept myself as I really was—the good, the bad, and the ugly! Then I decided to try to understand the parts I didn't like about myself, why I didn't like them, where they came from, and what it was all about. I met numerous other people that were interested in the same things that I was so I had a new circle of friends. I had new people come into my life and so my life began to take on a new direction. That's when I began attending ACOA meetings.

These story excerpts illustrate how strongly affective identification with novel socializing personnel led these six autobiographers to ponder the possibility of alternative versions of reality as well as alternative conceptions of their own self. There is also an implied acknowledgment of the need for prolonged exposure to a new social group, a new "generalized other" (Mead 1934) with which to embark on this investigation. We turn our attention now from the processes of secondary socialization to the social phenomena involving the processes of resocialization, where the goal is an actual transformation of subjective reality. We will be discussing the necessity of a new culture of embeddedness and the role that emotions play in such transformation.

RESOCIALIZATION AND THE SOCIAL RECONSTRUCTION OF EMOTIONS IN AN ACOA COMMUNITY

Secondary socialization achieves the status of resocialization only when an individual intentionally seeks to radically transform her/his subjective reality. It involves a dismantling of the preceding structure of subjective reality and a means for reconstructing and maintaining a new version of reality--including one's conception of self. However, before such dismantling takes place, latter processes of secondary socialization often lead one to a social unit with an alternative version of reality that one can identify with, internalize, and, eventually, inhabit. At this point, the individual seeking an

alternative reality is likened to one experiencing the woes of "unsuccessful socialization," which is "understood in terms of asymmetry between objective and subjective reality" (Berger and Luckmann 1966: 163).

In the context of this analysis, the experience of such asymmetry, however unconscious, is comparable to experiences of inauthenticity--the experience of not knowing oneself. Applying Cooley's (1964 [1902]) looking-glass proposition, such experiences of inauthenticity among children of alcoholics can be linked theoretically to trepidant self-feelings that develop through the persistent imagining and internalization of the alcoholic other's often-distorted perceptions and evaluations of them. Following Ward and Throop's (1992) understanding of Mead's theory of the emotional self (cited in Erickson 1995) as the "primal core of human individuality...built out of our experience of our own actions" (p. 126), it is suggested that parental alcoholism can create an "atmosphere of feelings" (Denzin 1984) in which the experience of one's own actions becomes problematic and emotionally debilitating. Assuming that the "very mechanisms that give rise to emotional experience provide the core experiences out of which the individual arises" (Ward and Throop 1992: 80), individuals arising out of the mechanisms that give rise to emotional experience in the alcoholic family are likely to experience **both** feelings of inauthenticity **and** asymmetry between one's objective and subjective realities.

The discussion that follows is intended to provide the clinical sociologist with a suggested approach for working with clients who are experiencing difficulties that might have origins in an emotional heritage similar to that of the alcoholic family. The discussion is based on Berger and Luckmann's (1966) three-stage recipe or prescription for alternation of reality. Their prescription is enhanced by attributing more prominence to the role of emotion. It is suggested that resocialization--the attempt to attain symmetry between one's objective and subjective realities--requires, first, an examination of one's emotional heritage and a commitment to change the ways in which one's unique emotionality is experienced and expressed.

STAGE 1: AFFILIATION WITH AN EFFECTIVE PLAUSIBILITY STRUCTURE

When viewed in terms of unsuccessful socialization, difficulties in adult life can make one feel imprisoned in the objective reality of one's society while that reality is subjectively present in an alien and truncated manner (Berger and Luckmann 1966). The asymmetry that one can experience between one's socially-defined reality and that of one's own subjective reality often has "no cumulative structural consequences because it lacks a social base within which it could crystallize into a counter-world, with its own institutionalized cluster of counter-identities" (Berger and Luckmann 1966:

165). The rise of such 12-Step programs as ACOA is changing this aspect of our social reality.

The ACOA community is positioned here as an *effective plausibility structure* with the overarching purpose of providing a social base within which those unsuccessfully socialized adults, in search of a counter-world and counter-identities, can unite. The ACOA community offers its own unique flavor of "institutionalized psychologism" (Berger 1977), which straddles its own dividing line between the public and private spheres; between one's objective and subjective reality. The ACOA community's psychologism is grounded in a spiritually-oriented ideology and communicated through its distinct "community narrative" (Rappaport 1994), which exposes its members to a prevailing vocabulary constitutive of novel terms, meanings, interpretations, and explanations. (See Coyle 1996, for an extensive discussion of the ACOA community narrative.) It is within this prevailing vocabulary that all community discourse takes place while leaving members free to employ its vocabulary in ways that promote their own meaning-making. As Terry recalls,

> Joining ACOA was like having to learn a whole new language. I learned that I came from what I would now call a "dysfunctional" family. I think I would define it as a family that does not provide for the needs of the children--the emotional needs of the children. People need to see how things like that affected them--how it gave them that little "warp." And what it did to put a stop to the good in their life. I know I was not happy before I came to ACOA. Then one of the things that people in ACOA would say to me is that God wants you to be happy, joyous and free. That is not the way I thought prior to joining ACOA.

Along with its community narrative, the ACOA community establishes its own "atmosphere of feelings" (Denzin 1984) in which personal safety, anonymity, comfort, encouragement, and unique ontological implications (e.g., those particularly related to the spiritual foundation of the community) are of paramount importance. Terry speaks of her surprise when entering the group:

> I was terrified to speak at meetings when I first entered the program. I was so used to people putting down what I said or thought. I overcame that fear as I began to talk and then noticed that people acted like whatever I said was just fine. They don't necessarily agree with it but they all seem to honor the fact that that's what I happen to think at the time. You're encouraged to take what you like and leave the rest. It gives you a fair deal of freedom to have other people just listen to what you have to say without interruption. There is an encouragement in ACOA to change things about your life. There's an atmosphere where the majority of people are saying, "Give it a try." Living becomes a whole different pattern then.

Those individuals who become active ACOA community members are those who, like Terry and the other five participants in this study, have experienced some degree of personal self-relevancy with respect to the ACOA community's language and emotional atmosphere. Emotions, when thought of as "embodied thought" (Franks and Gecas 1992), can be viewed as the facilitating medium upon which such self-relevancy is achieved. Emotions, then, connect the individual and the community. As "social things" (McCarthy 1989), emotions (particularly in an ACOA group) become known to members through the stories the group constructs about them (Wentworth and Ryan 1994). It is suggested here that the effectiveness of any plausible structure aimed at the alternation of reality is dependent on its ability to present discourse that is both cognitive (e.g., offering self-relevant ideas, interpretations, and explanations) and emotionally compelling. For as Berger and Luckmann (1966) suggested, alternation of reality requires resocialization and "the processes of re-socialization...must replicate to a considerable degree the strongly affective identification with the socializing personnel that was characteristic of childhood" (p. 157). When new ACOA members identify with the community's version of reality and make a commitment to internalize that reality, movement from secondary socialization to resocialization occurs.

At this point, the ACOA community, as an effective plausibility structure, becomes a social base serving as the laboratory of transformation (Berger and Luckmann 1966: 157) for its members. The plausibility structure afforded by the ACOA community

> will be mediated to the individual by means of significant others, with whom he[/she] must establish strongly affective identification. No radical transformation of subjective reality (including, of course, identity) is possible without such identification, which inevitably replicates childhood experiences of emotional dependency on significant others. These significant others are the guides into the new reality...The individual's world now finds its cognitive and affective focus in the plausibility structure in question (Berger and Luckmann 1966: 157, emphasis added).

Hence, the necessary relationships between cognition and emotion, and community and transformation are established allowing resocialization to proceed. The plausibility structure of the ACOA community begins to become the individual's world, calling into question and gradually displacing other worlds and other systems of belief. A gradual disaffiliation from one's previous world begins as ACOA members segregate, both physically and conceptually, elements and inhabitants of their "old" and "new" world. Carol shares her experience with such segregation:

> Before ACOA, I used to stand around and let my mother and my

> family put me down. I used to sit with my mother when she was drinking and we'd get into fights. Now I've learned to not even be around my mother when she's drinking. And when she tries to lay some guilt trip on me, I just don't accept it anymore. I have made my boundaries apparent.
>
> In ACOA, for the first time in my life, I have been able to meet people who care and will listen to me. It is like meeting my own kind. I choose now to leave the stress and turmoil of my family and go to a meeting where I can relax and feel the warmth that the program has. It's just a letting go--letting go of old behavior, letting go of old beliefs.

As discussed next, a principle aspect of such "letting go" is the conversational apparatus of the social group and the changing partners in the new, significant conversation. While it is maintained that subjective reality is transformed in conversation with new significant others, it is also suggested that, to be significant, the conversational apparatus must evoke and sustain the emotional engagement of its participants.

STAGE 2: NEW BODY OF KNOWLEDGE & CONVERSATIONAL APPARATUS

As Mead (1934) observed,

> the only way in which we can react against the disapproval of the entire community [in this case, the alcoholic family of origin] is by setting up a higher sort of community [e.g., the ACOA community] which in a certain sense out-votes the one we find...But to do that [one] has to comprehend the voices of the past and of the future (pp. 167-68).

The power of the ACOA community narrative lies in its ability to offer members plausible explanations of their problems, a new system of belief, conceptual tools for reinterpreting the past, and a promise of a better future. Unlike other 12-Step communities, ACOA groups focus on the need to

> stop reacting to the world in our adult lives in the same way[s] that we reacted to our alcoholic families as children...We learned them as children and they probably helped us to survive in our alcoholic families. Today they get in the way of our living (unpublished meeting preamble).

Its lay discourse on psychological matters is sufficiently sophisticated to explain how parental alcoholism can impact and have enduring effects on one's life. It presents a challenge to its members' taken-for-granted world and invites members to reinterpret past and current issues in their lives within the legitimating apparatus of the new reality it presents. The stories of ACOA members lend credence to Berger and Luckmann's (1966) suggestion that

> This reinterpretation brings about a rupture in the subjective biography of the individual in terms of "B.C." and "A.D.," "pre-

> Damascus" and "post-Damascus." Everything preceding the alternation is now apprehended as leading toward it..., everything following it as flowing from the new reality....The biographical rupture is thus identified with a cognitive separation of darkness and light" (pp. 159-60).

Carol speaks of this experience:

> I am living in the light now and my family is still in the dark. They don't want to know what's going on in my life now--the good things that I'm doing. They're just not on this other side that I'm on now.

As Carol continues, we can hear the role of emotion in maintaining this separation and in fortifying the new, emerging self:

> It was a very painful thing that I went through--setting boundaries between myself and my family. Today I do not concern myself about what they are thinking or feeling or doing. I know that I relate to other people differently and they relate to me totally different. When I go to an ACOA meeting I'm treated with more respect. Now, when I act nasty or rude like my mother, I know it's not me. It's that kind of behavior I'm working on changing. I'm liking this new person, the real person that I am is coming through. ACOA is helping cultivate my own character and my personality.
> I learned I don't have to live in fear anymore. Now I am just living my life and trying to be in the most peaceful manner that I can be in. For the first time I'm learning not to take on the feelings of other people. I no longer feel worthless. I'm learning to know that when someone says something really dysfunctional or judgmental that I don't feel, something will come over me. I have a pain when I know something is not right. Then I look at this pain and say, 'What is this? This person is not relating to me in a healthy way.' So I need to detach myself. I never used to do things like that before ACOA.

Such accounts aid in attempts like Gergen's (1994) to

> press this reconstructive project forward to encompass the emotions, to refigure the emotions as events within relational patterns--as social actions that derive their meaning and significance from their placement within rituals of relationship (p.219).

As such, emotions, like cognitions, can be scrutinized for cultural biases and, as in Carol's case, changed--or resocialized. It is here that the dialectical relationships between emotion and cognition, and between the individual and community gain paramount importance. Theoretically, before internalizing the "new" reality presented by the ACOA community, Carol took for granted her family's punitive emotional performances and the specialized meanings that they assumed within the cultural setting of her family (which, in Carol's subjective reality, were experienced as feelings of worthlessness).

In order to achieve her current ability to scrutinize and segregate herself

from her family's unacceptable emotional performances, it was necessary, first, for Carol to internalize the alternative construction of emotions and emotional performances as embedded within the patterns of relationship experienced within the ACOA community. The impact of culture and history on the social construction of emotions—their vocabulary, meaning, and allied performances—implies that a change in cultural setting can provide the necessary segue for the social **reconstruction** of emotions.   Vic provides another example of how emotional acts are created in relationship and how the ACOA community has provided a means for reconstructing former, problematic emotional acts:

> In ACOA I started to understand myself, what these feelings were, and what was going on with me. I became strong enough to let myself really experience the amount of shame that I carried from childhood. I was able to deal with it again as an adult and re-experience it. There are just a lot of things that happened to me before and I've now had the opportunity to analyze them and sit back and say to myself, 'Now what am I feeling? Am I feeling abandoned?' Now when something happens that triggers those old feelings of abandonment, instead of doing my old anger and rage routine, I can stop myself because I know now where those feelings are coming from. I don't have to react the way I did as a child. I'm learning to handle situations now as an adult.

Lori's story highlights the power of discourse within the ACOA community in assisting the resocialization of her emotions:

> I feel like I have learned something at every single ACOA meeting. I might not use it right then but some situation to which it relates will crop up later. I kind of just store it in my head. When people start talking at meetings I just absorb everything like a sponge. You just walk in the door and hear what you needed to hear. There's a sense of community—of understanding—the acceptance that is in that room I can't get anywhere else. By hearing other people's stories about the way they handle difficult situations, I was learning that I didn't have to react to everything and everyone the way I always used to. That has been such a gift to me. I can remember vividly, it was like a light bulb going on in my head. I have changed the way I react to people and circumstances. I've changed my perception from that all-or-nothing thinking. I'm learning to express myself in more effective ways. That has made a world of difference. It's the big breakthrough I've gotten from ACOA.

In this stage of the resocialization process, a dual role of emotions has been emphasized. First, sustained community membership is dependent upon the establishment of an intense emotional connection between the individual and the group. It is this connection that serves as the medium upon which the community's culture—its body of knowledge, conversational apparatus, and atmosphere of feelings—is transported. Second, it was suggested that as new

cognitions are internalized, their ability to impact one's social acts in everyday life becomes a function of the degree to which the allied emotions are resocialized. The critical role of the community in sustaining emotional resocialization becomes more evident in the next and final stage of resocialization.

STAGE 3:   REINTERPRETATION OF THE OLD REALITY WITHIN THE NEW

As Berger and Luckmann (1966) posited,

> To have a conversion experience is nothing much. The real thing is to be able to keep on taking it seriously; to retain a sense of its plausibility. This is where the... community comes in. It provides the indispensable plausibility structure for the new reality (p. 158).

Hence, it is the community that provides the collective understandings, rules, rituals, and emotional culture necessary for reality-maintenance. At this point, the ACOA community becomes an "ethically informed proposal for alternative modes of social life" (Gergen 1994: 131). It also appears successful in facilitating what Gergen (1994) has referred to as the "social relocation of the mental" (p. 218). The ACOA community narrative, coupled with the community's emotional culture, appears to help members reconstruct the meaning of mental terms--like "anger" and "fear"--in ways that place them in the sphere of relationship. This can be heard in Vic's story as he attempts to reinterpret his old reality within the new:

> Dealing with my feelings--particularly my anger and my feelings of abandonment--I believe that is what life is all about. It's about staying in the now and learning to view others the way I now view myself. It makes my relationships with other people much easier. I don't have to judge them. It has changed the way I am in all my relationships--especially with my family. When I associate with my family anymore I don't have to get angry and judge them, you know, as being 'sick', or 'co-dependent', or 'alcoholic', or anything else. I see through that anymore. I understand these things now as mechanisms that we use as denial tools that keep us from being who we really are. I don't find that being part of our society, the way I used to be, is a way for me to live anymore. I have to live with what I now believe to be my best truth.

In this stage, the community also serves as a supportive resource for the prevention of what Berger and Luckmann (1966) refer to as the problem of "reality-slipping" (p. 146). By this they are acknowledging how even a "transformed subjective reality" requires techniques for "making stick" the new reality and for resisting competing definitions of still other realities that may be encountered socially. When an individual reaches this stage of resocialization, she seems to experience what Freire (1973) called "critical

consciousness:" the ability to experience a sense of connectedness with realities and to engage with it as a participant rather than merely as an observer, or worse, a victim. There is a new propensity to question, discern and adapt in ways aimed at successful resolution of contradictions that one's social reality may present from time to time. The process of collective dialogue becomes critical in this stage of co-construction and reconstruction of one's subjective and objective reality. Such constructive processes are recognized as a product of both dynamic, discursive social interaction and the emotional conditions encompassing such discourse. Terry's story reveals such a recognition:

> I know I have a tendency to decide at certain points that I'm better, and that I'm, well, that my life is just fine now. I don't need to go to those dumb meetings. I believe that is a real killer every time! If I don't go to meetings, my mind will revert back to my old patterns. One of my old patterns was to work all the time and not take time for myself. Another pattern was to be very critical and judgmental of others. Going to meetings gives me the incentive to be looking at myself to find which parts of me I still don't like. Then I can see what I can do to get rid of them--to get back into alignment with what is natural and feels good to me in my life now.

It is this sort of "emotion work" (Hochschild 1979) that is likely to continue to characterize this stage of the resocialization process as experienced by these individuals. Elsewhere (Coyle 1996), I have suggested that "individuals who undergo such dramatic changes between primary and secondary socialization will continually be involved in resocialization efforts to some degree" (p. 321). Terry's story supports Stearns and Stearns's (1994) model regarding the time-lag between changes in social feeling rules and real, individually experienced emotion. It supports the recommendation for establishing emotion as an "independent variable" (Franks and Gecas 1992) that can work to maintain and change relational structures.

One final and compelling observation is the extent to which the "A.D." or "post-Damascus" segments of the ACOA's stories reveal experience and use of the concept of a "real" or true self to differentiate between the self now regarded as more authentic and emotionally engaged and "old" self as constructed within and conditioned by the former social demands and expectations of the alcoholic family. There seems to be an experience of what Morgan and Averill (1992) refer to as "true feelings" and a tendency for these individuals to "define who they are in relation to 'inner' needs and capacities, looking inward for markers of 'authentic being' that may let them know themselves" (p. 96). The story excerpts shared here also lend support to Morgan and Averill's (1992) hypothesis that "'true feelings' may represent a significant intersection of self and culture, a point where we may fruitfully

glimpse the recursive shapings of social and individual worlds that inform all psychological phenomena" (p. 96). The foregoing analysis represents this inquiring sociologist's effort in exploring one place in our society in which self and culture intersect and produce compelling effects of interest to the advancement of a sociology of emotions.

CONCLUSIONS

As McCarthy (1989) noted, a sociology of emotions cannot proceed until we sociologists explicate the particular cultural and ideational contexts in which human emotions are constructed. Such a contextual approach becomes even more critical in order for emotions to be qualitatively, and cross-culturally, compared or contrasted. Hence, as social constructs, emotions "are rendered meaningful only within a society's forms of knowledge" (McCarthy 1989: 67). A sociological perspective, then, provides an important avenue for understanding the social origins of emotion and its dissemination by particular groups.

This study positioned the alcoholic family and the ACOA 12-Step community as two differing cultures with forms of knowledge that appear to encourage very different fabrications of emotions by their members. In the spirit of constructionist inquiry, it is important to assess the gains and losses to one's everyday life that follow from each cultural perspective. While no attempt was made to advocate one culture over the other, the lives of these six individuals seem to have been enriched by their ACOA community experience. In contributing to the advancement of a sociology of emotions, the stories shared by these people highlight the primacy of emotionality in the instigation of and ongoing support for processes of resocialization and self-transformation. They provide those of us in this field with increased confidence when making bold statements like, "Culture matters in the realm of emotions and here's how..."

The foregoing discussion is also an attempt to acknowledge the primacy of emotion over language in even constructionist forms of social inquiry. This is not intended to refute the obvious emphasis that language deserves in emotion studies. Rather it suggests that all narratives of self and world be viewed, first, as constructions of selves *preconditioned* by the relational and emotional contexts of a broader culture, which, in turn, is located in a particular time in social history. This study extends an invitation to the advancement of an "emotionology" (Stearns and Stearns 1985) through which the taken-for-granted objective worlds presented by our society's various microcultures are critically evaluated for their impact on the attitudes and standards that they create and maintain toward emotions and their appropriate expression. Such an emotionology would investigate the impact that various culturally-laden prescriptions of emotionality have on broader spheres of

individual and social life.

The important dialectical relationships of concern here were those involving culture and emotionality, and emotionality and the experience of self. Following Berger (1977) it was assumed that the subjective experience of self is a function of yet another important dialectical relationship: that involving one's social structure and the psychological models and subjective reality it produces. When an individual perceives a need to alter her/his subjective reality, for whatever reason, change must occur in one's psychological models and the ways in which one's unique emotionality is experienced and expressed. In order for new psychological models and a new subjective reality to develop, the individual must be exposed to and become embedded in a novel social structure that can facilitate their production. The ACOA community was positioned here as a social structure conducive to the efforts of resocialization. For the participants in this study, the ACOA community provided a social structure that established the necessary relationships between cognition, emotion, and community. Studying resocialization within an ACOA community provided a glimpse of these necessary and dialectical relationships in progress.

For the clinical sociologist working with children of alcoholics (or individuals from similar emotional heritages), a three-stage approach to resocialization was presented. This approach places prominence on the role of emotions in any resocialization effort by recognizing the need to address both emotional problems associated with feelings of inauthenticity and experiences of asymmetry between one's objective and subjective realities. The clinical sociologist might also find it helpful to examine actual models of the process of emotional resocialization as developed by Fein (1990) and this author (Coyle 1996: 316A). A discussion of other strategies for incorporating this expanded understanding of the process of emotional resocialization and their potential uses among clinical sociologists is a topic for yet another paper in this important area of study. It should be mentioned in closing that while the ACOA community provided a context ripe for the study of emotional resocialization at the micro level, the larger social patterns encouraged or prevented by such a microculture require further study.

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On Reconstructing Trust: Time, Intention, and Forgiveness

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ABSTRACT

The central focus of this paper is the mechanisms that ordinary people use in their everyday lives to manage relations that have included trust violations. Trust violations provide the impetus for strong emotional experiences. Many relationships recuperate from significant violations of trust, although in a changed form. Our data, gathered from ten in-depth interviews, indicated that on those occasions where individuals deemed the relationship worth salvaging, our respondents and their violators participated in a negotiation process that included the following components: the passing of time, an assessment of the seriousness of the violation and the intent of the other, the offering of an apology, and the rendering of forgiveness. Trust is an orientation to self, other, and relationship whose existence provides the framework for the possibility of intense emotional experiences such as love and hate. These experiences provide a motivating force and goal for the construction, maintenance, and destruction of interpersonal relationships which comprise the fabric of society.

INTRODUCTION

Trust is an orientation toward self, other, and relationship whose existence provides the framework for the experience of strong emotions such as love and hate. As in Kemper's (1978, 1987) social relational theory of emotion, we suggest that specific structural dimensions of relationships can provide the

impetus for emotions.   Whereas Kemper focuses on relational power and status, we believe that trust is an additional structural element that influences emotive states. It is these strong emotions that provide the motivating force or the goal for the construction of, the maintenance of, and the destruction of, social relationships.

We turn to one facet of an immense research arena, that of trust reconstruction in interpersonal relationships after a significant trust violation. Trust violation is an assault upon the self that allows for intense emotional experiences.   The uncertainty of interpersonal interactions and the emotional investment of such put the actor at risk in a way that institutional and/or stranger relationships do not, for trust places the self at risk. One's decision to trust is essentially a decision to make the other an object (i.e., in the sense of Mead 1934) of emotional experience. That is, one is willing to place the self at risk because it is through this risk that the emotional benefits of the relationship are achieved. The positive emotional experiences that individuals strive for are those that affirm the self, the possibilities of self, or self transcendence.

This research is a continuation of our past work on trust construction (see Weber and Carter's 1991, 1992, 1997) wherein we developed our conception of trust.[1] From our work, trust is an interactional orientation between actor and other whose object is the relationship; this relationship is typified by the actor's belief that the other will take the actor's perspective into account when decision-making and will not act in ways to violate the moral standards of the relationship. From this definition emerges the cognitive, moral, and social dimensions of trust. In essence, the cognitive ability that G.H. Mead (1934) defined as role-taking, that is, the actor's ability to imaginatively take the perspective of the other, allows for the possibility of trust. As a moral construct, trust only emerges when the actor believes that the other takes his or her point of view into account while decision-making and will not act in a way that violates the moral standards of the relationship, which include expectations of reciprocity, expectations that the other will not harm, as well as other value-orientations. The social dimension, implicit in the other two dimensions, clearly emerges when trust is conceptualized as a facet of human social relationships.   Trust emerges from and is maintained within social relationships.   In constructing trust, time, self-disclosure, and affirmative responses to self-disclosures have the potential to move individuals, each with respective trust histories and orientations, toward trust (see Weber & Carter 1997). Recognizing the sociality of trust lends insight into how trust violation is destructive to relationships and may, in actuality, bring them to an end.

The pleasures of the intimate relationship, whether the close friendship, the love relationship, or the familial relationship, become its problematics and, potentially the source of its downfall via the trust violation. Evolving the

sharing of that which is "the core, value, and chief matter of his existence" (Simmel 1950: 126), the intimate relationship emerges. Trust allows for emotion as "self-feeling " (Denzin 1984) for we experience the self through the other via the relationship. The self is disclosed in the trust or intimate relationship in a way that it is not in other impersonal or institutional relationships. So one believes that the self that is presented to an intimate other is authentic and, therefore, the response to that self is crucial. This is true whether this is a long-experienced part of the self that is disclosed or a new facet of the self that is elicited by the developing relationship. Unlike relationships of mere acquaintance, the self becomes exposed and vulnerable to betrayal.

As trust is the fundamental basis of human social relationships, trust violations are inherently threatening to social relationships. Many relationships recuperate from even significant breaches of trust, albeit in a changed form. This research[2] focuses on the process through which ordinary actors in their everyday lives move toward reconstructing trust in their interpersonal relationships.

ON TRUST RECONSTRUCTION

Our actors defined various significant trust violation incidents in their lives ranging from rape by a boyfriend, to derogatory name calling by a stepmother, to being conned by a relative, and so on. Respondents described trust violations in terms of behavioral events and interpreted trust-violating occasions as instances where self or the relationship was put at risk by the other. The primary mode of being placed at risk was when the other did not take into account the interests, expectations, and value orientations of the actor.

Violators of interpersonal trust breached actor's subjective valuations of what is expected of a relationship whether that be a friendship, a love relationship, or a familial relationship (Weber 1947). These outcomes go beyond Luhmann's (1979) analysis of risk in trust situations in that we see the violation of trust as breaching the conditionality of the relation rather than solely as an obstruction to the actor's perceived self-interest. For Luhmann, risk is defined solely in relation to the self rather than to the relationship.

The power of the trust violation to destroy the relationship is found in its ability to move the inherently habitual and accepted to the inherently problematic and questioned. The reality of the relationship is disrupted and the violated begins to question the nature of the other and the relationship that such a thing could have happened. For each violation is a statement about the self of the actor, the other, and the relationship that has an inherently moral characteristic. According to Goffman (1959:13), society is organizing around the principles that individuals have a moral right to expect others to treat them

in an appropriate way and that others should be what they claim. Acts of betrayal do not readily come to be defined (or redefined) as appropriate treatment and betrayers become, at least for a time, to be viewed as strangers.

Trust, even as it originates in and through an orientation which acknowledges the inherent riskiness of its endeavor, may, as relationships develop, come to be routinized and taken-for-granted. This may take the form of an elision of self and other in the subjectivity of the actor. In relationships where there is some elision of self and other, self assumes, as a consequence of trust, that the other's interests are the same and that these interests take self into account. If the interests of the dyad are, for all practical purposes, treated as identical, trust violation is a reminder of the specificity of interests of self and other.

The act of betrayal reveals the possible misrepresentation of the other and the relationship. In the intimate relationship, the actors feel as if they know each other as no other; in effect, reciprocal disclosure of intimate information occurs only if the actors perceive that they are not placing the self at risk. Actors, in the process of trust building through disclosure, may be highly aware that such disclosures constitute an act of risk-taking. However, one assumes in most cases that they weigh the risks and consider that there is a good chance that they are not placing the self at risk. Prior to violation, in the process of moving along the continuum of disclosure, the individual has evaluated the signs and the expressions, both given and given off, of the other and has come to the conclusion that the other is as he or she presents him/herself to be. To achieve the level of intimacy of best friend or lover, the other must have been very skillful at this presentation and the more threatened is the self upon violation. "Paradoxically, the more closely the imposter's performance approximates to the real thing, the more intensely we may be threatened, for a competent performance by someone who proves to be an imposter may weaken in our minds the moral connection between legitimate authority to play a part and the capacity to play it" (Goffman 1959:59).

Whereas serious violations of trust may bring the relationship to an end, our data indicate that even serious violations may result in the reconstruction of trust and, hence, the reconstruction of the relationship. On those occasions where the actors deemed the relationship worth salvaging, our respondents and their violators participated in a negotiation process that included the following components: time, the actor's assessment of the seriousness of the violation and the intent of the violator, and the offering of an apology with the rendering of forgiveness. The entire process of trust reconstruction is intrinsically tied to the dialectic between self and relationship.

TIME

The passage of time is crucial to the reconstruction process. Time orders

social life (Zerubavel 1981; McGrath 1988) and allows for the present to become the past. In this manner the self in action becomes the self in reflection (Mead 1934) and one is then better able to examine critically the trust violation incident and its meaning for self, other, and relationship. "What determines or selects the meaning of the past for me...is the particular present within which I find myself. In other words, my present perspective actually creates, reconstructs, my past" (Tillman 1970).

The degree of perceived seriousness of the violation is proportional to the amount of time to reconstruct a relationship. According to one respondent "...the big things, this is going to take a little time..." Time allows for the possibility of reconstructing trust because time is needed to a) demonstrate that the violator will not continue to violate trust, b)allow for forgetting, to not let past negative interactions determine the nature and the direction of current interactions, c)allow for the possibility of an interactional pause, without which, the relationship might otherwise end, and d)reconstruct the relationship on a limited basis.

Time may be needed for violators to demonstrate that it will not be a continued pattern of behavior. The crisis of trust one respondent (#6, pp. 73-74) and her mother had during her high school years is being resolved: "I think that I've showed her how much I changed from like the past. So I think I showed that really clearly to her". Highlighting the significance of the passage of time, she recalls that during high school she wouldn't confide, "But like now I can talk to her about a lot more stuff, be more open with her. And I even tell her certain things that I did in the past...I laugh about them but she still doesn't laugh about them. I think she always knew anyway" (p.74). The disclosures she chooses are a way to differentiate her present self from her past self; rather than forgetting the past, this respondent's allusions frame the past as the past. For those experiences she chooses not to disclose, she is not willing to take the risk of moving the past into the present. " I don't think I can tell her everything...I think it is just certain things that might upset her, she won't understand, so I would rather not, you know, tell her about them" (pp. 73-74). Emotional distancing is, in part, distancing that moves the present into the past. Re-experiencing the emotion of a past event brings the past transgression into the present and shatters the differentiation of past and present selves. Even in the present, to acknowledge the daughter's behavior would threaten the relationship; nevertheless, the fact that the mother does not laugh along shows the daughter the limits of what can be disclosed in the present. Currently, this respondent says of her mother, "She trusts me a lot more now." This shows a limited degree of trust on her mother's part rather than an absolute determination of trust.

Time allows for forgetting. In another case, the major trust violation presented by this respondent (#7) resulted from her abusive relationship with

her stepmother based upon her having been adopted by her father. These significant violations resulted in a termination of the relationship for quite some years. However, they reinitiated a relationship .

> But I think what kind of turned it around is when I was pregnant with my first child. My mother called me and said, I really want to be a grandparent. 'Can't we forget the past and start from scratch?' ....I think I said something neutral because I really had to think about it. I think I said something, that I would believe that I would, but I wasn't too sure at that moment. I had to kind of think about that. And I mean this was years later so and I think having my first child, me becoming a mother, you know, all that stuff kind of worked into it. And so I decided to let the past be the past (pp.80-82).

Unlike the previous case, where the past was reinvoked for the purpose of differentiating self, in this case the relationship is premised on putting the past behind them. When the mother asks her stepdaughter to "forget the past and start from scratch," the forgetting she recommends or advocates is not a cognitive loss of memory but rather a deliberate setting aside of the past. In the interactional sense, forgetting is a decision to not let past interactions influence the nature of current interactions.

Time also allows for the interaction to pause rather than to end. In another case a failed negotiation that produces another violation led the respondent to "marking time."

> Yes, I'm still friendly with him. He is my brother and I don't and I'm not going to lose my brother over something like that. I just don't feel that I can give him my full trust at this time (#1, p. 6).

Pausing allows for the interaction to stop, if only for a short time. In this manner, actors neither commit to a continuation of the relationship in its current form nor to an ending of the relationship, providing a period of neutrality that, in essence, places the relationship on probation. During the pause, and the ensuing passage of chronological time, the present violation moves into the past and the emotional intensity is diminished. One respondent's mother excluded her and her husband from Christmas dinner (#3b). Her irrationality and frequent violations of confidence eroded the relationship so the respondent decided to "just cool things out and cool the relationship which we did" (p.40). This respondent notes that her present relationship with her mother was resumed on a limited basis after not speaking for a year and one half after the Christmas incident "I know this is how she behaves and after 55 years I don't think she is going to change."

ASSESSING SERIOUSNESS AND INTENT

The designation of a violation as a "serious" violation results from the

actor's subjective evaluation of the action against his/her moral standards, the basis of which appears to be the maintenance of the actor's physical, psychological, moral and social self via the relationship with the other. Those violations that are perceived by the actor to harm the self (and hence the relationship) are serious violations. Willingness to negotiate appears to be related to the degree of seriousness of the violation. One respondent discussed a rape by her then boyfriend and an abandonment by her stepfather who had adopted her. In answer to the question of whether it is possible to recreate trust when violated, she responds, "Not with me, maybe with other people, but not with me" (p.35). She attempts to defend against the future possibility of violation by announcing her absolute standards for relationship which cannot be violated; "I'll say it right out when I start a relationship with anyone man or woman, all I ask from anyone is honesty...you can do whatever you want, just be honest about it and if you have your own reasons for doing something then do it but don't lie to me about it and once you do I just don't care anymore" (#3a, p.35).

Serious violations tend to render the relationship unsalvageable unless the actor comes to an understanding that the behavior was unintentional. An intentional act involves a person who "(a)is trying to accomplish something he wants or has a reason to do, (b)has the knowledge relevant to the attempt, (c)is recognizably doing the sort of thing one would do in order to accomplish this, and (d) his doing this is neither an accident nor coincidence but an exercise of skill or competence" (Ossorio 1969:358). In other words, the actor willfully and consciously participates in the behavior, whether or not there is a conscious intention to harm. In one case, the respondent lent her boyfriend money, and he just "took off". She found out that this person had also taken money from other people with a promise to pay it back, but that he never did. She no longer trusts this individual and has never attempted to reconstruct the relationship. The discovery that the same thing had happened to others revealed the intentionality of the violator's behavior. The seriousness of the violation is demonstrated in its consequence for her:"...after that...I realized that there is no one that you can totally trust...The only people that I can totally trust are like my family" (#8,p.91).

An assessment of a violation as intentional, even for "less serious" violations makes that relationship difficult to reconstruct. In this case, the respondent's sister would lie about the respondent's appearance in order to deliberately make her look worse. The negotiation occurred years later when they "rehashed" it. The sister said she "used to do that... 'cause you know like...I felt really self-conscious...she was like always kind of jealous so she would...just put us down to make herself seem a little higher..." (#2, p.20). The confession revealed the intentional nature of her sister's appearance-oriented violations. An understanding of the motivation of the other based upon

insecurity was not enough to completely restore trust, and, consequently, the respondent limits the relationship.

Intention becomes meshed with moral responsibility (Goffman 1971) as the violated attempts to comes to terms with the other's predicament that resulted in the failure to abide by normative constraints surrounding the relationship.   The assessment of moral responsibility involves "why the individual acted as he did, how he could have acted, how he should have acted, and how in the future he ought to act" (Goffman 1971:99). For the previous two cases, our respondents' assessment of intentionality reflect an assessment of the violators' moral responsibility, which becomes the basis for the decision not to reconstruct trust.   We believe that it is possible to reconstruct trust, understanding that the other intentionally participated in the trust-violating behavior while assigning responsibility to the other for his/her behavior, but we have not found any instances in our data.   Our actors theorized away the importance and impact of intention via reinterpretation, by assigning responsibility to character flaws and situational exigencies which render the violation understandable and therefore excusable.

It appears that an assessment of the violation as unintentional renders negotiation to reconstruct the relationship a "possibility," for this reason, intention is often reinterpreted. The idea that the other intended to harm one's self is a difficult if not impossible thing to integrate into a trusting relationship. Putting up with violation has a powerful stigma attached to it, at times, even more powerful than the stigma of being a violator. Society labels the former as doormats, wimps, and as probably deserving it. The metamessage that emerges is that people who violate others must think poorly of them. What kind of person would put up with such abuse? The act of relationship maintenance with a violator is also a moral statement of the nature of the relationship and the nature of the selves of actor and other. Such a denigrating statement threatens the survival of the self, a self which people strive to view in a positive light. Our respondents who wish to reconstruct (or continue) the relationship in the face of trust violation (for whatever reason) respond with an attempt at reinterpreting the event so that it is not deemed intentional.

The most frequent reason our respondents gave for the others' violations was that of a character flaw. If the other's violation is deemed to be the result of a character flaw (e.g. "weak soul"), then the other's action is not seen as intentional, and, hence, its significance is reduced.   For example, one respondent's assessed his father's continued violation of trust in the following manner: "He'll start talking to his friends and just not thinking about it, its not purposely, it's just he doesn't think about it and he'll just say some things that shouldn't be said at that time" (#1,p.7).

In another, case, in response to a stepmother's continued abuse when she was a child, in deliberating whether or not to reconstruct a relationship after

termination of such for many years, our respondent suggested, "I see her about four times a year and because of that limited contact that makes it easier to accept her for what she is. I mean I did a lot of soul-searching and realized her frailties too, and she did the best she could at the time" (p.82). Although the respondent says she trusts her, she adds, "If she were to violate my trust I would take it with a grain of salt because now she, her short-term memory is gone and her physical situation is such that, I mean, she called me three years ago right before Christmas and was telling me all these horrible things that happened like more than twenty to twenty-five years ago. And I'm like, why now? And I just said, uh-huh, uh-huh. I just let her get it out"(#7,p.82).

The importance of the assessment of nonintent in reestablishing trust is demonstrated by one respondent's attempt at reclassifying an apparently intentional manipulative violation on the part of a friend who went out with her boyfriend as an unintentional violation. In this situation, the respondent's best girlfriend went out with her ex-boyfriend (#2). In the negotiation, this respondent also recognizes the character flaw of the violator and the relatively unintentional nature of the violation.

> I love her and I still want her to be my friend. I'm more mad at him than at her 'cause she's just a weak soul you know, but it's just like I have to start building up from scratch again. It's more of a nuisance.. (p.16).

By directing her anger at the ex-boyfriend, she appears to be attributing the intentionality for the hurt to the boyfriend and exculpating her friend. Interestingly, she introduces the passage cited above by saying "I just don't trust her anymore" and then follows with her declaration of love seemingly reflecting her justification of maintaining and attempting to recreate the relationship. Throughout this passage, there is an ongoing attempt to minimize the seriousness of the violation. Our   actors   also   deflect responsibility to situational exigencies. For one respondent, the process of re-achieving trust resulted from a reinterpretation of his mother's intention based upon knowledge and experiences he acquired in college rather than through an actual interactional negotiation which process we term as "self-negotiated reappraisal of the relationship"(#5). For this respondent, the reinterpretation of his mother's relationship to him amounts to the reestablishment of trust on the basis of new understanding which reveals that "everything she has done for me has been in my best interest. I didn't know that when I was in high school...I thought she was a nag, but she really wasn't...she really is concerned about me." His ability to take the role of his mother he attributes to "maturing and going to several courses, just life experiences " (p.63). In the process of taking the role of his mother, his analysis revealed the unintentional nature of her violations: " my mom would say we will go eat at this place, that place, and we would never go. Now I've come to know that she was never lying; she

had all the intention in the world of taking us ...she meant well and I guess realized that you couldn't do certain things." His realization allowed him to empathize with her,"...Reading literature, Afro-American history, literature, really [was]...the one thing that really, um, made me realize how important my mom is to me, how important the struggles...[made me realize]...that she has struggles, that she is continuing to struggle....I guess that really opened up my eyes" (#5,p.64). His reassessment of his mother's intentions are embedded in his understanding of her situation as a poor African-American woman.

It is possible, although not evidenced in our interviews, that power differentials create the situation of stuffing it or "lumping it"; that is, putting up with intentional violations in a relationship. A popular example is the woman who is being physically abused by her spouse and continues to stay in the relationship. To the observer, this is a clear example of intentional violation that is put up with. However, one must keep in mind that it is the subjective interpretation of the individual that determines whether or not the act of physical abuse is a violation (i.e., it may be normative), whether or not it is serious (i.e., is damaging to the self as much as other constraints such as no food, or housing) or is intentional (i.e., it could be his drinking). In fact, many in "abusive" relationships love their abusers. In contrast, two may even coexist, but the violated would never say their relationship is a trusting or intimate one. We found no one who said that they have actually "lumped it," rather our respondents appeared to participate in reinterpretation of their selves, the other, and the relationship that forgoes the notion that they are just putting up with the situation. Lumping may be more often found as a knowledgeable third party observer's interpretation of the relational status. This, however, is not to rule out the possibility of conscious lumping as the actor participates in a cost-benefit analysis of various interactional possibilities. In any case, lumping precludes the participants' involvement in trust reconstruction.

APOLOGIZING AND FORGIVING

The issue of intention, once resolved, leaves the violated open to possible remedial exchanges with the violated. A remedial interchange involves an attempt by both violator and violated to rectify the situation (Goffman 1971:64). One such exchange which is crucial to relationship reconstruction is the apology. An apology "is a gesture through which an individual splits himself into two parts, the part that is guilty of an offense and the part that dissociates itself from the delict and affirms a belief in the offended rule" (Goffman 1971:113). By assuming blame, one demonstrates moral responsibility for the behavior; the second part of the apology, the distancing of self from the morally inferior violator self takes place during the castigation of self. The value of such distancing is in the demonstration that the self, or

part thereof, is still worthy of consideration, is still worthy of integration back into the desired social unit. Apologies provide an impetus for the violated to reconsider whether or not to attempt to reconstruct the relationship. The apology provides evidence that the violator recognizes the seriousness of the violation, and that the violation was indeed a real act. In this ritualistic exchange, two individuals are circling around the remains of their relationship and questioning how and if it can be salvaged; the apology thus reflects an initiation of a reorientation to the other and to the relationship that may or may not take the form of the old relationship. The process of apologizing is found in the following respondent's story. The friend "confessed" to "cleanse her soul," the respondent(#2) isolated herself from the friend, the friend continually reapproached. She asked the friend "Why should you do that to me? Why would you hurt me like that? ...I don't want to talk to you unless you can give me a good reason why. At least even a stupid reason, just give me a reason... Two days later she came up to me 'I'm stupid, that's the only reason I can come up with' and I'm like I knew that already...she's been coming up to me and saying all this stuff and I'm like I didn't do anything wrong, you did, so you better start kissing some butt" (p.18). "She's just been saying it over and over 'God, I'm just so stupid, I'm so stupid, I'm so sorry, you should have killed me, I would have killed me and stuff'". Because of this the respondent notes "I'm starting to trust her again" and, in part, recognizes the significance that "...she's has never done it before so" (p.18).

If the apology is accepted, the phase of forgiveness begins. Forgiving is an affirmational response to the part of other represented in the apology that upholds the moral order of the relationship. The extent to which this part of the other is affirmed is represented in our typology of forgiving-and-forgetting and forgiving-and-not-forgetting. To forget or not-to-forget is to return to the former relationship and the view of other (and self) and relationship that previously existed or to establish a new and somewhat limited relationship whose limitation acknowledges the fact of the violation. In either form, forgiveness is the orientation of trust reconstruction.

Forgiving and forgetting implies a resumption of the relationship in its prior form and on its prior terms, that is, as if the trust violation had never occurred. This possibility appears to exist for minor violations. (Although it seems likely that this orientation may be part of abusive relationships, we have not seen this in our interviews). Forgiving and forgetting for more serious violations did not happen with our respondents although we cannot ignore the possibility of such, especially in relationships where power differentials are great. Our actors, for the most part, participated in a process of forgiving-and-not-forgetting. Forgiving-and-not-forgetting implies the reconstruction of a relationship on slightly different terms, terms influenced significantly by the nature of the trust violation that has occurred. The primary mode of

reconstruction of the relationship is to limit the relationship, thereby reducing vulnerability in the area of violation.

The act of "not forgetting" is the actor's attempt at reducing further harm to the relationship and to the self. One way of not forgetting is by redefining the relationship and the self. In one case, the respondent reacted to an infidelity by her boyfriend. Her response to the situation was to delimit the relationship by not caring "that much afterwards. I still stayed in the relationship but I didn't care too much afterwards. Like I kinda changed my perception of what our relationship was like...I kinda let myself go emotionally" (#6 p.72). It was interesting.that this respondent said that the violation did not influence the subsequent break-up which occurred shortly thereafter. This could be due to her reevaluation of her partner as one with whom the relationship was not meant to be. The image of the other is altered so that in retrospect the break-up seems inevitable given the newly defined nature of the person which is nevertheless perceived to be the true self of the other throughout the relationship. A failure of trust can lead to a redefinition of the relationship, of the other, where the original trust is seen as unfounded and as a mistake. Although the respondent identified this incident as a trust violation, she subsequently stated that the break-up had nothing to do with trust but with his character.

Many respondents do "not forget" by limiting trust to certain parts of a relationship. Our respondent whose sister continually lied about the actor's appearance to make the actor look bad (#2, p.20) would only trust her sister with "certain things": being in trouble or keeping secrets. Nevertheless, other "certain things, like how I look, I can't ever do that [trust her]." In this case, the confession revealed the intentional nature of most appearance-oriented violations and while an understanding the motivation of the other based upon insecurity was not enough to completely restore trust, the respondent limits the relationship.

The fact that people forgive can be abused. Violator (#4) slept with various women friends. He could not think of a particular negotiation but suggested that "just by explaining myself" (p. 56), the others would trust him. His experience has been that he does not have to work hard to reestablish trust because his partners are willing to forgive suggesting that he holds much power in these relationships: "...say it was like your girlfriend, who would really like to trust you...sometimes it wouldn't be that I had fixed the trust but that they ignored it...[the trust-violating incident]...or they had to overcome it because they wanted to. They wanted to forgive me or whatever." This respondent was uncomfortable in his dominant relationship, perhaps feeling that it violated a norm of appropriate reciprocity in a relationship: "you know like the girl, the girl would be so into the relationship or so into me,...but then...that's part of the reason I would walk away from a relationship like that

because they would be so trusting that anything you did would not be very terrible, I mean, to break their trust. They could probably forgive you" (p.56).

CONCLUSIONS AND CLINICAL IMPLICATIONS

The process of trust construction requires time, self-disclosure, and affirmational responses to such (see Weber and Carter 1997).   The orientation of trust that emerges allows for intense emotional investments and intense emotional experiences. Positive emotional experiences such as love and happiness emerge as the self that is disclosed is affirmed by the other; in essence, we love those who we believe love us. But such positive emotional experiences do not come without the risk of trust violation, violations that take place in the context of an intimate relationship.

Trust violation is an assault upon the self. Through self-disclosure, that self has become exposed. Violations of trust do not affirm the value of the self of the violated, and hence, negative emotional experiences ensue; depression, despair, and unhappiness follow as we nurse the wounds of this assault. How then is it possible for the violated self to venture forth again into the realm of trust, especially with the one who has committed the violation? Should the individual even consider such an endeavor?   These clinical guidelines are offered in an attempt at providing an answer to these questions. It is hoped that therapists and others working with those who have experienced a trust violation and the violated themselves will benefit from the insights gained from this research that illustrated the importance of the dynamics of time, intention, and forgiveness in the reconstruction of trust.

First, the reconstruction of trust takes time, for time allows the present to become the past. Time allows for emotional distancing, as the present in action becomes the past in reflection. Through this mechanism, trust violation and its meaning for self, other, and relationship can be more critically examined, with serious violations requiring more time. How does one know if enough time has passed? One indicator is whether or not the individual still experiences the intense negative emotions evoked by the trust-violating experience. If this is the case, then enough time has not passed for the individual is not able to place the event in the past, a process that is essential for the critical and successful evaluation of the event.   By rushing to reconstruct the relationship, one also does not allow for the violator to build up a non-violating history. Was the trust violation an aberration of character or an indicator of the true nature of the other's self and the true nature of the relationship? Only time will tell. If one does not allow for enough time before reconstructing the relationship, one may be foolishly forgetting, a process which could have future serious negative consequences for the self.

Second, the individual must assess both the seriousness of the violation for the self and the intent of the trust violator. Serious violations are those

perceived by the actor as bringing harm to the actor's physical, psychological, moral, and social self via the relationship with the other. How serious was the violation for the individual? One indicator is the amount of emotional turmoil experienced by the violated; and it is the violated who are the best judges as to seriousness, for what one person considers to be a serious violation may be considered trivial by another. After a serious violation, it is difficult if not impossible to reconstruct the relationship, the difference is determined by intent. Relationships that have suffered serious violations that are deemed to be unintentional may be worthy of reconstruction even though the process may be a difficult one. It may be ill-advised for the individual to attempt to reconstruct a relationship if the violation is deemed intentional. A review of the intentions of the violator may be aided by answering the following questions: 1) Was the other trying to accomplish something they wanted and in the process engendered the trust violation, even if what they wanted was just to hurt the actor? 2) Did the other have the knowledge that such an action would be a trust violation? 3) Is the action generally recognized by others as a trust violation? 4) Did the violation take some skill, planning, so that it could not be construed as a fluke or coincidence? If the answer to any of these questions is yes, then the action may very well have been intentional. If the violation is serious and intentional, then it is ill-advised to proceed with relationship reconstruction.   It should be noted that people regularly participate in the reinterpretation of intentional actions as unintentional when they desire to reconstruct the relationship for whatever reasons.   Such a reinterpretation allows for the individual to morally "save-face" when they proceed with relationship construction with an intentional violator, for serious violations assessed as intentional result in grave difficulty in trust reconstruction unless the violation is reinterpreted as unintentional. Reinterpretation also allows for emotional distancing so that negative emotional experiences do not have to be re-experienced in the present. In addition, reintepretation allows the self to "save face" in dealings with the other and the community. However, reinterpretation negates the reality of the relationship and may prove ultimately detrimental to the self.

Finally, the vehicle to re-initiate the reconstruction is the apology. Relationship reconstruction should not proceed without a clearly stated apology from the violator. In the apology, the violator should castigate the violator-self thereby reaffirming that part of self that upholds the moral order of the relationship is the true self of the other. Apologies that do not place responsibility where it is due, and, even worse, apologies that place blame for the violation upon the violated are clear warning signs that the relationship and the self of the actor are in trouble.

When the actor chooses to move forward with relationship construction, forgiveness is necessary. Forgiveness legitimatizes that the violator self is not

the true self in the relationship and thereby allows for reorientation toward the non-violator self. We advocate the forgive-but-not-forget mode of reorienting for significant violations. In this mode, the violator reorients to the other as one who has violated but is not inherently a violator. This process requires recognizing the reality of the violation and, if necessary, limiting the relationship such that the self is protected in this arena should another violation take place. Such a recognition could, for example, be represented by the statement "I recognize that my partner has been unfaithful, and I do realize that it could happen again, but I believe that it most likely will not happen again."

Reconstruction of trust is essential for the reestablishment of intimacy that allows for intense emotional investments and emotional experiences. It is perhaps these accoutrements of the trust relationship that render the risk worth taking. For a statement of willingness to re-participate in the relationship is a statement that the self is willing to be put at risk again. In an attempt at reducing the risk, individuals attempt to limit access to those portions of self that were previously violated. Limitation of the structure of the relationship results in the ability to participate in emotion management (Hochschild 1979, 1983). It then becomes questionable whether the emotional benefits of the relationship can be re-experienced at their level prior to trust violation, for limited trust suggests limited emotional investments and returns.

NOTES

1. For an overview of various definitions of trust or similar constructs please see Weber and Carter 1997. Distinctions are made between our conception of trust, and other definitions of trust (Barber 1983; Erikson 1963; Garfinkel 1967; Haas and Deseran 1981; Henslin 1985; Lewis and Weigert 1985a, 1985b), confidence (Luhmann 1979) and faithfulness (Simmel 1950).
2. The data for this study were collected as one part of 10 in-depth interviews that focused upon the creation of, maintenance of, and destruction of interpersonal trust. These interviews took up to one and one-half hours to complete. The participants of this study were selected from sociology classes at a small college in the Northeastern United States that services a predominately working-class, first-generation student population. In the manner of inductive qualitative research, diverse students were chosen to participate in this study in order to reflect as many perspectives as possible. Inductive research is all-inclusive, and data collection is considered complete when no new data is found; for this reason, these researchers expect research to be ongoing.

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Clinical Sociology and the Individual Client

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ABSTRACT

Clinical sociology has a large, albeit under-appreciated, role to play in helping individual clients. The types of problems addressed by helping professionals can be classified in four major areas, namely *physiological problems, moral problems, problems in living, and role problems*. These are respectively best dealt with by medical, social control, problem-solving, and resocialization solutions. Clinical sociology can contribute to each of these owing to its expertise in social support, socialization, resocialization, emotional competence, and moral competence.

As we approach the new millennium, it is remarkable that the potential which sociology possesses for aiding individual clients who are troubled by personal problems has yet to be fully realized (Straus 1985). While psychology, medicine, and social work are solidly established, clinical sociology languishes in a backwater peopled chiefly by the sociological cognoscenti. The public has learned about the benefits of family therapy, art therapy, and even dance therapy, but the utility of a sociological perspective in addressing personal distress remains largely undiscovered. Given that much individual adversity can only be understood, or overcome, by recognizing its social dimensions, this is an astonishing failure.

In fact, clinical sociology speaks to a panoply of problem areas with a full quiver of unique interventions (Rebach and Bruhn 1991). For several decades now it has been expanding its domain of application, including areas ordinarily considered non-social. In this paper I will essay to outline the full

dimensions of an individual clinical sociology. I will begin with an overview of the sorts of problems for which sociology can be of critical importance and them proceed to an examination of some of its modes of operation.

Areas of Relevance

Traditional forms of solving personal problems have an almost *ad hoc* quality (Fein 1992). Most have evolved over the course of this past century within disciplines largely concerned with advancing a favored strategy. What has generally been absent from their purviews is a panoramic overview informed by a sociological sensibility. When, however, one stands back and assumes a broad perspective, individual problems are rarely just personal. A number of essential factors become immediately evident. Thus, individual difficulties always have a social context (Billson 1994). They are either created in social interactions, expressed in social circumstances, or corrected through social relationships. This enables them to be distinguished form one another along social dimensions. Once this is achieved, it is possible to recognize that some avenues for solving them are more promising than others. Instead of resorting to the "one-size-fits-all" mentality so common among clinicians, it becomes apparent that specific strategies work better in specific circumstances. In other words, for help to be effective, it must address a correctly understood problem in a socially-related manner.

The following are the four primary types of individual trouble. They are respectively: 1) the physiological, 2) the moral, 3) problems in living, and 4) role problems. While this list is not exhaustive, it covers most of the territory dealt with in the helping professions. What is especially important is that each item has a distinctive source and, therefore, a different resolution. Only by understanding these differences can clinicians assist in providing effective relief.

A) The first type of problem, the *physiological*, has a biological basis. These difficulties are occasioned by the body machinery behaving in ways that can be personally painful. Physical illnesses, genetic defects, and corporal accidents fall into this category. Nowadays there is tendency to attribute almost any form of distress to one of these causes (Kramer 1993). Everything from schizophrenia to depression—including the conduct disorders—is routinely chalked up to "chemical imbalances" and them ministered to with palliative medications (e.g., the prozac phenomenon). Despite an overwhelming lack of evidence that neurotransmitters, or genes, are responsible for the bulk of our personal suffering, the assumptions is that further research will inevitably demonstrate that virtually all individual distress has a biological foundation.

We in sociology are naturally quick to take umbrage at this suggestion. Because we are familiar with the potency of social causes, these tend to be the

first to which we look.   And yet there are physiological disorders that do require *medical* interventions.   Schizophrenia surely has biological underpinnings.   Sociologists once believed that schizophrenigenic mothers were this condition's primary antecedent, but this has been largely disproved. Also disproved has been a crude labeling theory that attributes hallucinations and delusions to the agency of social stigmatization.   Schizophrenics can indeed benefit from medications in ways that they do not benefit from social manipulations.   As a result, neither biology nor medicine can automatically be discounted in favor of strictly interpersonal interventions.

B)   The second sort of problem, which is often confused with the first, can be utterly different.   When sociologists talk about the "medicalization of deviance," they have in mind treating *moral* difficulties as physical ones (Gupta 1993).   The *DSM IV* (APA, 1994) is the primary exemplar of interpreting virtually all forms of human distress as based upon biological disorder (Kirk & Kutchins 1992).   Although some current research points to the genetic origins of social violence, most interpersonal nastiness has no demonstrable physiological underpinning.   Still, whether we are discussing the truancy of school children or the obtuseness of narcissistic personalities, persons who exhibit moral problems can be difficult to tolerate.   Their exorbitant demands and insensitive actions alienate most of those with whom they interact.   In short, they are not nice people.   The real question is, therefore, what sort of problem are they?   Although such malefactors can accurately be described as having broken important rules, this must not be confused with their having been impelled to delinquency by physiology.   To be a problem, is not necessarily to be a "medical" problem.   Rule breaking is a distinctive category that requires separate recognition.   It can flow from causes quite apart from a disordered biology, for example, from something as simple as a desire to do harm.   The fact is that these often social motives, and not just body chemistry, must be independently investigated.

Interestingly, moral problems are not usually perceived as such by those who perpetrate them.   As rule breakers, the difficulties they create are largely visited upon others.   It is these who find their behaviors objectionable and who wish them to change.   In particular, it is not the distress of the troublemaker, but that of his or her role partners that they wish to diminish.   The appropriate solution to moral problems may, therefore, be *social control*.   The central goal is then to extinguish immoral behaviors, not to make the perpetrator feel better.   Pills that reduce guilt would thus be counterproductive.   Quite the contrary, "bad guys" must be made to desist from their mischief whether or not they wish to.   Such help as is rendered is primarily to the victim, not the wrongdoer.

C)   In the next sort of problem, the focus returns to the person experiencing distress.   As we all know, things go wrong in life.   Marriages fall

apart and houses are destroyed by hurricanes. Children may not grow up as their parents would like, while at work many people fail to achieve their most cherished aspirations. In general, we human beings confront two sorts of *problems in living* (Szasz 1961). The first may be considered *normal* problems. Because life is hard, we are all subject to relationship difficulties and are all buffeted by the demands of maturation. These often hurt and at times can be so severe that people cannot cope on their own. This is when they become problems. The second sort of difficulty in living is the *abnormal*, that is, the catastrophic problem. Not everyone suffers the trauma of war or the heartache of a severely disabled child, and yet, for those who do, the pain can be excruciating. When such crises arrive, they may understandably crumble. At such moments, they may cry out for help.

Naturally, those who are burdened by problems in living want to survive, and, if possible, prevail. Therefore, when their own resources prove inadequate, they can benefit from *social support* (Frank 1973). Sometimes hand-holding goes a long way. A positive social relationship can give people the courage to endure. Most of us know how comforting it is to be understood and are grateful when valued others refuse to abandon us during the hard times. We become stronger when their strength is transferred to us. This may not seem like much to outsiders, but the beneficiaries recognize that these contributions can be pivotal.

Likewise, people are helped when they receive assistance in solving specific problems. It should not be surprising that when something is broken, fixing it can be the answer. In consequence, the best response to a life problem can be *problem-solving*. If a person loses a job, getting a new one relieves distress; if a relationship deteriorates, correcting or replacing it can be the appropriate tonic. Achieving goals is wonderfully therapeutic. Although this is not always possible, helpers who facilitate it are invaluable.

D)   The last type of individual problem, namely the *role problem* (Fein 1990), is often conflated with problems in living. Yet there are profound differences. The latter sort of predicament seems to happen to us. Neither normal, nor abnormal, difficulties in living seem to be the fault of the victim. As we all know, the world has rhythms that are beyond individual control. When fate chooses a target, the casualty may be blameless but hurt nevertheless. Role problems, in contrast, have an internal locus of control. They arise because of a person's own actions, not those of the outside world. An example may help. Suppose a person loses a job because he has a conflict with his boss. It may be that the boss is an obnoxious person or that their respective personalities do not jibe. In either case, the victim is merely unlucky. If, however, the person gets a new job, then finds himself embroiled in a similar conflict, the odds are that he has generated his own troubles.

Role problems can be distinguished from others by their repetitive character (Freud 1953-74). They are recapitulated endlessly with only slight modifications in a plethora of varying circumstances. People seem to develop ways of behaving that they reenact regardless of their surroundings. If these patterns are beneficial, their sponsors prosper, but if they are not, they carry around their personal dark clouds. Hence, those who are raised in abusive relationships may later in life seek out equally abusive partners. Again and again, they will find themselves cheated, betrayed, or ignored. When they do, despite having authored their own misfortune, it will hurt - often very badly. Role problems may be under a person's control, but when they are operative, they do not feel that way to the victim.

In the case of role problems, the appropriate solution is not merely enduring, but changing the offending patterns of interaction. It is not sufficient to extricate oneself from a bad situation if one has a tendency to recreate it elsewhere. What must happen is for a person's internal motives to be rearranged. Old role relationships have to be abandoned, and new ones introduced in their stead. This process has a recognizable course. Indeed, it has a name. It is called *resocialization*. It may also be referred to as *role change*. Generally, this mechanism constitutes the basis of what is referred to as psychotherapy. In this guise, it is typically thought of as pertaining to the individual. Nonetheless, a social perspective makes it plain that dysfunctional roles are generated in social interaction. Usually, they are created in coercive relationships and can be corrected only in a social settings that reverse these constraints. There is not the space here to describe the process in its entirety, but it entails a) reexperiencing painful roles, b) relinquishing the role scripts that hold them in place, and, finally, c) renegotiating superior replacements. Unless all three are achieved, dysfunctional patterns tend to resurface at the most inopportune moments.

To recapitulate, these four areas of application together cover a great deal of the clinical terrain. Distinguishing between them makes it apparent that not all discomfort has the same origin. Personal unhappiness may seem to be uniform, but understanding the diversity of its sources is essential. This, however, is possible only for those who clearly apprehend the social causes and consequences involved.

Modes of Intervention

Specifically sociological approaches to solving socially generated problems are legion. Once again, it is impossible to discuss them all, but a representative sample demonstrates how an interpersonal perspective enlarges the repertoire available to the individually oriented clinician. The techniques that follow can be applied to each of the problem areas presented above. How, and in what measure, will, however, vary with the problem and its

context. Some modalities, like social support, are broadly applicable, while others, such as role change, have a more limited relevance. Deciding which is likely to be most useful is itself part of a clinician's professional expertise.

Social Support. Not just problems in living, but medical, moral, and role problems all benefit from social support. People in distress often flounder because their problems terrify them. Whether the source of their fear is a physiological condition or a self-generated relationship, they race headlong into further suffering because they are too frightened even to perceive the springs of their distress. As a consequence, social reassurance can have a very general utility. Often people forget that therapeutic interventions are inherently social. Fundamental to all sorts of professional help is that which flows from the nature of a positive relationship.

Nevertheless, useful support is difficult to provide. It can be uncomfortable to be with someone who is suffering and challenging to supply such a person with the assurance he requires. This is where a sociological background can come in handy. By understanding the social roots of a client's terrors, a sociological practitioner can increase the chances of being reliably supportive. Social solidarity is not merely a matter of good intentions, but of appropriate communications and insightful validation. For instance, a well-meaning helper may assume that assuring a person that his reactions are normal is always sound. If, however, they are not, this assertion can prove disastrous. It may convince the client not that the helper is supportive, but that she is manipulative. For a validation to be believed, it needs to reinforce what is true. Otherwise, it will seem insincere. Sociology, of course, is an excellent vehicle for determining what is actually true.

An example of a valid supportive intervention is found in the work of Sarah Brabant (1996). She has developed considerable expertise in the management of grief. When people experience extreme losses, their reactions can be excessive and difficult to overcome on their own. They can undergo a depression so debilitating that it is literally life threatening. Brabant addresses this difficulty by recognizing the gap torn in a person's world by such a loss. Utilizing the analogy of a torn fabric, she guides her clients in mending that which has been ripped asunder. Her firm, but socially informed, support, enables them to gather the strength they need to persevere on their own.

A less obvious area in which socially sensitive support is useful is mental health. Those suffering from mental disorders almost automatically find their social relationships placed under stress. Their behaviors and emotional reactions can seem so odd, and/or demanding, that they are off-putting to their role partners. Those suffering from a bipolar disorder, for instance, can experience mood swings so extreme that those in contact with them do not know how to react, instead of being supportive, the latter may demand changes which make it even more difficult for the victim to cope. The work

of Beverley Cuthbertson Johnson (Cuthbertson Johnson and Gagan 1993) has addressed this dilemma in a number of ways. One of the techniques she has pioneered is guiding family groups in providing emotional sustenance for those with this particular malady. By helping these intermediaries understand why their loved ones behave as they do, she brings about social adjustments that serve to make life easier for all concerned.

Socialization. Often successful problem-solving, but also moral living, depends upon the possession of relevant skills. A woman may want to be a wonderful mother, but not know how to discipline her child, or a man seek professional success, yet misunderstand the nature of organizational politics. In either event, their good intentions may be impossible to implement. Social sciences such as psychology tend to imply that interpersonal skills can be automatically acquired by those who desire them. As a result, they concentrate on altering the cognitions or emotions they regard as causative and tend to neglect social learning. The truth is, however, that learning skills often entails complicated interpersonal understandings. For instance, in order to navigate complex organizations, one can benefit from recognizing their hierarchical nature. Bureaucracies possess an inner logic that is opaque to those who are naive about their operations. Likewise, families are not just collections of related people. They too possess dynamics that may not be immediately obvious. Because sociology has at its foundation the study of phenomena such as family interactions, social class disparities, and organizational structures, it is ideally suited to teaching real-world skills. Non-sociologists may mistakenly dismiss these as common sense, but they do so at their peril. A failure to recognize the implications of cultural, or structural, factors is a strong predictor of ineffectual conduct.

On a general level, Janet Mancini Billson (1994) has pointed out that understanding the social life of people, including those grappling with personal problems, entails understanding the web of interpersonal communications in which they are enmeshed. Because we human beings are symbol users, it is imperative to recognize the symbolic interactions that surround us. Furthermore, because society and self are inseparable, it is impossible to understand individuals without understanding the socially derived concepts with which they define themselves. Thus, helping clients to perceive their symbolic activities can facilitate an ability to perceive who they are and what they might choose to do differently in their lives. It can, therefore, convert them into persons who have control over their own destinies.

Resocialization Counseling. Resocialization is not just a form of personal change; it is also a mode of facilitating such change (Fein 1990; Fein 1992). Replacing distressing roles can be both a lengthy and painful process. Relinquishing and supplanting dysfunctional interpersonal patterns is

inherently stressful and inevitably protracted. Competence in facilitating it is, therefore, hard to achieve, and doubly so for those who do not recognize its overall structure. Because other disciplines concentrate on isolated feelings and disembodied cognitions, they tend to miss the natural personal, and interpersonal, sequences that are involved. Instead of recognizing that a protest phase may be heralded by a resistance to role loss, or that a period of profound sadness can indicate the severing of role ties, they prefer to describe unconnected anxieties and irrational depressions. Without a role context, the bits and pieces of resocialization seem distinct and senseless. In consequence, traditional therapists, rather than expedite the process, often impede it. As significantly, a social overview is essential to enabling clients to understand and determine their own fate. Resocialization is not magic and need not be mysterious. Once the victims of role dysfunction recognize why they are in distress and how they can escape it, they need not defer to medical or psychological authorities. Instead, they can assume responsibility for their own growth.

Conscious efforts at resocialization involve the three phases mentioned earlier (Fein 1990). The first entails identifying and re-experiencing the role problems in which a person is trapped. Since these roles are invariably painful, most people prefer to suppress them. Nevertheless change cannot occur unless their efforts at denial are attacked and breached. Being able to feel the terror of coerced behaviors, or the anger of lingering frustrations, is vital to being able to fix what has gone wrong. All too often people fail to improve their situation because they are trapped in fighting old battles in the same old way.

The second stage in resocialization requires a person to relinquish roles that are broken. Before a person can replace dysfunctional patterns, they must be set aside. This, however, is more difficult than might at first blush appear. Because it typically involves a substantial loss, a period of intense grief is required. This is the *sine qua non* for breaking attachments to that which is no longer viable. But such grief can be devastating. It can almost feel like death. As a consequence, navigating it without doing additional damage often demands the assistance of a skilled escort. The sociologically informed clinician can be such a cicerone if he/she is familiar with the underlying process.

Lastly, new and more satisfying roles can be substituted for those that are lost. This, however, entails the construction of fresh interpersonal behaviors. Non-sociologists often overlook the fact that social roles are negotiated affairs. They assume that people can simply be what they like without having to work through their parts with role partners. Were people social isolates, this might be true, but because what we require is the cooperation of others, a process of demand and counter-demand is necessary before the parties can agree to

patterns in which they both participate. Engaging in this give-and-take competently is essential to arriving at mutually gratifying arrangements.

Emotional Competence. For some reason, emotions often seem aberrant. As common as they are, people seem to imagine that they merely happen. It is as if their feelings occurred inside them, but in places that cannot be touched. Most people do not seem to realize that in order to be effective, feelings must be socialized (Lewis and Saarni 1985; Goleman 1995). They do not recognize that a major part of becoming an adult is learning to harness the communication and motivation functions of their feelings so that they can achieve the goals that emotions alone give us the power to accomplish.

Emotions, however, are not thoughts; nor are they asocial. They are an instrumentality unto themselves, which must be understood and dealt with on their own terms. As a crucial element in our internal machinery, they enable us to perform essential interpersonal tasks. Their energy and persistence have no substitute when it comes to influencing the social environment. As a result, mature adults would be wise to learn how to control their passions so that they can be used to achieve vital ends. Only then will it be possible for them to engage in truly successful human relationships. Only then can they engage in fully moral actions or initiate significant personal change.

Daniel Goleman has misleadingly recommended what he calls EQ, that is, emotional intelligence. Yet were this concept relabeled "emotional maturity," it would fit quite nicely with the social needs of those suffering from personal problems. As Goleman has noted (1995), in order to be successful in life, people need to be able to 1) understand their emotions, 2) manage their emotions, 3) motivate themselves, 4) recognize the emotions of others, and 5) handle the emotional aspects of relationships. It is the combination of these skills that enables them to avoid the misunderstandings and conflicts that result from ignoring the emotional dimensions of their behaviors.

Of particular import to those struggling with personal problems is an ability to cope with intense emotions. When feelings like anger and fear go out of control, they can wreck havoc. A sociologically informed program like IAM (Integrated Anger Management) (Fein 1993) enables people to take a step by step approach to overcoming their rage or terror. By recognizing that emotions are social phenomena, it can help them a) achieve physical safety, b) develop incremental tolerance to their feelings, c) evaluate what they are doing and with what effect, d) relinquish what does not work, and e) use their emotions to achieve what is vitally important.

Moral Competence. It has been more than a century since Emile Durkheim (1961) taught us that moral rules are socially constructed. Nevertheless most people still seem to believe they are non-natural facts that are either known or not known. Few people recognize that their values are, in large part, within their own control. They do not comprehend that the rules to

which they commit themselves are socially negotiated and emotionally enforced. This means that they can assume responsibility for their own moral development, if they so choose. It is, in fact, up to them whether they will be morally competent.

In most areas of human distress misplaced values play a vital role. Their part in moral difficulties is obvious, but many problems in living, and role problems, are exacerbated by the retention of outworn moral allegiances. Inappropriate guilt or shame can trap people in behavioral patterns that are inimical to their interests. The first step in solving these difficulties may therefore be to examine and overhaul their values systems. Otherwise, people can sabotage their own needs, as well as those of their peers. Instead of committing themselves to rules that have positive consequences, they battle each other with undue ferocity, inflicting grievous damage on others, while having the same visited upon themselves. In this case, they will be morally inept, the inventors of their own problems in living and the creators of their own vapid social roles. In order to avoid such an eventuality, people need to understand the social nature of morality, recognize their place in the process, and acquire the strengths needed to change what must be changed.

Again to allude to my own work, familiarity with the negotiation/emotion paradigm (NEP) (Fein 1997) makes it possible to escape a wealth of moral abuses and manipulations. Ironically, because morality is supposed to be pure, people may not recognize when it is used to create gratuitous pain. They may not understand, for instance, that. morality's dialectical character fosters polarized negotiations in which a good-guy/bad-guy mentality can rob the participants of their desire to be fair. Instead of listening to each other's point of view, they cease paying attention on the assumption that whatever a bad guy says must be wrong and is probably corrupting. This, however, can breed excesses and rigidities from which all will suffer. Without a conscious understanding of what one is doing, morality stops being a guardian and becomes a source of ill in its own right.

Conclusion

All in all, sociology can play a crucial role in serving the needs of the individual client. This is not to detract from the discipline's contributions to correcting the dysfunctions found in social institutions and organizations. It is a call for expanding the field's recognized area of application. We human beings are, and always will be, social creatures. We may sometimes appear to be isolated from one another, but we are never completely alone. Any attempt to render help that treats people as merely biological or psychological is therefore doomed. Likewise, social solutions that deny our separate humanity fare no better. *In truth, we are individuals, but individuals in a social context.*

Neither we, nor our potential clients, can afford to neglect so powerful an insight for doing social good.

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The Organization as a Person: Analogues for Intervention

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ABSTRACT

Attempting to understand an organization as though it were a person can offer insights into how organizations grow, develop, prosper, falter, and regenerate or decline. Several analogues are offered to be used as an addition to a consultant's approach in determining what is right and wrong with an organization in planning an appropriate intervention, if needed. The author suggests that a clinical sociologist has a role in promoting the health of organizations and in preventing problems, as well as in intervening to solve problems.

Every organization, large or small, complex or simple, is "person-like"; it has a life history, life cycle, and personality. It experiences life events and crises, adapts to change and to stress, interacts and may merge with other organizations, and experiences various degrees of health throughout its life. Although an organization is a collection of individuals, each of whom possesses unique characteristics, it is more than a blending together of the personal attributes of its members. Each organization has developed its own vision, mission, and structure, which gives it a unique personality. An established organization tends to recruit and retain members who "fit in" with its vision, mission, and structure. In healthy, productive organizations, the organization's leaders and its members reinforce each other's beliefs and behavior in their mutual pursuit of the organization's goals and objectives. Members help maintain an organization's unique culture and quality of life

and influence its state of health.

Organizations vary in purpose, size, complexity, and in many other factors.   It is the author's premise that attempting to understand an organization as if it were a person can offer insights into how organizations grow, develop, prosper, falter, and regenerate or decline.

Clinical sociologists are often asked to be consultants to organizations, usually when they are in trouble, and, usually from the perspective of the total organization, its sub-systems, or groups. Sociologists are not inclined to focus on either individuals or the characteristics attributed to individuals. However, while this paper is not an appeal to study individuals in an organization, the author suggests that the process of diagnosis, treatment, and rehabilitation of organizations could be strengthened if some analogies appropriate to persons are used in consulting with organizations. Several analogues are offered to assist clinical sociologists to assess more effectively the lives of organizations. They are offered, not as a template or only source of information for consulting with organizations, but as an additional layer of insight to enhance whatever approach a consultant may use to determine what is right and wrong with an organization and to plan an appropriate intervention, if needed.

1.   *Organizations have boundaries.*

Wilber (1981) points out that boundaries are illusions, products not of reality, but of the way we map and edit reality. People are always trying to bound their lives, their experiences, and their realities. Therefore, every boundary line is a potential battle line. As Milgram (1970) points out, all of us have cognitive maps of our environment; how we cope depends a great deal on what we perceive to be our options. These options are determined, in large part, by the boundaries we perceive in governing our behavior. When boundaries become blurred, adaptation becomes difficult because choices or options are unclear.

The development of boundaries or territories is greatly influenced by the individual's or organization's social system and traditions. Some inherited traditions have lost their functions, but still have power to define territories such as gender, ethnic differences, social class, and economic advantage. Our boundary beliefs help to shape our values and the ways in which we view the world. Sometimes we become fixed in our paradigms and are unwilling to change. Sometimes boundaries we have learned are powerful enough to persist in defining our beliefs and behavior, e.g., beliefs that ethnic minorities do not do well in school or that girls cannot learn complicated mathematics.

Schaef and Fassel (1988) point out that organizations, like individuals can become addicted to power and control. Organizations that have become addicted to their paradigms no longer are responsive to the needs of the clients they propose to serve. Addictive organizations often become more rigid and defensive when criticized and fortify their boundaries. On the other hand, as

Hamel and Prahalad (1994) point out, many business and industrial organizations have redrawn boundaries and transformed themselves to remain competitive in a changing market.

Stacey (1992) discusses the need for a new mind-set in managing boundaries in the future organization. He notes that most leaders and managers in organizations seek cohesion, stability, and predictability. Stacey argues that there must be some degree of chaos in organizations to provide opportunities for creativity and innovation. Strategic thinking and continuous contention help to confront an open-ended and often unpredictable future in organizations. Leaders and managers are challenged, working in a dynamic systems model, to develop a new understanding of control and the appropriate uses of power. They must often manage boundary conditions in a way that pushes the organization into areas of disequilibrium in order to plan new strategic directions. Boundary management must be unstable enough to provoke new learning, but not so unstable that it destroys the organization.

As organizations change, their boundaries need to be re-negotiated. This does not happen easily or rapidly, as studies of mergers have indicated. An organization's responses and its members' reactions to suggestions of re-energizing will indicate its degree of receptivity to change and the permeability of its boundaries (Deal and Jenkins 1994). An organization with relatively impermeable boundaries tends to be rigid and overcontrolled, while an organization with extremely permeable boundaries is chaotic and disorganized. Alderfer (1976) refers to these two extremes as "overbounded" and "underbounded" systems and lists several characteristics that they share: 1) problems with authority; 2) performance limited by role definitions; 3) problems in managing human energy; 4) communication problems; and 5) confrontation with certain life span issues. Underbounded systems face issues of survival; overbounded systems lose their ability to adapt.

Schneider (1991) points out several issues and paradoxes that need to be addressed when intervening to change boundaries:

- strong boundaries incur the risk of reduced integration, while strong pressures for integration threaten boundaries,
- for some organizational members, boundaries serve as a safety net and a way to define their importance in the organization; boundary change needs to address the needs of individuals and their adjustments to change,
- organizations are now being viewed as networks, rather than hierarchies; these networks can span space, cultures, and value systems, and consequently, a diverse membership,
- boundaries need to be managed but boundary managers need some degree of autonomy and control, as do individual members of organizations,

- boundaries are fixed only in people's minds; they are not permanent features of organizations, therefore boundary change requires changes in individual's perceptions.

Clinical sociologists who are consultants to organizations need to assess boundaries; how they are perceived and managed (Bruhn, Levine, and Levine 1993; Schneider 1991; Hirschhorn 1988). Perceptions of boundaries can be measured separately (Hartmann 1991), but a total assessment of the health of an organization requires an assessment, individually and collectively, of the analogues discussed here.

2. *Organizations have networks, linkages, and connections.*

Hamel and Prahalad (1994) have said, "strategic architecture does not last forever." Organizations of all kinds and sizes are affected by change, but none more so than business and industry. Hamel and Prahalad (1994) describe what Hewlett-Packard (HP) did to link their three autonomous sectors -- computer systems, computer products, and tests and measurement -- to better position themselves to address opportunities at the juncture of these three capabilities. Hewlett-Packard reconceived its sense of identity as $HP=MC^2$-- where M stands for measurement, and the two C's stand for computing and communication. The new goal of HP was to identify new opportunities that would draw on the full range of HP competencies. HP overhauled one of the company's oldest divisions, and renamed it. Contracts cut across the business unit boundaries that traditionally defined and limited HP's view of its opportunities. HP also formed a cross-sectoral telecommunications committee to work for and coordinate HP's "cut-across" opportunities to develop innovative new products for telecommunication clients.

Linkages and connections between companies and organizations now extend world-wide as intercorporate competition for competitive advantage becomes more keen. It is becoming more common, therefore, for an organizational consultant to address organizational problems and issues across several social systems.

It is tempting to believe that interventions can be targeted and their effects contained, but when organizations are tied to other organizations, they are confronted with change through network alliances which are very broad targets for interventions. Boundaries within and between organizations may become blurred, and therefore, the target for intervention may become blurred. However targeted an intervention may be, its effects cannot be completely contained. The greater the need to work across boundaries, for example in health care teams, the greater the need to manage both the boundaries and the team members (Bruhn, Levine, and Levine 1993). Managing boundaries is a dynamic process. Therefore, an intervention must be dynamic, repeated and reinforced. One challenge of intervention is that both the object of intervention and the intervenor are in constant flux.

Intervention can be severely limited or self-defeating if only one segment of a team, linkage, or connection is targeted. The nature of the relationship of a targeted organization to its partners may set up a situation where a larger network intervention would be best if change is to occur. Often, repeated iterations of an intervention are needed to make an impact in networked organizations. However, network interventions, because of their scope, can destabilize the entire network and often can have unplanned effects that cause new problems between organizations in the network. When interventions are repeated and reinforced, the challenge is to keep conditions as stable as they previously were; this is unrealistic if we view the world as being in constant flux. Trade-offs regarding scientific rigor sometimes have to be made by intervenors.

Clinical sociologists who are consultants to organizations need to assess the need for, and impact of, possible interventions in an organization with many geographic locations, some of which may be in areas where people are members of other cultures. Interventions in organizations spanning cultures and languages will require a level of preparation and follow-up heretofore rarely encountered, except perhaps in the military. Indeed, interventions in networked organizations are seldom single changes that can be easily monitored. The rapidity of change, and the need for some organizations to remain competitive, often requires that several interventions are created at the same time. Therefore, it is not easy to identify and assess the effects of interventions in networked organizations. The intervenor is often a team which must be vigilant to insure that the probable effects of change are planned, implemented and directed so that they are not counterproductive. As with change in the lives of individuals, all effects cannot be anticipated and controlled to insure a positive outcome.

3. *Organizations have life cycles.*

All organizations, like individuals, have a life cycle or are involved in a series of phases or stages of development from life to death. Not all organizations eventually die or cease to exist, many are merged or re-invented so they do not exist in their prior form. At any rate, it is important for an organizational consultant to know at what stage of the life cycle the organization is at the time of consultation. An organization that is struggling with its identity after only a year or two of existence will present a different challenge than an organization that is struggling to form a new identity after years of existence. Organizations, like individuals, have different life experiences, resources, support systems, etc., at different points in their history. Interventions must be attuned to the unique needs and circumstances that are present at different points in a life cycle. For example, an intervention to prohibit smoking in a newly formed organization will differ from an intervention to abolish smoking in a 50 year old organization.

It is often assumed that organizations want to grow larger, become more competitive and powerful, and embrace change in order to do so. An organization may have made a decision, knowingly or unknowingly, not to grow larger. Or, the organization may have become overwhelmed by its problems and solutions and become stagnant. Intervention is not always welcome, and it cannot always be assumed that an organization needs or wants to progress, i.e., become more "mature," in its life cycle. A "young" advocacy organization, for example, may resist efforts by members and outsiders to temper its activities as it ages. Intervention triggers change and disrupts the natural progression of a life cycle; therefore, change may be resisted. It may be sufficient to reinforce choices and point out the consequent limitations of those choices instead of proposing an intervention. Unlike that of individuals, the cause of an organization's eventual demise is not its age; an organization expires when it no longer meets the needs of its members because its leaders made poor choices and/or were unable to plan for and implement the appropriate intervention to move the organization along its life cycle.

Greiner (1972) maintains that organizations move through five phases of evolution or development, each of which ends with a management crisis. Each phase is both an effect of the previous phase and a cause for the next phase. The principle implication of each phase is that management actions are narrowly prescribed if growth is to occur. For example, an organization experiencing an identity crisis in Phase 2 cannot return to Phase 1 for a solution, rather it must adopt a new management style in order to move ahead.

The first or birth phase in an organization's development is creativity. The first critical developmental choice is the selection of a strong leader who is acceptable to the members and who can pull the organization together.

The second phase is direction. A crisis is imminent if there is no move to delegate and permit members to make decisions. Many organizations flounder at this stage between centralization and responsible delegation.

The third phase is delegation. The delegation phase proves useful in heightening members' motivation. However, leaders who sense that they have given up some control may attempt to regain total control rather than exercise it through coordination.

The fourth phase is coordination. Coordination is important, especially in organizations with limited resources. It is important that procedures do not take precedence over problem-solving; otherwise, innovation will be dampened and a "watchdog" atmosphere will prevail in the organization.

The final phase is collaboration. This phase emphasizes greater spontaneity in management through teams and flexible approaches. Phase five enables organizational members to grow and to rest, reflect, and revitalize themselves.

As Greiner (1972) points out, the component parts of every organization

are at a different stage of development. The task is to be aware of these stages so the wrong solution to problems is not imposed. Greiner also points out that solutions breed new problems and that an awareness of this could determine whether or not an organization chooses to grow. Interventions should not only address problems at one stage of development, but anticipate issues and problems for future stages of development.

Quinn and Cameron (1983) believe that organizations become either more or less effective as they progress through their life cycles. For example, societal and legal pressures forced international men's civic clubs e.g., Rotary, to admit women, but in some countries e.g., Mexico, women have had to form separate clubs within the same international organization. The receptivity to the admission of women, for example to Rotary Clubs, varies greatly by the "age" of the club and its members and its geographic and cultural location. External pressures can assist in moving organizations developmentally in their life cycle.

Tichy (1980) prefers to think of organizations as continually coping with three types of uncertainty rather than the more predictable stages of development, e.g., infancy, adolescence, adulthood, etc. Tichy states that organizations continually cope with three types of uncertainty: technical, political, and cultural. These uncertainties emerge with differing predominance and in no particular order in an organization's life. Because organizations are dynamic, none of these uncertainties are fully resolved nor is a balance achieved among them, but the ability to predict uncertainty and to guide it, is essential in keeping an organization vibrant and growing.

The key element linking developmental thinking and the view of uncertainties espoused by Tichy, is change, and the ability of organizations to anticipate, plan, and adapt to change. The ability to adapt is enhanced by experience, hence it might be assumed that older, more experienced organizations might be more receptive to change. This is not so, and herein lies the challenge to the skills and insights of the intervenor. While parallel indicators assist an organizational consultant to determine what stage of the life cycle an organization is in, it is important that such a categorization not predetermine the type and method of intervention that is planned.

4.   *Organizations have a self-concept.*

Self-concept is the way we see ourselves. Self-concept embraces values, beliefs, competencies, and goals. Organizations attempt to maintain their self-concept by engaging in behaviors that are consistent with their perceived values, beliefs, competencies, and goals. Self-concept encompasses assumptions about strengths and weaknesses, possibilities for growth, and explicit patterns of behavior and experiences.

A self-concept is open to influence by the views others have derived on the basis of direct or vicarious experiences. On the other hand, individuals

and organizations project the attributes and qualities they want others to see and experience. Self-concept and identity are interrelated. We project what we think of ourselves by what we do and say. So it is with organizations. An organization may have problems and may have little power, influence, and creditability in a community because of the low self-concept projected by its members or the weak presentation of its mission.

A long-standing ethnic organization in a capital city had a succession of directors. Each director had his/her own program priorities and with few staff or resources, little was accomplished. Nonetheless, the organization had an elaborate annual banquet for leading citizens who endorsed the vision, mission, and accomplishments of the organization. Individuals and other organizations who paid membership dues saw no major progress resulting from their financial contributions. The annual banquet was attended largely by members of one ethnic group and attendance from the larger community declined. The poor self-concept of the organization was confirmed and reinforced by inattendance to its internal problems, loss of donors, and decreasing attendance at the annual meeting.

Interventions of any type will directly involve an organization's self-concept. No one likes to admit to a low self-concept. Schaef and Fassel (1988) point out that addictive organizations, like addictive individuals, want to control the way in which they are seen by others. This is usually accomplished by impression management through a host of processes involving denial and dishonesty, isolation, self-centeredness, judgmentalism, perfectionism, setting up sides, manipulation, and so forth. Organizations, like individuals with low self-concepts, hurt internally. The consultant clinical sociologist needs carefully to explore the many facets of self-concept before suggesting an intervention.

5. *Organizations have unique histories and languages.*

Lyth (1991) points out that organizations have an unusual capacity for sustaining their characteristics over long periods of time. Organizations tend to perpetuate their successes, and sometimes their failures. Traditions are more important in some organizations than others. There usually are formal and informal ways of socializing new members into an organization, as well as established ways to acknowledge the longevity and service of long-time members. Indeed, it is relatively easy to learn the explicit customs and traditions of an organization; often it is the less explicit ways of thinking and behaving that provide clues to some of the organization's current problems, especially resistance to change.

Schein (1992) notes that it is important to examine the "language" of an organization in its total context. He points out that although we often may assume that we have learned the language of another country, its true meaning is embedded in context. Schein refers to Hall's (1977) discourse on the

importance of personal space and people's perception of it in understanding the "language" of an organization. Hall notes that what people do and say is part of a communication system, not all of which is observable or explicit. People's "language" (or use of space) is an elaboration of their culture, what Hall calls "infraculture." It is important for intervenors to gain insight into an organization's infraculture in assessing that organization's health, and any need for culturally appropriate interventions.

6.   *Organizations have a health status.*

Organizations, like individuals, fall sick in various ways, to various degrees, and at various times during their life cycles.   Some bouts of unhealthiness in individuals do not need intervention by others, while other situations may require hospitalization and rehabilitation.   So it is with organizations.

Organizations strive to maintain a balance between deficits and excesses, between stability and disruption, and between positive and negative forces. Imbalance in an organization can make it dysfunctional.   The struggle for equilibrium is continuous in the life of a vibrant, growing and productive organization.   An organization does not reach or maintain equilibrium for long.   Like rubber bands that are expanded and contracted, organizations change as forces within and without act upon them.

Determining the state of an organization's health is an interpretive, subjective process that requires an examination of several dimensions, including values, managerial culture, heroes, myths, taboos, rituals, and cultural symbols (Bowditch and Buono 1994).   There are no quantitative scales or indices to measure the health of organizations, but Harrison (1994) has offered models and suggested methods for diagnosing the health of organizations.   Several authors have pointed out factors contributing to an organization's health.   Lyth (1991) stated that productivity and morale are obvious, simple measures of health.   Bruhn (1994) stressed the importance of trust, delegation, and empowerment as essential to organizational health. Schaef and Fassel (1988) pointed out that organizations themselves can become an addictive substance, promoting and rewarding workaholism.

Kets de Vries and Miller (1984) describe five types of dysfunctional organizations.   Although dysfunctional organizations can be successful by maintaining their equilibrium and even seeking leaders to help perpetuate their organizational culture, they are not healthy.   Interventions to alter dysfunction in these organizations may be variously received depending on the organization's leadership, but almost all of the types of dysfunctional organizations described here would resist intervention and impede its success in some way. *Paranoid organizations* have a good knowledge of threats and opportunities inside and outside themselves, but they are characterized by a lack of trust, insecurity, and centralization of power.   *Compulsive*

organizations are characterized by elaborate planning and routine. Formal controls on information and activities ensure that the organization is operating properly. Operations are standardized, there are formal policies, and the organization is very hierarchical. The *dramatic organization* is hyperactive, impulsive, bold, and risk taking. Decision-making is often unreflective and based on intuition rather than data. The *depressive organization*, at the other extreme of the dramatic organization, is inactive, extremely conservative, and lacks confidence. Most depressive organizations are stable and resist change. They are very bureaucratic, yet often have leadership vacuums and an internal focus. They are characterized by low morale, a sense of purposelessness, and a lack of meaningful change. The *schizoid organization*, like the depressive one, is characterized by a leadership vacuum. Its top executive discourages interaction because of a fear of involvement. Power is dispersed to the second level of the organization where there is little collaboration or communication.

Kets de Vries (1995) points out that many problems in organizations are insidious and not susceptible to quick-fix interventions. Leaders are often the reason for nonproductivity or instability in organizations. Leaders may be selected to confirm and maintain an unhealthy culture, or may find that they are unable to institute changes to make the culture healthier. Intervenors, therefore, must consider what is "normal" for an organization. It may be impossible to intervene in some organizations, either because they are too sick or because they are too healthy. Healthy organizations may resent intervention to fix a problem that members feel they can solve themselves. Sick organizations may not recognize the need for help or may have given up and become reconciled to their situation. Indeed, organizations have their own "survival threshold" or tolerance level for craziness. When leaders are reluctant to ask for help because they fear a loss of control or damaged ego, members usually find ways to make their environment more tolerable.

Ouchi (1980) says that to a lesser or greater extent, all organizations are in a state of at least partial failure. Organizations fail under a variety of circumstances: when members are placed in a dependent state that denies them the possibility of success, when there is a lack of trust among members, when positions in the organization are overly specialized and impersonal, or when there is an obsession with control. On the other hand, organizations seem to be healthier when their members are able to release energy and creativity, when members can pursue internal objectives and maintain some degree of independence, and when members are trusted.

According to Adizes (1979), when organizations reach their "prime or peak stage," there may be no need for treatment or intervention. However, the challenge to remain prime requires measures to prevent decline. There is a continual need for planning, changing aspirations, and strengthening teamwork in organizations so they do not become complacent with their

achievements and satisfactions. Leaders in an organization need to keep in touch with the spirit and the soul of their organization so that the organization and leader stay "in tune" with each other (Bolman and Deal 1995). Sometimes, the appropriate intervention for an organization is the selection of a new leader, or new linkages to renew its spirit and revive its soul.

Organizations have processes to assist them in surviving negative insults. Handy (1993) points out that organizations are comprised of people, and it is people that provide resiliency to organizations. If it is not only to survive change but to thrive on it, an organization must institute programs that anticipate change. The fact that an organization has reached its prime does not make it immune from change: indeed, it will have to work hard to remain in its prime state. Programs for maintaining an organization's good health might include educating people, keeping them informed about planned change, retraining, crisis management, support groups, and permitting people to participate in decision-making (Rosen 1991).

Sick organizations, like sick individuals, may not perceive themselves as needing help. Uninvited intervention is doomed to fail and often exacerbates illness. Intervention in sick organizations, when invited, usually needs to be preceded by a thorough "history and physical" to decide whether the illness is acute or chronic and its prognosis, with or without intervention. Organizational health is never static; some illnesses may resolve themselves with time, while others may lead to an organization's decline and death.

7. *Organizations have social defenses.*

Hirschhorn (1988) states that social defenses protect people from anxiety. Every organization creates certain social defenses that fit its particular history and the personality of its leaders. Bureaucracy, ritualization, depersonalizing work relationships, encouraging and rewarding workaholism, and using procedures and paper controls as a substitute for trust can be social defenses (Hirschhorn 1988; Diamond 1991). While structure can help reduce anxiety, it can also increase anxiety among organizational members who value autonomy, flexibility, innovation, and creativity. Hence, either extreme of "structuredness" can produce various degrees of anxiety in some organizational members.

Diamond (1991) points out that group membership has its values and dilemmas; an individual gives up a certain amount of independence and identity for membership and affiliation in an organization. Like individuals, organizations can become regressive and defensive if their goals and objectives are thwarted. Casting external blame, practicing denial, disclaiming responsibility, and defensively overstructuring themselves are ways organizations cope with threats to their integrity.

Intervention, which further threatens an organization or the groups within it, may be met with emotionally unhealthy responses. Thus, it is important to

involve organizational members in all phases of a planned intervention including soliciting their input into whether or not an intervention is needed, and if so, exploring with them what type, their involvement in implementing it, and possible effects of the intervention.

8. *Organizations experience crises.*

Many organizational crises are the result of mismanaged change (Rosen 1991) or actions taken on the basis of faulty perceptions (Schein 1992). Internal crises can reveal a lot about an organization's culture and leadership. Crises that are external to the organization, depending upon their nature and how they are managed, can precipitate internal crises. On the other hand, threats may help to unite organizations.

When outside intervention is sought for an organizational crisis, it would appear that the leadership is unable to effectively handle the disruption, the crisis is large scale, the members are inexperienced in coping with crises, the infrastructure is incapable of coping with the crisis, or the crisis has gone on for so long and morale is so low that outside help is needed. The organizational consultant must be particularly sensitive to historical and life cycle issues in assessing organizational crises. Crises are part of every organization's past and present; how an organization survived previous crises often provides valuable clues for resolving the present one. Resolving a crisis will not insure that the organization will stabilize or learn how to resolve future crises. Some organizations thrive on living from crisis to crisis and do not need intervention or may need outside intervention only with particular types of crises.

Increasingly, academic organizations are utilizing the expertise of behavioral scientists within their ranks to mediate conflicts in departments. Most institutional equity, affirmative action, and human resource officers serve as mediators of personnel grievances in large organizations. The size and resources of an organization will influence whether the assistance of an outsider is feasible. Organizations need to develop a variety of personal and professional growth programs to prevent crises. If an organization is proactive, it is likely it has the knowledge and resources to intervene to solve its problems without outside intervention.

9. *Organizations resist change.*

Organizations, like individuals, differ in their attitudes and behavior toward change. Judson (1991) points out that to develop appropriate plans for minimizing resistance to change, leaders and managers must be able to anticipate the reactions of those about to be affected by the change. Furthermore, to implement change, leaders and managers must understand which factors they can influence most and where and how to direct their efforts. Judson describes how to use a checklist and balance sheet to estimate and plan how to minimize resistant feelings or attitudes.

Many forces influence resistance to change, but two aspects of resistance can be managed: 1) the extent to which people are apprehensive about the change; and 2) the way in which the change is introduced and implemented. Resistance is usually a symptom of a basic problem underlying the particular situation. Resistance by an individual reflects a complexity of factors, such as the influence of family and friends, previous experience, distrust, etc. Similarly, resistance in an organization can be caused or intensified by experiences which may not directly be attributed to the nature of the current change confronting individual members. For planned change to be successful, resistance must be minimized and acceptance maximized; a window of optimal timing for the occurrence of an intervention must be created.

The way in which an intervention is introduced and implemented also is manageable. It may be thought the proposed change, if introduced quickly and in a matter-of-fact fashion (e.g., by memo), will be less painful. However, nothing substitutes for the dignity and humanity of frequent face-to-face contact with the organization members who will be affected by an intervention. Members who become partners in making change happen usually will try to make it effective and will advocate the change among their peers.

10. *Organizations have optimal opportunities for intervention.*

Figure 1 depicts the dynamic relationships between the forces of resistance and the acceptance of change among select members of an organization and its total membership. The cyclical relationship between the forces of resistance and acceptance is in continual motion among all the members of an organization faced with change due to intervention. Times or periods of balance or readiness to accept change in this cycle can be referred to as "windows of optimal intervention." These time periods are similar to what Lewin (1958) referred to as "unfreezing." He believed that once behavior (or resistance) had been unfrozen, new learning could occur. It is natural for organizations and their members to resist change and for organizations to go through a phase of disequilibrium while "unfreezing" their resistive behavior. In individual psychotherapy, it is often said that one has to get sicker in order to get better. The skill of the therapist or, in this case, the organizational consultant in managing the process of change usually influences the length of the period of disequilibrium or unfreezing. Organizational consultants, who are under contract, sometimes leave their clients before an intervention is underway or completed. Therefore, the leadership of the organization must guide and monitor intervention and change. It is important that interventions be followed once they are implemented, as interventions often create new disruptions or problems; hence, the cycle of change in organizations is never inactive. Windows of optimal intervention exist in life cycles of individuals and organizations;

although there are many such windows throughout a life cycle, the perceived opportunity must be in synchrony with a readiness to change on the part of the organizational leaders and members. Sometimes a window of optimal intervention will need to be created or encouraged, or the dysychrony between leaders and members resolved.
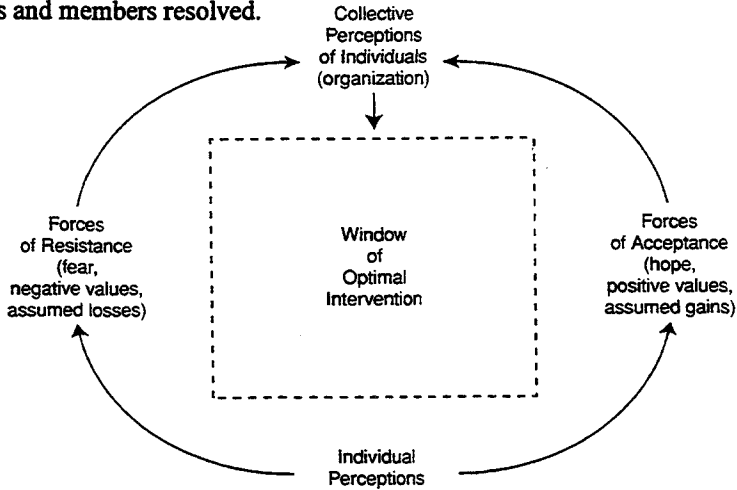
Figure 1. Window of Optimal Intervention to Effect Organizational Change

There are a variety of opportunities for change in organizations. Some are part of the life of organizations, e.g., new budget cycles, downsizing (rightsizing), new leadership, strategic planning cycles, turnover or retirements of employees; some are imposed by external events, e.g., new, competing organizations, catastrophes, hostile takeovers, mergers. Windows of opportunity for change may be avoided by organizational leaders who feel threatened by change. Leaders often like "measured or controlled change" in which they can determine or limit the extent and outcome of change. However, leaders can become blind to a readiness for change in their own organization, i.e., members may be more ready for change than the leadership. Often, members of an organization precipitate the call for a consultant. Organizational consultants often point out to leaders and members what they already know; however, outside consultants have the advantage of creating confrontation in an atmosphere of problem-solving. Crises are windows of opportunities for change, that is why crises in organizations should not be denied, avoided or minimized, but viewed as opportunities to enhance and revitalize the total organization.

Judson (1991) points out there is no standard approach for making organizational changes. Each organization and each window of optimal intervention is unique. General steps to help leaders and consultants carry out

an intervention or change should include: 1) analyzing and planning the change, especially determining who is accountable and responsible for seeing the change through; 2) communicating with organization members about the change(s); 3) gaining acceptance of the required change(s); 4) varying the period of transition from the present to the new situation; and 5) once the transition is completed, providing for a period of consolidation and follow-up.

Organizations, like persons, react differently to change, but rarely is there no resistance to change, even when members acknowledge its need. Members of an organization tend to expect that only others in the organization will experience change, somehow they will escape its effects. Support, encouragement, and assurances are needed from organizational leaders before, during, and following interventions. Reactions to interventions by organization members will change as the process proceeds and after it is completed. It is important for consultants to follow their clients for a period of time after they have left the organization, so that they may assess the long-term effects of the changes caused by interventions.

Operationalizing the Analogies

How can the analogues presented here be used in the diagnosis, treatment, and rehabilitation of organizations that ask for help? It can be assumed that the ultimate goal of the consultant is to assist organizations in understanding, and possibly changing patterns of behavior that the organization has labeled problematic and thereby improve the functioning of the organization.

The first step in the client-consultant relationship is to establish the nature of the problem, that is, develop a diagnosis. The analogue "organizations have life cycles" can be key in this process. (See Table 1 for an example of how this analogue can be operationalized.) Similar to the experience in families, organizations move through time vertically and horizontally (Brown 1991). Symptoms often represent life cycle transitions or disruptions, i.e., change in leadership, turnover in members, pressures or competition from other organizations. The analogue "organizations have boundaries" is also key to the diagnostic stage as boundary issues between organization members relates to the organization's ability to perform and complete life cycle tasks. Changes in membership in the organization can disrupt both relationships and boundaries. A third analogy "organizations have networks, linkages and connections" is important in the diagnostic phase. Organizational problems may be precipitated by external forces, perceived or real, impinging on the organization. The extent, nature, and history of the networks and linkages of an organization can reveal much about its degree of isolation/involvement and past behavior with respect to compatible and competing organizations. A fourth analogy is, "organizations have a health status." This relates to how the organization has functioned in the past compared to the present. What are the

strengths and weaknesses of the organization as perceived by the major constituencies? Using information from the above four analogues it is possible to establish a working diagnosis of the organization. Of course, these qualitative data will supplement other data that might be obtained through records, clients, instruments, and direct interviews.

TABLE 1
OPERATIONALIZING THE LIFE CYCLE
ANALOGY: AN EXAMPLE

Diagnosis:
1. What is the chronological age of the organization?
2. What are the perceptions of the current developmental stage of the organization by leaders, members, and outsiders who have links with the organization?
3. What do organizational leaders see as the next stage or phase of development for the organization and the issues to be dealt with? Is there consensus?
4. What do leaders, members, and outsiders see as problems of the organization with respect to its current functioning and progress?
5. What are the current tasks before the organization? e.g., developing a firm identity, demands and expectations of the organization exceed its capacity to meet these demands and expectations, organization needs a new mission, etc.
6. Do the issues related to the organization's developmental stages or phases give clues to the major problems of the organization at this point in time? e.g., members leaving because the organization has lost its focus or purpose, turnover in leadership has created a directionless organization, the organization has stopped growing in membership, or has become too large with too many agendas.
7. How does the developmental stage of the organization relate to its organizational structure, the decision-making and power structure, and role relationships? e.g., are members empowered? who makes decisions?

Intervention:
1. What type and method of intervention would be appropriate and possibly effective at this stage of the organization's life cycle?
2. What are the expected outcomes (effects) of the intervention (positive and negative)?
3. Who should be involved in the intervention?
4. What are the plans for follow-up?
5. How will the intervention affect the progression of the organization along its life cycle? Will learning occur with respect to future problem-solving?

Rehabilitation:
1. Has there been organizational learning with respect to anticipating and preventing problems? Have organizational members more insight into how to cope with the same and related problems?
2. Have leaders and members learned about the positive and negative factors that relate to its growth and development?
3. What are the leaders' and members' plans to promote healthy growth and development?
4. Have communication patterns in the organization changed? Attitudes toward change? Aspirations for the organization?
5. What is the prognosis for the organization?

The second step is the treatment or intervention phase, if indeed, intervention is warranted. To assist in determining a context for the intervention, the analogue "organizations have a self-concept" is relevant. It is important to ascertain the image of the organization and where members and leaders see their strengths and weaknesses. In this respect, it is important to ascertain a "readiness" to change and expectations from an intervention. Another analogy that can be helpful at this stage is "organizations have unique histories and languages." It is important to find out the previous experience of the organization with change and interventions and determine the extent of support for the current consultant's assistance. Another useful analogy is "organizations have social defenses." It is important to know who asked for help, what has been the previous history of the organization in asking for outside help, and which constituents of the organization are opposed and which are supportive of outside intervention. The organization's social defenses will be key in determining what, how, and when interventions could or should be implemented and sources of support and resistance for them. The analogy "organizations resist change" can stimulate questions that will reveal the possibilities of success or failure of any intervention.

The third step is rehabilitation. Organizations asking for help expect some improvement in their situation. This may or may not be possible. Indeed, as the analogy "organizations experience crises" may reveal, the current problems may be due to a crisis in organizational leadership. How the organization has coped with leaders, their selection, turnover, and styles will help to determine what can be done to resolve current problems. The current crisis may not be leadership, but a failure to develop a current vision, mission, or set of goals. Or the crisis may be an accumulation of past unsolved problems. Another analogy that will be useful here is "organizations have optimal opportunities for intervention." As Figure 1 illustrates the time must be right for the organization to act on its own behalf to solve its problems. As Brown (1991) points out, an optimal opportunity arises when the client accepts responsibility and accountability for actions. This responsibility and accountability on the part of leaders and members of the organization must extend beyond the current problems.

Treatment or intervention is a process. There is always a question of how much information should be gathered in a consultantship. The issue perhaps should be not how much, but how the information that is gathered is weaved. As Brown (1991) notes, an intervenor is a "weaver of tapestry." The ten analogues presented here represent a sampling of what can be learned about organizations by using the individual as a format.

The Clinical Sociologist and Organizational Health

The emphasis of this paper has been on the use of analogues to gain

additional insight into the diagnosis, treatment and rehabilitation of organizations, and the type and timing of appropriate interventions to create positive change in organizations. Most organizations do not become sick enough to warrant the services of a consultant. Most organizations are relatively healthy and have processes in place to prevent sickness and if it does occur, can maintain their equilibrium. Clinical sociologists have a role in the prevention of sickness in organizations. They have some knowledge of what keeps organizations healthy. The values at the heart of a healthy organization enable it to continuously grow, evolve, and renew itself, reinforcing what is productive and sloughing off the unhealthy (Rosen 1991).

Healthy organizations have a strong commitment to the self-knowledge and development of its members, a firm belief in decency, a respect for individual differences, a spirit of partnership, a high priority for health and well-being, an appreciation for flexibility and resilience, and a clear mission and plan of action (Rosen 1991). Healthy persons have been described as self-actualizing, rational thinkers, capable of effective communication, creativity, living in the here and now, the ability to live in dialogue with others, and to satisfy their needs as they grow (Jourard 1974). There are parallels between what keeps individuals and organizations healthy.

When organizations, like individuals, become unhealthy and need study and intervention by outsiders, the nature of the diagnostic processes for individuals and organizations involves both qualitative and quantitative data, yet ultimately the consultant must interpret these data in order to arrive at an intervention. This is where the value of the proposed analogues comes in. Interventions are impositions and disturbances introduced into a dynamic system. Therefore, information about the processes of the system at a given point in time, e.g., life cycle, boundaries, self-concept, can influence whether an intervention is appropriate and suggest its effect. As Levinson (1991) suggests, it is important to understand how an organization functions cohesively and effectively as well as when it is disjointed, where it fails, where it errs and where it dissipates energy. Kets de Vries (1991) makes a cogent summary statement, "In studying organizations we can interpret their 'texts'. The 'text' is what gives clues to what life in that organization is all about." The analogues offered here provide avenues for "textual analysis" in deciding upon the need for, type, method, and timing of an organizational intervention.

We learn about organizations by gaining a better understanding of their members and we learn about individuals through the organizations to which they belong. It seems appropriate, therefore, that what organizations and individuals share should be used to help us better understand their analogues.

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Humanizing Sociological Thought and Practice*

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ABSTRACT

This paper introduces a practical application of sociology. It attempts to do so as a modest effort in perceiving varied images of the human and of society. It makes available, as interventions for the treatment of individual crises and for empirical verification, a set of presuppositions about the features and consequences of human social nature. The preponderance of social scientific theories and practices found in the literature have a commonality germane to the definition and resolution of social problems - *horizontal* change. An optional theory and corresponding set of practices espousing *vertical* change focus less on the maintenance and content of the social self or ego, and more on the process and outcomes of identification with it. The latter emphasis is a version of clinical humanism not found in the rhetoric constituting sociological practice.

Introduction

The domain of sociology called "clinical sociology" includes a circumscribed set of features that distinguish it from other sub-fields of sociology (Bruhn and Rebach 1996; Kallen 1995; Eve 1994; Glass 1991; Fein 1990; Berg and Smith 1985; Cocozzelli 1987; Fritz 1985; Freedman 1984; Strauss 1984; Swan 1984).[1] Jonathan A. Freedman, in a recollection of Saul

Alinsky, refers to clinical sociology's characteristic reliance on sociological theory and concepts as essential for developing approaches to change (1984). In this vein, Melvyn Fein (1990) highlights what might be referred to as a traditionally *humanistic* aspect of clinical sociology's focus on change - that a social perspective is vital, indispensable to comprehending personal problems.[2] Clinical sociology continues to draw on the numerous traditions of social thought - philosophical assumptions and presuppositions - to ground its activities. Because as a sub-field, it is a relatively recent construct in the history of ideas, there is ample room for articulation of sociological principles and their implication for practice as well as for meta-theories that find consistencies between theories and applications.[3] This paper aims to advance our understanding of clinical sociology by introducing a particular notion of humanism in describing and explaining the relevance of sociological thought for practice.

The proposition of a version of humanism in clinical sociology, begins with and depends upon Fein's (1990) idea of the importance of society for understanding the individual - "the role of social relationships in the etiology of human distress." He reminds us that the human is a social creature with no inherent relationship to itself or to things in the phenomenal world. As Emile Durkheim (1964) theorized, individual behavior is virtually uninterpretable unless one sees the whole of which it represents or is a part; the most seemingly personal and individual behaviors have their roots in the interpersonal, in "socio-" or "association." The form or structure of individual behavior is understood strictly by seeing its contribution to the collective. Through learning, feelings and actions are linked to the role prescriptions that differentiate how persons are to associate in various ways to accomplish the tasks of group life.

Melvyn Fein's assumption about the critical nature of role identification is both a cornerstone in the clinical sociology architecture and a foundation for this extended consideration of theoretical and therapeutic options. In particular, his interests in the disruption of social role attachments as having devastating consequences led to his work on a *resocialization* perspective. His formulation, comprehensive in that it is both diagnostic and prognostic of difficulties troubling most people, acts as a springboard for this investigation in that its concerns are with the significance of human role development and maintenance. The present project shifts, however, from Fein's attention to the mechanism of *role identification and conservation* as a *horizontal* adaptive feature and attends to the *vertical* dimension of adaptation pertaining to role.

Statement of the Problem

The following discussion makes available as practical interventions and for empirical verification, a set of philosophically/theoretically-derived

presuppositions about the features and consequences of human social nature. It distinguishes a *clinical humanism* approach that originates with the general concept of human societies - the macro/micro and dialectical relationship of the individual to the group (Ritzer 1988; Berger 1967) - and from clinical sociology's specialized emphasis on the significance of society for understanding and treating individual problems. The paradigm is defined through discussion of developmental capacities of human self-consciousness, namely the movement from an *exclusive* to an *inclusive* social self-consciousness. This formulation is presented first as nine presuppositions of practice: 1] Society, 2] Attend, 3] Segment, 4] Transform, 5] Sense, 6] Residual, 7] Judge, 8] Motive, and 9] Consolidation, and then as interventions applied in the treatment of individual crisis. (Refer to **Appendix** for a summary of the presuppositions and interventions.) "Society" accesses a domain of consciousness that reveals a sense of separateness between the individual and society and situates the possibility of change at the level of the individual. "Attend" presupposes two dimensions to awareness where a person is reduced to and identified with social role or is an observer to its role. "Segment" is a descriptor for a felt discrimination of the "self as not the other" in contrast to the "other as the self." "Transform" presupposes the human capacity to maintain an observer or subjective consciousness through the disciplined recognition of both dimensions of awareness. "Sense" presupposes the human capability for active versus reactive aspects of behavior. "Residual" presumes the ability of persons to prioritize states of consciousness as developmental with each stage as indispensable to total human experience. "Judge" pertains to the human capacity in consciousness to bestow worth on experience rather than to find worth in experience. "Motive" presupposes a person's capacity for contentment in being as opposed to in doing or achieving. "Consolidation" presumes a person's capability for making society a reflection of human value in contrast to a source of human value.

Background: Locating Another Link Between Sociological Thought and Practice

Humanistic consciousness, then, as it is employed in this work, is a specialized rhetoric concerning the individual's relationship to society. It is a referent to a type of maturity of human development from a fragmented and exclusive attention to an inclusive attention (Thakar 1968). These two distinctions of human awareness highlight and differentiate a range of human experience and phenomena not often treated in the arena of social scientific thought, nevertheless that have potentially profound effects for individuals and society. This dimension of consciousness has been and might be characterized as *unconditioned* awareness that developmentally, follows the conditioning or socialization of consciousness. G.W.F. Hegel (1967) identifies this dimension

of consciousness: "Self-consciousness has before it another self-consciousness; it has come outside itself ... First, it has lost its own self, since it finds itself as an "other" being; secondly, it has thereby sublimated that other, for it does not regard the other as essentially real, but sees its own self in the other. It must suspend this its other self ... It must set itself to suspend the other independent being, in order thereby to become certain of itself as true being." In other words, the juxtaposition of elements in the individual's awareness of "I see you with my eyes" changes to "I see you through my eyes." In the history of social thought, a similar idea of an observer to oneself in awareness has been introduced in George Herbert Mead's (1962) "I" and "me," in Peter Berger's (1963) "outsider" to society, and in Joseph Campbell's (1990) "identifying with the still image of the mind."

To date, many of the practical applications of social scientific theory, specifically, role theory and resocialization (Fein 1990) deal effectively with what might appropriately be thought of as horizontal change. A set of practices might also be available through a concept of vertical change. Curiosity in the former is with the *content* of the social self or ego, and in the latter, with *identification* with it. Distinguishing horizontal change from vertical change humanizes sociological thought and practice by making an assumption about human nature; that it is developmental and that each level of development has peculiar and distinct features and consequences for what it means to be an individual in society.[4] The first stage in human development is the formation of the self as object; at this stage, the individual *is* society, is identified with it, equated with it, determined by it (Durkheim 1964). To be sociologically unrespectable, simply, leg-hair shaving, for example, is a common practice assigned to American females that is transformed from social prescription to personal feelings of disgust upon encounter with a woman with leg hair. More seriously for persons assigned the gender status, female, that includes the socially valued attribute, fertility, high levels of depression are found for those who are infertile. As a result of the social interaction process, the individual becomes an object to itself, and while this process of self-objectification, self-commoditization, is a guarantee of the evolutionary achievement of the human species and the survival of society, it also is the basis for social and personal problems (Rosenberg 1988). The status/role is a social inevitability, a category representing learned ways to associate, given the absence in the human of a direct genetic determinant of its behaviors or relationship to the world. The human comes to recognize itself to itself and to others according to these societally prescribed and learned ways of associating — hence, sociology, the scientific study of association. The personal, personality or ego is thus the internalization and integration of learned ways to associate. Self-preservation in the human is the predictableness of the meanings we give to various kinds of interaction or

behavior — role relations.

Another stage in the development of human consciousness can be conceptualized as the expression of self *through* role as opposed to *as* social role. At this level of awareness, a person identifies with the observer, not with the object of what it sees. The person can now separate in awareness, an intrinsic value from a social value and will not experience depression over a felt loss of itself (its learned repertoires for behavior).

The major contribution of those like Fein (1990) to clinical practice and social change has been wrought by adapting persons to the experiential world at one level of development; few therapeutic interventions exist for facilitating the growth of persons to the self-through-role stage of self-development. Some exceptions document observed differences in human behaviors (also affecting changes in society) in relation to changes in hierarchical variables of human self-consciousness, but are speculative about the factors that enhance development from one level to another (Mulkey 1995; Sennett and Cobb 1972; Tiryakian 1968; Maslow 1962).

To extend the application of social thought to practice requires considering the importance of this humanistic articulation of the boundaries between the self and society. The following discussion objectifies this intention by setting forth several presuppositions of a clinical humanism, or for humanizing sociological practice, and then applies these concepts as interventions in the solution of an individual problem. Vertical interventions are presented alongside horizontal interventions; recall, a horizontal intervention deals with role adjustment and assumes role attachment. A vertical intervention deals with role adjustment and assumes role detachment.

The Case of Forest Beech: Nine Presuppositions and Crisis Interventions

A version of clinical humanism is constituted by the following presuppositions and corresponding crisis interventions in the case of Forest Beech.[5] While these presuppositions are somewhat overlapping, each represents a specific and mutually exclusive aspect of experience. (Refer to Appendix for the significance of each presupposition.)

Forest Beech is a 41-year-old white American male who reports feelings of sadness, depression, despondence, rage, and hopelessness after recently losing a bitter court battle over the custody of his four-year-old daughter, Grace. He believes his life is ruined. He fears he can never be a father to Grace in the exceptional way that he was to her in the past - he was somewhat both a "mother" and a "father." As background, Forest received a Ph.D. and is currently employed as a university professor. Forest and his wife Cornell, have a four-year-old daughter, Grace. About two years ago, Cornell became board certified as a lawyer and promptly decided she no longer loved Forest

and requested a divorce from him. She packed her belongings, including Grace, and relocated to another state, miles away from Forest's residence. Forest bemoans the fact that the law pertaining to custody, favors women in that the courts adhere to traditional role definitions and the view that a child is more deprived of nurturing resources when it loses a mother than when it loses a father.

Presupposition 1: Society

Society presupposes that collective problems are individual problems. The preponderance of specifications of the individual's relationship to the group end with society as a *determining as* opposed to an *influencing* factor in the individual's behavior. Emphasis is on the content and integration of the social self or ego. To fully appreciate the domains of human experience, requires investigation of the less examined aspects of consciousness, those not reduced to identification with the ego. Such a form of humanism presumes then that a societal problem cannot exist separately from the individual. Society is a projection of individual consciousness (Berger 1967). This means we cannot separate in awareness the person from the group and perceive the individual problem as separate from the societal problem (Thakar 1968). Subsequently, we do not seek separate solutions for social problems versus individual problems. Feeding the poor does not ameliorate poverty. From this first presupposition of a humanistic approach to the definition and solution of social problems, one infers that enthusiasm or anxiety over social reform must be viewed as a problem in the individual's awareness. A societal issue is an issue of personal consciousness and change must originate at the level of the individual. Issues of racism, sexism, and ageism, become properties of our own consciousness and this is a step toward identifying solutions. Gila Hayim, in *The Existential Sociology of Jean-Paul Satré* (1980:2) states, "By refusing to separate thought from life Socrates probably represented one of the earliest forms of existentialism, that is, the philosophical view that knowledge and existence are inextricably bound together."

Consider the people at the Modello Housing Project, a poor, crime-infested neighborhood in Miami. Instead of talking about raising more money to rid the neighborhood of its prostitution and crack houses; instead of directing people to act, humanism defines the problems of deviance, school failure, truancy, delinquency, and welfare dependence as persons' habits of thought about their lives. In answer to the question of what can be done in a typical urban environment where more than 65 percent of families take or sell drugs, where 85 percent of families are headed by a single parent, where the school dropout rate is over 50 percent, and child abuse and neglect are an everyday fact, the prospect of change, to the humanist, begins with change in the way an individual thinks about the situation. Collective problems are

created by individuals as reflections of their attitudes. We do not see the world, we see only our projection of it.[6] The implication of this first presupposition of clinical humanism for crisis intervention is that matters of human society are matters of human development. Correcting society is not the solution to societal and individual problems.

Intervention 1. The practitioner, from a horizontal (ego-protecting) perspective aims to make Forest aware of his problem as one emanating from the attributes of society — divorce and separation rates, the breakdown of spousal and parental loyalties and inequalities and the legal program that attempts to compensate for failing social arrangements. Society is responsible for the loss of Forest's role as father. As Forest suggests, the American legal system has deprived him, unfairly, of an identity that is vital to his sense of personhood, agency, and human value. An intervention from this perspective must encourage Forest to appeal his case and to bring change in the legal system espousing an androgynous standard for the parent's role as a remedy for Forest's feelings about the restitution of justice in his case. It follows that Forest's relief depends wholly upon changing the system; if the system does not change, Forest continues to be in crisis. From a vertical perspective, a strategic intervention is to analyze Forest's problem as a "non-problem." The practitioner would explain to Forest that he is a person who holds a role, but who is not the role. The loss of his role is not the loss of his personhood or inherent value. He can either accept the constraints of the system or, if he has an opportunity, can represent a case for more equitable role responsibility under the law. Forest's sense of well-being is contingent upon changing his understanding of the problem; through this understanding he changes the system. Because he assumes he is intrinsically whole, he represents as opposed to derives wholeness by changing society.

Presupposition 2: Attend

Attend presupposes a comprehensive awareness. Emphasis in the analysis of human consciousness is heavily on the construction, substantive significance, and consequences of role and identity formation and lightly on relationship to role(s). The individual's relationship to its social roles can be thought about hypothetically in terms of types of attention: exclusionary, concentrated, and fragmented versus all-encompassing (Thakar 1968). Relationship to role is a process of development of consciousness where an exclusive attention can be distinguished from an inclusive attention.

Operationally, this means, pertaining to exclusive attention, a concentrated or fragmented segment of experience. Fragmentation refers to the individual's recognition (value) of itself to itself and to others as limited to its roles. For example, the military role achieves in the development of the ego, the ability of a person to think of the same human protoplasm as friend or

enemy. The individual comes to anticipate the action of the enemy toward it - "That person expects me to kill her." Then she strikes first by killing the enemy. A friend, she will hug. Note that in human social consciousness, the perception is not of the person but of the meaning assigned to the person. The Marine is not a person, but a fragment of valued meaning, in this situation, a friend or an enemy. The challenge to maturity then is to understand that humans do not relate to humans per se, but to fragments of the humans defined by their roles. Exclusive attention is a mental activity, a concentration that attends to one thing at the exclusion of other things, whereas an all-encompassing attention is a total awareness, emergent upon the individual's realization of itself as an observer to its role. Maturity is the challenge to the reduction of the person to fragments of behavior. The stockbroker, for example, jumped out the window when the stockmarket crashed.

Exclusive attention as a generic principle of social life applies not only to the view of a person toward itself and to others, but also to the phenomenal world, in general. While preparing my coffee today, I experienced two perceptions of some whelk shells I had picked up from the shore that were now sitting on my kitchen counter. I caught myself giving my attention to the irregularities of one of the shells, particularly a small chip on one part of the shell that I compared to the others which had no chips and were symmetrical and intact. I acknowledged that at one level of my perception, one shell was perfect and good and the other, was not. One experience finds worth in the object and the other bestows worth on the object. Applied to the shells, this distinction means I like only one shell or I can like both - two modes of human action, one more comprehensive than the other (Mulkey 1997).

The implication of this second presupposition for clinical practice is for fostering the ability of the individual to experience a stable and consistent experience of itself, that is invincible, independent of its social situation. The infertile female, for example, understands that her social value is influenced by society's strategy for population management, reproduction, and care of the young. Perhaps she comes to see that in an age of artificial insemination practices, the value of the individual according to its marital status is questionable. Peter Berger (1963) expresses a similar sentiment about the value of the person according its color and questions whether race is a legitimate social category in the first place. The defense of any category is not the defense of a person, but the person is able to define and employ its social forms as the hand is used to save or destroy a life. Role is not the person; the person is a stable entity outside of role, not a fragment of experience identified with role.

Intervention 2. From a horizontal perspective, the stability of Forest's behavior depends upon the maintenance of his role as father. Restoration of

his stability would be for him to remarry and have other children, to adopt a child, or to volunteer at agencies that provide resources for disadvantaged children. From a <u>vertical</u> perspective, Forest's stability is retrievable through his recognition of himself as a stable entity outside of his role as father. By borrowing from the interactionist perspective, Forest would be asked to envision himself doing something — for example, driving Grace to the dance studio. In doing this, he becomes aware of two aspects of his consciousness, the <u>subject</u> or observer dimension and the <u>object</u> or social self aspect of his consciousness. In realization of this separation, the identification with the object aspect of consciousness is replaced with identification with the observer aspect of consciousness.   At this level of awareness, Forest no longer experiences a loss of himself. Forest's experience of himself is all-inclusive in that his sense of agency is extrinsic to his role. He <u>is</u> (aware of himself as present) whether that includes or does not include fatherhood.

Presupposition 3: Segment

Segment presupposes discrimination or differentiation. Fragmentation is an inevitability of social differentiation and order not founded directly in the genetic make-up of the species. It results, simultaneously in discriminations between persons according to their socially defined and valued attributes of age, race, gender, religion, class, and others. The human must differentiate its relations to persons in a predictable way.   Self-preservation, as mentioned earlier, in the human is defense of its meanings (roles as categories of meaning). Social order is an achievement of society when society lodges itself in the person as an ego, an individual representation or part of the whole template of human relations.   Mentioned earlier, the Durkheimian comprehension of society is one in which individual behavior has no inherent origins and is incomprehensible without perceiving it as a form determined by the part it plays in the system (1964). The person at the social level of its experience is fragmented; discrimination is the reduction of the self and others, in perception, to a fragment of experience. Ultimately, and of great importance, is the "other" is experienced as different than and separate from the self. Identification with role has a way of fooling the individual into a felt naturalness about who it is to itself and to others in its commitments and behaviors. For example, seemingly the intense bond formed between a mother and a child feels instinctual, but society has ordained, in the name of its ongoingness, that the human learn to regard its biological offspring, particularlistically, and beyond any other person it encounters in a lifetime. The point is, however, that in the process of this styling of group relations, the individual at this level of development in consciousness, loses touch with its fundamental oneness with others. It is as if no one really matters but this one, my child. And here we find the mechanism of the hate group. Humanism

purports to encourage the awareness of the individual beyond the level of its fragmented social discriminations.

Intervention 3. From a horizontal framework, Forest would experience himself as father, as other than daughter, or mother, etc., as a social necessity. The perception of himself is in stark contrast to other selves; correspondingly, this means the absence in awareness of the other as the self. The intervention from this angle would deal with Forest's attachment to his role as father and his need to maintain this repertoire of learned ways to associate in his interaction with Grace. This intervention recognizes Forest's reduction in experience to or his direct dependence on his role as father. The fragment of fatherly behavior is a major feature of Forest's behavior and his felt loss of his self-value is reduced to the chunk of that ego known to himself and to others as father. This understanding would motivate Forest to prioritize his efforts to restore his role of father, or to take on proxy paternal roles. A vertical solution to Forest's reduction of self value to role value would be to facilitate his awareness of himself as discriminatory. He is asked to identify the experience of some persons as more important to him than others. Personhood then becomes knowable to Forest at another level as something universally a property of all persons. He is subsequently released from his anger and despondency because he is able to experience himself and others beyond the reduced and fragmentary mental category of father or daughter. Fatherhood is a discriminating expression of who he is, not of who he is. Discrimination is an occasion for Forest's development in awareness of the energies which drive all individual action, but in a variety of expressions.

Presupposition 4: Transform

Transform presupposes the absence of reformation. Role identification presumes the social and ego organization of consciousness into conscious, sub-conscious and unconscious dimensions of the whole consciousness. These elements cannot be suppressed in their influence and are typically reformed as opposed to transformed. Reformation pertains to how persons are taught to adapt horizontally by retaining their attachment to a role rather than by shifting to expression through a role. Military personnel who have been in combat routinely experience post-traumatic stress disorder because they cannot integrate the conflicting values embedded in the military and civilian roles. The individual who experiences its value as a professional athlete and loses a limb in a car accident, is reformed by taking on a value in a new professional role. The mother whose children leave home is reformed through a new social identity as a student returning to school.

Transformation, however, is a vertical shift in adaptation. It occurs through a person's realization of a residual dimension of consciousness that

remains unconditioned (Berger 1967). Reformation relocates the person's experience of itself in another social role; transformation grounds the person's sense of itself outside of its role as an observer to its role.

The significance of transformation is for adaptation. Perhaps the hallmark of human adaptation is the ability of the individual to retain a sense of itself despite external influences. At primal levels of development, the consciousness of the individual is the group (Berdyaev 1944). This notion is found in psychologies and sociologies that assert the basic urges as ultimate determinants of behavior; a humanistic social science is preoccupied with another domain of human experience where meta-values replace primary values (Maslow 1962). Human fulfillment and identity is obtained not from self-defense, but in the so-called giving up of the self. The human will transcend the value of its physical life on the basis of another level of motivation — what Maslow called "intrinsic conscience beyond superego." In the movie production, *The Rainman,* Raymond's brother comes to recognize and feel about him beyond his physical and socially ascribed values as idiot and genius; he matures to understand idiocy and genius both as occasions for expressing the total regard and all-embracing value of another human being. One position in consciousness is life-restricting by diminishing the experience of the value of the whole human being.

Intervention 4. A <u>horizontal</u> *intervention presupposes reformation. Reformation relocates the person's sense of itself in another social role; transformation enhances human adaptation because it grounds the person's sense of itself outside of its role as an observer to its role. From a horizontal perspective of intervention, Forest understands that his happiness is available through reformation; that he can be resocialized to proximate roles. He can, for example, have another child, or he might learn that an ex-spouse is not an ex-parent and that he can find new and creative ways to associate with Grace as a father. A <u>vertical</u> intervention presupposes transformation that occurs through Forest's realization of a dimension of consciousness, one that remains unconditioned. He is asked first to observe himself as a father and then to focus, not on what he sees — father— but on himself as present as seer. As sequel, he is queried about whether he clearly experiences the sense of independence from being one or the other. Transformation is for Forest, a restoration of consciousness, a conscious acknowledgment and return to and focus on observing rather than on being the object, that thereby expands and makes otherwise unavailable, a realm of meaning of human experience.*

Presupposition 5: Sense
Sense presupposes a distinction between sensory experience and the interpretation of sensory experience. Fragmentation, as designated earlier,

refers to a partial awareness of reality by concentration. As Thakar (1968) observes, concentration directs the individual's attention to one point at the exclusion of the rest of the phenomenal world. This exclusive activity, opposed to an all-inclusive attention, concentration, represents how the mind interprets sensory perception. The interpretation of sense reflects regularities of conditioning so the same sense might be interpreted, or experienced, variously as in ethnic variations in response to pain (Zborowski 1952). The behavioral response is not directly to the sensory experience but to the calling attention to it. The meaning assigned to the experience, according to social categories such as ethnicity, age, religion, determines behavior. These behavioral orderings are lost to consciousness. They act as determinants of behavior by fragmenting the response in accordance with the meaning assigned to sense. The same mechanism of concentration constructs an association of physical attributes and sensations with various role assignments; chronology, for example, becomes socially assigned and constructed meanings attached to old, adolescent, and young. Old means worthlessness and youth means worth; infertility is associated with depression; sexuality is good or bad when it is aligned with social role (son toward mother and father toward daughter become incestuous roles and evoke guilt and shame).

A humanistic foundation of sociological practice seeks to debunk the mistaken notion and felt understanding of human action as individual action and to replace it with the notion of reaction. In this, the sociological imagination or form of consciousness, the individual has an alternative to harmful defensive behavior (Mills 1959). The initial perception results from the undeniable validity of the individual's sense of being in society, but society is so inextricably a part of the person, it forgets this predicament. Human behavior, can be understood and operative from a second vantage point, where the person has a window on itself. In the perception of its own history, it becomes comfortable with itself. The female in a hunting and gathering society might be polyandrous and comes to want or prefer six husbands; the survival of her offspring in this economy depends upon her coming to recognize herself to herself and to others in this manner. A post-industrial subsistence strategy promotes androgynous gender roles to accomplish the task of maintaining economic life. Neither the defense of the economy nor the defense of androgyny are directly salient to the well-being of the individual from this fifth presupposition of a humanistic clinical sociology.

Intervention 5. The horizontal *intervention based on this presupposition in the case of Forest is promoting an understanding of the primacy of feelings, the primacy of sense. This means that Forest is given to understand the fundamental importance of his feelings about the situation of the loss of his father role as a basis for action. A* vertical *intervention would focus on*

feelings, less as a sensory reaction and more on feelings as an interpretation of sense. Forest would be asked first to consider and to become aware of his own conditioning — that the felt naturalness of his rights, as a father, are as learned as his personal tastes in food. One version of a dead animal as opposed to another will produce a reaction of appetite or regurgitation, respectively. His acknowledgment of what he senses as distinguishable from what he interprets as sense breaks his tenacious and unconscious reliance on his social role as father. From this vantage point, he is able to act, not react, to the situation.

Presupposition 6: Residual

Residual presupposes a conscious awareness of the conditioned response. This comprehensive awareness does not snuff out conditioned behavior, but emerges through practiced observation of the conditioned response. All-expansive awareness is thus a state of no commitment, a state of no identification. To paraphrase Nicolai Berdyaev (1944), social philosopher, in primitive consciousness, the consciousness of the individual depends upon the consciousness of the group, but this is not the final condition for humans; society is a special reality, a degree of actuality. For example, the idiot and the genius are statuses or positions assigned to physical attributes that invoke a predictable sentiment or value and normative, behavioral response. Cognition becomes recognition, a residual capability of consciousness that makes the individual aware of its attachment to these properties.

Intervention 6. The <u>horizontal</u> intervention assumes the final goal of human development as "oneness" of self-consciousness with social role, and repairs the self by restoring or modifying the role. A <u>vertical</u> intervention as it pertains to this presupposition facilitates Forest's awareness of his felt identification with his role. He is encouraged to achieve an understanding that, for example, when he is attached to his role as car owner, the social value of his car, and his ability to maintain its functioning determines his sense of happiness; he is one with the car. When Forest becomes aware of his attachment to his role as father, he is automatically consoled by the realization that whatever impedes or facilitates his fulfilling his role will determine his sense of self. He understands that his self-awareness has been directly and finally related to role maintenance. He learns to routinely and systematically distinguish in his experience his felt dependence on external role-maintenance activities as a source of fulfillment. He is asked to notice how insuring regular contact with Grace, or perhaps seeking assistance with job relocation, restores his sense of well-being. This intervention acknowledges a sequel domain of human experience that allows Forest to differentiate two modes of experience, one built on and respectful of the other.

Via his contemplation of how he would remain determined in his negative feelings by his inability to fulfill his fatherly responsibilities, gradually, he comes to experience a sense of wholeness not <u>obtained from</u> role; rather, wholeness becomes <u>represented through</u> role.

Presupposition 7: Judge

Judge presupposes non-reactive attendance. The moment I attend to something, my mind has already recognized it and labeled it (values it). The label is associated with thought and feelings ascribed by social role. So before we are aware of the totality, we have approved or disapproved the object of our attendance. Here is an example (Thakar 1968). A person may address a family member. The person is looking at the image that the mind has created about the other person. Persons are viewing each other through the socially conditioned template of their judgment, or the standards and values of the mind. People are really not looking at each other. Persons are projections — a "husband," a "wife," a "child" — and if the projections are not isomorphic there is conflict between "persons," and they no longer "love each other." People are uncomfortable with the world unless it allows them to project onto it. We necessarily differentiate our relations with others in terms of feeling and action to insure a predictableness to life that is not inherently available. So we realize that when we observe a person through the mind's exclusive attention to role, we are not looking at him at all, and in that realization, a sense of the whole being becomes available in perception. The implication of this feature of humanism for the definition and solution of individual and societal problems is for a total perspective on experience. Without a total perspective on experience, the human is left to a dichotomized realm of perception; fulfillment is conditional. Some things become sacred and other things are profane (Durkheim 1964). In terms of clinical outcomes, the individual is bored with work or its spouse and its children. Nonjudgment beyond social judgment is a presupposition of humanism that highlights the capacity of the human to maintain a feeling of wonderment and euphoria in whatever it does. The person can attend without liking or disliking. Peter Berger (1963) captures the essence of wonderment in his remarks about sociology as a form of consciousness that is unrespectable, that attends to whatever everyone else ignores. What is unrespectable has potential for wonderment. Wonderment precludes the possibility of depression, suicide, and other individual/social diseases.

Intervention 7. The <u>horizontal</u> approach to the problem would be to defend Forest's rights as a father and to devote his energies to restoring his role as father or to building new forms of fathering behavior. The <u>vertical</u> intervention here would be to ask Forest to identify from his experience his

ability to bestow worth on experience; not to find worth strictly in the experience (horizontal intervention).   He might be asked to recall an experience of "infatuation," when consciousness looked past any learned and undesirable attributes of another person. As with the Rainman, both idiocy and genius are occasions for the expression of love, Forest can come to appreciate that being a father or fatherless are both occasions to express love. Beyond mourning the loss of his role and learning a new role, Forest can interpret his loss of Grace in his household as an opportunity to build new and creative ways of loving her or even to accept that his ability to father Grace is limited. Neither situation determines his happiness.

Presupposition 8: Motive

Motive presupposes the absence of motive. Humanism makes apparent the individual's reliance on its social role for developing a sense of itself as a locus of control and center of action in relation to others and things. Yet, humanism also asserts that this reliance is hierarchical and not final as a determinant of human behavior. And that the human reduced to this level of reliance becomes perverted in its capacities to function individually and in community. The individual who is identified with her role as a mother feels threatened by the separation of her offspring and her relationships with her children will be confounded, contaminated by her motive to hold on to them. She may resort to deviant modes of relationship; for example, she might demean the acceptability of her offspring's dating partners or might unconsciously become ill to insure the association with another that affirmed her. Her sense of being an organism in control of its behaviors and others' is a styled and habitual dependence.

Humanism presupposes that a person's reliance on society is not final; the grounding of human identity outside society permits the person to imagine itself feeling and acting in particular ways, but its source of control is not dependent on others, and is self-contained. A person resting in its ability to imagine does not expect from others. The mother who needs her child cannot give to it in a manner that fosters its development. A motiveless state of awareness means persons are related to others without motives. Motive is evident in consciousness when something is perceived as a need. Instrumental orientation of consciousness results in the person's inability to feel comfortable in the present; it is continually anticipating for a sense of security (Lee 1950). A student is unhappy as a person until it achieves a grade of "A." A female is unhappy as a person until she attains a physique of less than twelve percent body fat.   A motiveless level of human awareness circumvents the consequences of greed and of plundering others for self-preservation. This is a commentary on the individual consciousness that objectifies as societal attributes such as poverty and war and crime.

Intervention 8. The <u>horizontal</u> intervention of this presupposition is for goal-attainment. Forest's state of mental health obtains from his linear consciousness, his ability to achieve some end. Resolution of the problem comes through attaining some end. In this case, the quantum that would make Forest whole would be his custody of Grace. The <u>vertical</u> intervention of this , presupposition encourages Forest's motivelessness by asking him to attend systematically to himself feeling and acting. The emergence of the observer in his consciousness provides him with a sense of invincibility that is not interrupted by or constituted by the behavior of others. Fulfillment is found in a state of just being present and this perception replaces a state of having to do something to feel meaningful. His experience of self is not predicated by his role relations. With or without Grace, Forest can find contentment without having to manipulate people to affirm his presence; others merely confirm what he can now experience as himself.

Presupposition 9: Consolidate

Consolidate presupposes the experience of intrinsic value. The presupposition of consolidate in humanism posits that we have never seen the world before but only our conditioned responses to it. Consolidate, like residual awareness, is a by-product of this very understanding; the individual knows beyond its conditioning. Persons are their reactions until they are exposed to their attention. Residual awareness is the ability to experience two properties of the present; fusion is the perception of both properties as one. The implication of this feature of development in consciousness is for restoration of the person's sense of full participation in life.

Intervention 9. *A <u>horizontal</u> approach to Forest's loss of his father identity as it pertains to consolidate, means his understanding of his sense of loss as coloring his view of the whole of life. For the moment, the whole of life is reduced to his sense of loss; therefore, this understanding would lead to efforts that result in replacing the loss with a comparable role. The sense of all is well in life is conserved to the repair of this role loss. A <u>vertical</u> approach to Forest's loss of Grace is through a process of debunking the authority of role as final in determining his individual happiness. Forest is asked to consider his human value as neither sacred because he is a father nor profane when he is not. Consolidation of self-consciousness is fostered when Forest practices finding his invincibility — himself, essentially as onlooker to himself. He then conveys that his <u>perception</u> of himself as a father is less important and fulfilling than his ability to experience himself, fundamentally as the <u>perceiver</u>. He is then able to assess and respond to family law as a reflection of his intrinsic value rather than as an act to reconstitute and*

restore his value.

Conclusion

This paper has introduced a humanistic version of the definition and solution of individual and societal problems. In this it sets forth several presuppositions of a philosophical base that engender the distinction in the human adaptive response as identification and non-identification with social role.   This brand of humanism espouses a maturity or change of consciousness, not change of society, as the solution to problems of the individual.   The regularities and determinants of daily activities remain beyond the purview of normal vision and the realization of how human behavior is constrained by others through shared rules for cooperative life (social structure) moves the individual to another level of development in consciousness. The person becomes aware of society's power to confer upon it a social identity, and in that understanding is able to experience a fuller identity that can change society. Each identity has specific outcomes; the first identity, or self, equates itself with its social role, and the second self expresses itself through its social role. Socially assigned identities like "race" require less defense and are questioned as points of attention in the first place. Existence consists of the relative contributions of social-self maintenance and defense, or a stable mode of being outside of role. Dwelling on painful experiences of the past can keep people from experiencing an innate mental health all persons possess. This approach is being implemented to help poor African Americans in Miami, Native Americans in Minnesota and victims of alcohol and drug abuse nationwide. For this humanist, problems are like mirages that exist when viewed from a particular state of awareness and perhaps such a humanistic perspective, as a basis for sociological practice, is, for some clinical cases, like sound that reaches places light can never reach. The several presuppositions set forth in this paper are a theoretical basis for further conceptual specification, systematic empirical investigation and for proposed interventions for the amelioration of individual and social problems.

> And to make an end is to make a beginning.
> The end is where we start from.
> We shall not cease from exploration
> And the end of all our exploring
> Will be to arrive where we started
> And know the place for the first time.

from T. S. Eliot, *Little Giddings*

Appendix
Presuppositions and Interventions of a Clinical Humanism

Clinical Humanism considers what and in what manner, societal factors influence the human sense of well-being. It addresses effective interventions in the treatment of individual crisis and presumes *vertical* as opposed to *horizontal* interventions.   Vertical treatment approaches highlight the individual's relationship to role; horizontal clinical approaches (presented here for contrastive purposes) highlight the person's identification with role and the significance of role maintenance.

1. **Society**
   Collective problems and social reform originate in individual problems. Society is a product and projection of individual consciousness. Matters of human society are matters of individual development.   Correcting society is not the solution to individual and societal problems.   For example, feeding the poor is not a solution to poverty.
       Horizontal Intervention: Change society or the system.
       Vertical Intervention: Change the individual's understanding of society and the system.
   Significance: Focus on looking to the person, not to society as the source of individual and societal change.

2. **Attend**
   Attention/consciousness has properties of both *exclusive or inclusive* awareness. Exclusive awareness is in the service of human social nature, by directing the individual's behavior toward others according to fragments of valued meaning (roles). For example, while the person feels that s/he is a stockbroker, if the stock market crashes, s/he jumps out the window. Realization of this basis for behavior brings to consciousness an inclusive awareness where the individual is not identified with a role, but experiences itself as an observer to its role.
       Horizontal Intervention: Identification with self as object of consciousness makes the person's sense of well-being dependent on its role and requires, in treatment, efforts toward role maintenance and resocialization.
       Vertical Intervention: Establish basis for identification with self as subject or observer of self as object.
   Significance: Making apparent and available a second grounding of human identity by specifying the dynamics of subjective and objective aspects of consciousness.

3. **Segment**
    Restoration in consciousness of the experience of *the other as the self* is
    based on awareness of discrimination in consciousness of persons *as other
    than self.* For example, I care more about my "child" than all children.

    > *Horizontal Intervention:* Emphasis, for the practitioner, is on
    > fostering in the client, clear interpersonal or social boundaries; people
    > become perceived as "other" according to their roles and are more or
    > less valued for the behavior defined by the role. The client comes to
    > understand and to feel that persons are separate entities, who are
    > assigned different social contributions and are fairly or unfairly
    > stratified in their value for these behaviors. The client is encouraged
    > to comprehend that their sense of personhood and mental health is
    > determined by role competence.

    > *Vertical Intervention:* Cultivating the perception that all persons are
    > the same, even though social differentiation is a necessary activity,
    > provides the individual with a stable grounding for its self-perception.
    > For example, someone else may be hired for the job and may, in fact,
    > be better suited for the job, but self value is not contingent on role
    > value. Regard for the other or the self in relation to the other, is not
    > limited by the social designation.

    Significance: Otherness, the perception of the other as separate, is viewed
    as a functional imperative for human group life, but it is superseded by
    the capacity for felt appreciation of all persons — the self as the other —
    and in that brings an expansive satisfaction with life.

4. **Transform**
    Attend presupposes the individual's developmental capacity for
    experiencing the bifurcation of consciousness into subject and object;
    transform presupposes the individual's understanding of this distinction
    for enhanced adaptation through the discipline required for maintaining
    this state of self-awareness.

    > *Horizontal Intervention:* Efforts are toward promoting client's
    > discipline of role maintenance *or reformation.*

    > *Vertical Intervention:* Efforts are toward cultivating in the client, the
    > practice of transformation — the shift from "I am a stockbroker" to "I
    > have a role as a stockbroker." Role is not replaced, but is reorganized
    > in a broader meaning context of the self.

    Significance: *Transform* enhances adaptation by facilitating
    independence from external societal reinforcements as a source of self-
    value. *Transform* shifts the clients awareness from knowledge to praxis.
    Routine practice on the balance beam fosters strength of muscle, grace,
    and conformity to the image of what is possible, but these are the products

of discipline.   Enhanced adaptation requires a conscious effort and discipline of mind, one that makes the client a vigilant onlooker to its own behaviors, and who continuously anchors its value in the seer, rather than in what it sees.

5. **Sense**
   Humans, except at a very primordial level, relate less directly to the world, and more to the meanings they assign to the world. *Sense* refers to the human capacity for realization of sensory experience as conditioned reaction.

   > *Horizontal Intervention:* The practitioner focuses on the client's feelings in their own right, regardless of their origins.
   > *Vertical Intervention:* The practitioner focuses on feelings as less primordial and more as sensory reactions, interpretations of sense — impersonal.   For example, a person may prefer shrimp to caviar, because of the availability of one or the other due to economic status or geographical location. These preferences certainly feel personal, but they are acquired as learned tastes in food.   Or, in some cultures, persons are taught to feel heroic, stoical, indifferent, or to exude great emotion at the stimulus of pain.   The human can feel grief or joy at the loss of its own life or the life of another, depending on the meaning it has learned to assign to sense for the sake of human cooperation.   The human must be predictable in its behaviors toward itself and others or it becomes anxious.   For example, we count on a law enforcement agent to act in a given way to others, and the person anticipates how others expect him/her to act.   The practitioner fosters the realization in the client of the personal as impersonal and that action is actually reaction (a conditioned response).

   Significance: This presupposition restores subjectivity to the actor; <u>action</u> replaces <u>reaction</u> through recognition of conditioned sensory response.

6. **Residual**
   A capability of consciousness that reveals the developmental significance of role-linked learned behaviors, is the forerunner of a continuous state of wonderment.

   > *Horizontal Intervention:* The practitioner underscores importance of role competence as an end in itself and for well-functioning human experience.
   > *Vertical Intervention:* The practitioner cultivates in the client, respect for role maintenance, restoration, modification, and resocialization, strictly as developmentally significant in a larger and continuing developmental process.

Significance: Prioritizes states of consciousness as developmental and each stage is indispensable to total human experience.

7. **Judge**

    Judge presupposes the realization of conditional life fulfillment as a step toward a total perspective and enjoyment of human experience. *Judge* points to the capacity of consciousness to find worth in experience versus bestowing worth on experience. Judge points to the movement in consciousness toward satisfaction with the way things are, rather than in as they should be and toward the assumption that the same energies drive all aspects of life.

    > *Horizontal Intervention:* Identity is treated as having conditional value; worth is deemed findable in experience. The client learns under what conditions, "things are good or satisfying." For example, the rain is bad because it causes colds and makes driving difficult. Contentment depends on avoiding the rain.

    > *Vertical Intervention:* The practitioner cultivates receptivity in the client to conditional fulfillment with occasional euphoria and in doing so illuminates the human capacity for bestowing worth on experience, for static euphoria and for enjoyment in the moment. Satisfaction is portrayed as accessible in the present state of affairs, no matter what it might be.

    Significance: Expansive satisfaction and fulfillment is attainable in the present as opposed to in the future through infatuation with things simply as they are.

8. **Motive**

    Motive presupposes that at one level of self-consciousness, the world and others are perceived as objects to be manipulated towards one's own self-preservation. Happiness is always dependent on something else. For example, the person who is his or her student role, as opposed to acting in the student role is unfulfilled until s/he achieves a good grade, or gets a credential. The sense of wholeness is not in the moment; persons and things are viewed as having instrumental value. *Motive* signals the realm of non-linear relationship where the person is satisfied with itself independent of its socially valued situation. In the movie, Shawshank Redemption, two characters represent horizontal and vertical adaptation. The prison inmate released from the penitentiary, commits suicide because he is aware of himself only in his role as inmate. The banker falsely accused of murder and incarcerated loses a highly respectable role and takes on a deviant role; neither role determines his ability to value himself. Role as social differentiation of behavior is an occasion for the

expression of intrinsic value in contrast to human value derived from role.

>*Horizontal Intervention:* Focus is on an anticipatory state of security and reliance on others for self-affirmation. Instrumental orientation emphasizes gaining means to an end; linear consciousness drives an achievement/doing orientation for self-satisfaction.

>*Vertical Intervention:* To cultivate a state of "is," contentment in the moment, confirmation through what a person is already, and of finding experience as intrinsically, not extrinsically of value.

Significance: Fosters fulfillment in *being* as opposed to *doing*. Human action is premised on the expression of inherent value rather than on seeking to obtain value from something outside of itself.

9. **Consolidate**

Consolidate presupposes the individual's capacity for bringing together conditioned and unconditioned knowledge of the self toward individual integrity and toward making society a reflection of human value in contrast to a sought after source of human value.

>*Horizontal Intervention:* Clinical practice underscores, for the client, a defensive posture, as, for example, in an individual's attempt to insure society's equal distribution of social value/rewards. Gender and racial equality, might be sought after as an act of desperation, as if the well-being of the person depends directly on these fair allocations of value.

>*Vertical Intervention:* Equality for persons according to their merits is conveyed as a reflection of intrinsic value rather than as a source of human value.

Significance: A person who develops the ability to integrate experience so that all things are somehow perceived as good as opposed to the enjoyment of only good things, has implication for society and its members. Such a person is disinterested enough to style society and to construct relationships and identities for the good of all because she/he is independent of all. Also, such a person might be thought of as a hero in society, perhaps even the subject of a legend, or someone who represents the extraordinary, when, actually, she/he merely represents attributes of human development potentially available in every person.

NOTES

1.   To fully appreciate clinical sociology's unique, specific, and explicit commitments, one can refer first to David J. Kallen (1995) who notes that a paradigm shift in sociology which took place before and after World War II changed the emphasis in the field to the development of theory without regard for how it was used. A consequence of this respecification was the emergence of a *sociological practice* sub-field as a way of restoring what was lost or disassociated in the de-emphasis of practical application in the discipline of sociology.

2.   Clinical sociologists, in general, define their work as the use of sociological theory and method to intervene at one or more levels, of human experience, that include individual as well as group, community, or society (Eve 1990).

3.   In her 1990 examination of the development of contemporary clinical sociology, Elizabeth J. Clark claimed that it had been only in the last decade that the sub-field of clinical sociology had been legitimized.

4.   A stage of development should not be thought of as qualitatively better or worse than another stage; rather, each stage corresponds to a specific set of behavioral outcomes.

5.   The case of Forest Beech, for the most part, is an actual account that incorporates fictitious names.

6.   It is important to note, theoretically, according to Durkheim (1964) that "society" exists *sui generis* (in its own right), meaning while the individual represents, in its individual behaviors, a part of the whole (roles/statuses, institutions), the whole (like the sound of all the musicians playing in a symphony) cannot be found in the individual. Emphasizing the individual in the dialectical process of the relationship of the individual to the group has implication for social and individual change, to a greater extent when the focus is on how the individual makes society than when it is on how society makes the individual.

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Intervention in the Classroom: A Cautionary Tale

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ABSTRACT

"A careful analysis of the teacher-student relationship at any level, inside or outside the school, reveals its fundamentally narrative character. . . The teacher talks about reality as if it were motionless, static, compartmentalized, and predictable. . . The outstanding characteristic of the narrative education, then, is the sonority of words, not their transforming power" (Freire 1984: 57). Guided by a commitment to the accuracy of Freire's appraisal of the student-teacher relationship, I decided to practice a "liberating pedagogy" in my classroom. My report on this action shows that students are often less than receptive to such pedagogical strategies. Their lack of receptivity is explored, leading to the humbling fact that intervention in the classroom is a fragile process.

There is a rich history of pedagogues attempting to create "appreciation" for the "other " in their classrooms. Some report what I have labeled "small interventions." For example, Karlene Faith when teaching a class on "American Criminal Justice and Minority Groups" states that her students, criminal justice system workers, were "generally open to the subject" and in the end "most of us involved came through the experience with heightened sensitivity" (1977:64-67). Similarly, Ray Michalowski (1977) when reporting his practicing of "a gentle pedagogy" with criminology students from a conservative Southern milieu found its effects to be mixed: some students remained committed to a "strict individualistic ideology," some adapted a

"liberalized view of the justice system," and some became guided by a "vague humanism." Other pedagogues have reported their interventions to be more successful. Jan Mayer (1986) claims that the use of an "emotive pedagogy" enabled Anglophone students to make a cognitive-affective link with Francophone separatists. Similarly, Mark Chesler and Ximena Zuniga when conducting the "pink triangle exercise" found that their form of "active pedagogy" was reported by students to be a "highly positive learning experience" (1991:179).

Given these reports of others, it is obvious that teaching about controversial subjects in the classroom is not novel nor is attempting to raise student awareness of the "other." But unlike many of my predecessors I have labeled my tale a cautionary one. I do this to remind my colleagues in teaching that we must be aware of our limitations. Our passion to intervene in the lives of our students must be tempered with humility and patience. My tale unfolds using "dramatic recall" (Van Maanen 1988). This storytelling strategy is intended to engage the imagination of the reader and involve one in the experience, both affective and cognitive, of the storyteller. This story takes place during my first year at a Midwest Regional University. As is typical of the newcomer's role I was assigned courses which were already scheduled. The story takes place over a one semester period and involves seventy-three students (two sections) who were taking an elective 300-level course entitled, "Social Deviance."

Pedagogical Positioning

I begin this cautionary tale by clarifying my position on the function of education and the role of the teacher which is implied by this function. Taking guidance from the Brazilian educator and revolutionary Paulo Freire, I state that the function of education is twofold. First, education should stimulate a critical awareness in the student of social group life. Second, once awareness is raised, education should encourage the expression of this awareness in the transforming of those social arrangements which are identified as unjust and oppressive. Under these circumstances the role of the teacher is not to produce students who are conforming and accepting of the status quo system. Rather, the role of the teacher is to create in students an "uneasiness and discomfort" which helps them recognize a system of power differences socially constructed by interest groups (Pfohl 1980). As illustrated in my course description which follows, teaching social deviance is an excellent arena in which the issues of conformity, deviation, and transformation can be brought to critical awareness.

> Many courses in the study of deviance focus upon rule breaking behavior (prostitution, drug use, suicide, mental illness, etc.) as if these behaviors were objectively given. The basic assumption behind these courses is that

the identifying of deviant behavior represents a moral consensus on the
part of society, that deviant behavior once identified can be treated as a
topic or an issue. In such courses, the cause of deviance is the result of a
pathological state - in the individual, in the individual's immediate
surroundings, or in society-at-large. The focus of this course will be quite
different. . .Rather than identify cause, the major focus of this course will
be to identify how behavior becomes defined as deviant. . . Once this
process is understood, the political implications of the deviance producing
and deviance maintaining business of society will be investigated
(Lehnerer, syllabus, 1995).

When reviewing the syllabus with students, I state that I think the course
should be entitled, "The Sociology of Difference," rather than "Social
Deviance." I make this distinction because social difference can be interpreted
as nonhierarchical and nonjudgmental whereas social deviance implies the
opposite. In addition, I make it clear that my awareness of difference is based
upon involvement in "real world" problems and therefore I speak as an
academic who has come down from the "ivory tower." I do this for several
reasons. First, I find support for my action in a rich history of sociologists
who began their social inquiries with the question, "Whose side are we on?"
and answered in the affirmative - the side of the disenfranchised, the
powerless, and the socially stigmatized (Becker 1966). Second, in an era of
discipline-wide conservatism (Sjoberg and Vaughan 1993) I want students to
know that teachers can be passionate about their subject matter and that
passion leads to action. Third, I explain that my passion comes from working
as a clinical sociologist. In this practitioner role I have worked with social
groups who were systematically denied access to not only their civil rights, but
often their human dignity. Lastly, I ensure students that I do not intend to
convert them to my view but to expose them to it. A view which quoting
Stephen Pfohl is intended, "to teach the troubling awareness that the study of
deviance is first and foremost the study of the way people struggle to gain,
maintain, or resist the authorized domination of others" (1980:250). I close
my introduction to the course by telling students that my academic training in
sociology was a mix of Marxism, symbolic interactionism, and variants of
"underdog sociology." These perspectives tend to encourage self-reflection, a
general questioning of the conventional, and advocacy. For six years I had
taken this course of action at a Southwest Metropolitan University. It had
worked well as reflected in high student evaluations buttressed with positive
anecdotal feedback.

Reality Check
When interviewing for my current position in a criminal justice program,
I received several warning signs that I needed to adjust my presentation of
self in the classroom. For example, while interviewing with one faculty

member, I was told that the course I had taught on "gender, stigma, and social control" was a "fluff" course. Since gender issues were becoming an integral part of most criminal justice programs, this statement caught me off guard. I went to the library to "check out" the facility and found carved into the wooden study desks such epithets as "nigger go home" and "faggots die." On the last day of my interview schedule, I was invited to a women's university-wide faculty group and participated in a ritual designed to purge the evil spirits of a heterosexist patriarchal administration. The most significant message that I ignored was the changing composition of the student body I would be teaching.

The students I had been teaching were older adults taking upper division classes. These students represented a variety of experiences related to age, gender, class, sexual orientation, and occupation. As adults who were working and raising families they experienced, as well as observed, the small injustices of everyday life. Discussing and thinking about the structural and cultural sources of these injustices had some basis in reality for them. But, in my new position I was introduced to a different type of student - one whose life experiences were minimal and whose commitment to conservatism and the status quo was intense. This situation was aggravated by the fact that the majority of these students were criminal justice minors focused on employment in law enforcement. In addition, these students had become accustomed to a teaching style which required that they "show up and listen to lecture half awake, memorize enough class material to pass a weekly quiz, and take two multiple choice tests." Under these circumstances "education becomes an act of depositing, in which the students are the depositories and the teacher is the depositor. Instead of communicating, the teacher issues communiqués and makes deposits which the students patiently receive, memorize, and repeat" (Freire 1984:58). I was determined to counter this "banking deposit approach" to education by practicing a liberating education which as the Brazilian pedagogue Paulo Freire states "consists in acts of cognition [and] transferals of information. . . through dialogue" (1984:67). Unfortunately, students who have a view of education as a means of obtaining employment rather than a tool to see the world in a critically aware way are often reluctant to participate in Freire's liberating education. But, as Freire points out, "Students, as they are increasingly posed with problems relating to themselves in the world and with the world, will feel increasingly challenged and obliged to respond to that challenge" (Freire 1984:68).

The Challenge: Emotive Media

To challenge students both cognitively and emotionally, I used popular media. Based on past experience, I had found popular media, as opposed to "factual" material produced by "educators," to be both provocative and a

catalyst for dialogue (Lehnerer 1987; Lehnerer 1992).   One of my early successes came with the watching of a debate over the right to choose. This debate between Randall Terry of Operation Rescue and Faye Waddelton of Planned Parenthood illustrated well the actions of a moral entrepreneur who was on a holy crusade (Becker 1963). It also, in this case, made it clear to even the most committed pro-life members of the class that Terry's political agenda was infused with mysogynism. In outlining his "reform" agenda Terry stated that women who become pregnant as a consequence of rape must continue the pregnancy, that the birth control pill "kills new life" and must be banned, and that once abortion is made illegal again those "few women who may die seeking abortions are expendable." This media influenced experience did not necessarily create an instance of "moral movement" but it did create an awareness that even those presenting themselves as "moral" leaders should be evaluated from a critical perspective.

When the class moved into the discussion of stigma, I informed them that the class exemplar would be the emerging political activities of gays and lesbians. I identified three reasons in regard to my choice of topic. First, homosexuality as a topic of analysis fit well a changing definition of rule breaking behavior from sin to medical model to the politics of deviance. The consequences of stigmatization varied with each definitional change. Sin led to death and eternal damnation. Disease led to therapy and correction. And, political activism led to legitimacy and acceptance. Second, my membership on the Metropolitan Gay and Lesbian Alliance Board (MGLA) gave me firsthand experience with gay activism and resistance to stigmatization. And, third, my interventionist work as a clinical sociologist with the caretakers, family members, and friends of people both living with and dying of AIDS had made me quite aware of the consequences (personal and social structural) of stigmatization. For example, those who are HIV positive have limited access to adequate health care. In the event of death, their family and friends discover that undertakers will not provide burial services.   And, those caretakers who do provide services to those who are HIV positive are often shunned by "normal" society.

As the weeks of the semester passed I continually used illustrations of gay and lesbian experiences in terms of stigma, consequences of stigma, and stigma management (Goffman 1963). This set the stage for a "politics of deviance" analysis as outlined by Schur (1980).

> Deviance issues are inherently political. They revolve around some people's assessments of other people's behavior. And power is a crucial factor in determining which and whose assessments gain an ascendancy. Deviance policies, likewise, affect the distribution of power and always have some broad political significance. (1980:xi).

Students graciously tolerated my illustrations   and again through anecdotal feedback some seemed open to thinking about homosexuals as a stigmatized and oppressed group. But, the majority of students were simply not open to rethinking their strict fundamentalist Christian backgrounds in regard to homosexuality. It was inherently wrong and had nothing to do with the activities of moral entrepreneurs seeking to convert "personal problems" to "public issues." I needed a hook to challenge students to move from an ideological stance characterized by two principles of correctional conservatism: 1) a rational choice assumption about rule breaking focused on the individual, not the social context; and, 2) a law and order response (punish and/or correct) to such willful rule breaking behavior. I decided to use as my visual hook a HBO produced documentary (1994) entitled, "Why Am I Gay?" This documentary featured a New York police officer and his experiences as a gay man growing up and moving into a heterosexist occupation.

As the police officer talked about his childhood, his coming out experience, support from his family, and the mixed reactions of his co-workers, the class was attentive. I was sure I had made my point. It was during the closing scene in which the officer, while watching an old romance film on television, kissed his boyfriend that I clearly observed a tension in the class. I cannot pretend ignorance that this might happen for I had actually discussed with other faculty members whether I should show this scene. There is no doubt that I could have made my point about the consequences of stigma at both the individual and structural levels of experience without showing what later became "the kiss." But both I and my "advisors" thought it was validating conventional thinking about the inappropriateness of homosexual relationships if I did not show the clip in its entirety. After all, if my intent was to create moral movement, then the normal activity of lovers watching romance films and inspired to kiss because of the film content, needed to be observed. In addition, my action illustrated that "normals" in society have to be a part of the "normalization" process through facilitation if social definitions of deviance are to be changed (Davis 1961). The ultimate point was that if the couple we were observing had been heterosexual, their kiss would have been taken for granted.

The negative reactions from the class were profound. They ranged anywhere from statements such as "gross," and/or "disgusting" to body language such as twisting in their seats or turning their faces away. Since this particular learning experience came close to the end of the semester, I was disappointed. Several weeks (twelve) of problem posing pedagogy had apparently made no impact. In fact it appeared as though "the capacity to empathize and thus comprehend the subject of inquiry" had not occurred (Matza 1969:15). I decided to test out this dismal conclusion by including in

the upcoming class test the following short essay question:

> In the case of the primary deviant, stigmatization is transmitted informally and may result in self-labeling. Discuss this statement and use as your illustration the reactions of the class to the police officer and his boyfriend kissing in the film clip, "Why Am I Gay?" (Lehnerer, take home test, Spring, 1995).

In formulating this test question, I assumed that those students who actually put themselves in the role of the other would realize that the responses in class were an example of the informal transfer of stigmatization. Such an understanding of this classroom experience would be proof of moral movement. Moral movement, according to Matza (1969), occurs when one adopts a social understanding that is appreciative rather than correctional. Such an ability is vital when studying the deviance producing process of society because an appreciative perspective engages the deviant phenomenon/subject through empathy. Empathy reduces social distance and consequently enables the social researcher to become appreciative of human diversity and the complexity of society in which it exists (1969:10). In contrast, a correctional perspective maintains social distance because it "systematically interferes with the capacity to empathize and thus comprehend the subject of inquiry" (1969:15).

Student Responses

Using content analysis and Matza's emphasis on the importance of appreciation in regard to moral movement (reducing social distance) three categories of student responses were identified. These responses fell along a continuum from confirmation of a distancing position already taken (social distancing maintained) to minimum moral movement (social distancing recognized) to serious self-reflection (social distancing recognized and personally addressed). For example, if a student stated disapproval of homosexuality, it was considered evidence that social distance had been maintained and appreciation of human diversity had not been elicited by course material. In contrast, I identified a response which included an indication of social distancing being recognized, such as self reflection on how others might experience symbolic labeling, as a sign of movement toward an appreciation of human diversity. In addition, if a student implied some change in personal attitude/belief, or at least a questioning of some personal attitude/belief, I have identified this as evidence of moral movement in the direction of being more inclined towards Matza's definition of appreciation and therefore reducing social distance. I would like to add that there were responses in which it was evident that the student had entered the

class with an appreciative perspective. A typical response from such a student would read:

- The police officer, in his primary deviant state, may self-label himself because of all the negative definitions and stigma by society toward gays and lesbians. These negative definitions are transmitted through derogatory comments, through conversation, media images, jokes, and everyday language. In this case, how the class (not I) reacted was what the cop had probably experienced--for example, snickers, looking away, jeers, sighs, laughs, etc.--which in turn lead him to label himself as bad, different, not normal.

The first student response listed in each category illustrates best the point I am making. Those responses that follow do not include the full answer to the question. I have only included the affective responses of students to give the reader a taste of the emotional energy which was generated by this class experience.

Confirmation of Position: Social Distancing Maintained
The key to the following group of responses is that appreciation as defined by Matza (1969) has not been elicited; and, that, in fact, an existing belief that homosexuality is wrong has been confirmed by the class experience of viewing the film clip.

- Stigmatization is informally transmitted in four ways: 1) derogatory comments, 2) jokes, 3) media images, and 4) everyday language. The class responded in each of these four ways. In terms of derogatory comments, some responded with "damn faggots and queers." Jokes were thrown around about the officer showering with the others and him dropping the soap. Media images of gay men are effeminate, weak men, not the type we saw, young, strong police officers. Everyday language was used in terms of "he walks like a faggot, which one is the woman." These responses came during the scene when the couple was walking through town. Several females in our class had trouble watching the screen because it "made me sick."

- I was appalled, and almost physically sick. However, I really do try not to force my opinions onto anybody else. I, and many class members, hold the opinion that if they want to do that, it's their life and their business. But they shouldn't try to force *their* views on us, either.

- Relating this to the film on why am I gay, the men began kissing and a string of silence came over the class. You could have dropped a pin and

we would have jumped but eventually there was some outburst and we started talking about how disgusting it was.

- Regarding the film clip "Why Am I Gay?", the reactions of the male students were a little different than those of the female students. The male students were really offended and disgusted by the kiss, because it was done by the same sex as them. I think that most of them may have thought, even for half a second, of themselves kissing other guys. The females did not respond as loudly as the males because it was the opposite sex that was doing the kissing. They were still disgusted by it, but they were able to "stomach" it a little better than the guys.

- During the film "Why Am I Gay," when the police officer and his boyfriend kissed, the class reacted with sounds of disgust and hushed whispers. Most acted as if they had never seen anything like that before and definitely never wanted to again.

- The reactions of the class to the film clip, "Why Am I Gay?" showed that many people may say that they have no problem with homosexuals, but when it comes to actually seeing a gay couple kiss, their socialization breaks in and takes over their behavior. The reaction of the class definitely creates a stigma and a label of homosexuality being wrong, or something that is not fully acceptable in our heterosexual world.

Change in Position: Social Distancing Recognized
The key to the following group of responses is that social distance has in some way been reduced. Students clearly express that they "can understand from another's perspective." Understanding does not mean approval but it does show evidence of an attempt to "genuinely hear what others are saying, an attempt to fathom the subjective realities that those speaking reflect" (Michalowski 1977:70). In practical terms, "it means exploring and seeking to comprehend in a non-judgmental fashion the life experiences of [others]" (Michalowski 1977:70).

- The reactions of the class to that film is a beautiful example of how one can easily fall into a self-labeling type of situation. A primary deviant such as a homosexual still in the closet must not only deal with the fact that they know they are deviant in society's terms, but also with the prospect of what would happen if they came out of the closet. Seeing the reaction of the class to this film probably would not help an individual in such a situation. The reaction of the class, which I might add is a social deviance class (should be more tolerant than the average   situation),

would be a definite indicator to a homosexual still in the closet, that he or she is not all right. In fact, they would probably feel much worse about themselves than before. This is all part of the negative self-labeling process that goes on for a primary deviant.

- The primary deviant is one that keeps their deviant acts in secret. This was illustrated by the reaction the class had when the two lovers kissed. The class made derogatory statements to show their dislikes towards gays. There were mixed emotions; some sighed, laughed or turned their heads. A few made their comments known by stating, "This is making me sick" and "How gross." If I was gay sitting in class, I wouldn't come out and admit that I was gay.

- In the case of the class reactions to the gay officer and his boyfriend kissing, you can see how someone would begin to self-label. There may have been a homosexual sitting in class. As soon as the class began to respond so negatively to something they feel natural about, they would in turn, negatively label themselves. The derogatory comments and noises in class only reinforces their feeling of deviancy supported by mainstream society. This will lead to guilt and shame on the behalf of the homosexual which eventually perpetuates the sad and ignorant state of homophobia.

- The reactions of the class reflects the majority of societal reactions. Cooley's looking glass self explains the self-labeling that homosexuals experience. The first concept is that of "imagining one's appearance to others," the second, "imagining one's appearance being evaluated by others," and, "experiencing a self-feeling based on the evaluation of others." If, for example, there was a homosexual in the classroom witnessing the reactions, they would imagine that they appear the same as the officer. Since the reaction of the class was negative they would assume they were being evaluated the same way.

Position Reflected Upon: Social Distancing Recognized and Addressed

Responses placed in this category reflect not only evidence of appreciation but a conscious effort to reflect on personal behavior. Unlike the prior series of student responses, students not only reflected on the behavior of others but seriously reflected on their own behavior/actions.

- The film concerning the homosexual police officer was very interesting, to say the least. . . I conducted a sort of an informal poll of the class (at least those students I normally associate with). Before I go into what I

found, I feel it is important to discuss my personal views on the matter. I realize that as a professional social worker, I am going to have to learn to deal with and counsel many different types of people--not the least of which will be homosexual people. I don't anticipate any problems in maintaining a professional distance from my inner feelings about homosexuality. I will have to realize that part of being a social worker is accepting many different lifestyles without making a judgment about their lifestyle. Now, I will tell you how I felt about the scenes leading up to the male-male kiss in the movie. When I saw the two men sitting in the chair together, getting steadily more and more familiar with each other, I started to feel very uncomfortable. By the time they were approaching the smooch, I was about ready to make some gagging noises to express how disgusted I was with what I was watching, but I felt that would be rude and that I might offend the heterosexually-disadvantaged people that might be in the classroom. I was almost ready to walk out of the room in disgust at what I was seeing. All of the classmates I talked with shared the same feelings I did--disgust. I don't think you could have picked a better film to make people look at their feelings about homosexuality right in the face.

- Because of public treatment of people that do not fit into the so-called normal society, they are made to feel as if they are breaking rules. When part of the class moaned and groaned when the gay men kissed, they show every other person in the room that the label gay is wrong. This shows gay people that they are not accepted. The people like myself who see nothing wrong with being gay also don't do anything to help. I just sat there silent, because people who don't have a problem with gay people do not cheer to show support.

- In the case of the primary deviant, stigmatization is transmitted informally and may result in self-labeling. When the film clip "Why Am I Gay?" was shown in class, students' reactions to the police officer and his boyfriend kissing in the film clip were obvious. There was a moan of disapproval as some people looked in a different direction, put their heads down on their desks, shook their heads in rejection; snickers and moans were all informal reactions to that scene. All of this body language from the class is informal stigmatization. I cannot imagine the way a closeted homosexual in our class could have felt as this stigmatization is transmitted directly at them. This self-labeling that a primary deviant might go through must be devastating to a person. It's a shame our society must stigmatize these people for something that is not their fault. I figure life would be absolutely boring and unbearable without diversity

among us.

In sum, a majority of students reported that they and their classmates were "appalled and almost physically sick" because of what they had seen. Students by relating these affective reactions (self and other) established that they were unable to reduce the social distance between themselves and homosexuals. Nonetheless, their reactions, regardless of category placement, did reflect an ability to apply the concept, "informal transformation of stigma." Application of an abstract concept to a personal experience is indicative of reflexive thinking (Friedrichs 1987). Although appreciation may not have been achieved, awareness of participation in the stigmatizing process was.

Self-Reflection: What Went Wrong?

I claimed that my goal was moral movement and that my method to achieve this goal was Freire's critical pedagogy. If my goal was not achieved, there are three possible explanations: 1) the goal was unrealistic, 2) the social actors involved were not committed to equality nor to the abolition of privilege, and/or 3) the principles of a critical pedagogy were not followed. In regard to the goal of this learning experience, I wanted to raise students' awareness of the experience of a minority group, specifically gays and lesbians (D'emilio 1983). In addition, I wanted them to be aware of the social construction of homosexuality and the political implications related to this social construction. Given the course content, social deviance, and the theme, the politics of deviance, the goal was fitting. In addition, it was reasonable on my part to expect that awareness would lead to empathy. But, I was using as my pedagogical guide, Freire, who consistently claims that awareness of a problem is not an end in itself but rather becomes a "motivating force" which leads to a transformation of self and society (1984:34). In short, my goal was not the problem. Therefore, I must look to social actors present and principles applied for an explanation of my failure.

If we apply Freire's model to the social situation in my classroom the social actors present were unlikely to experience heterosexuality as a problem in their everyday lives. As a matter of fact the hegemony of heterosexuality so permeated their everyday lives that it became a mechanism by which they were "inert beneficiaries" of a society which privileges heterosexuality over homosexuality (Phillips 1991). Why should the privileged involve themselves in serious self- reflection about their privilege, especially if it might lead to the loss of privilege? This fact is verified by the student response cited earlier which stated that, "I, and many class members, hold the opinion that if they want to do that, it's their life and their business." Compare this student's statement to Freire's description of oppression:

> Any situation in which 'A' objectively exploits 'B' or hinders his pursuit of self-affirmation as a responsible person is one of oppression. Such a situation in itself constitutes violence, even when sweetened by false generosity, because it interferes with man's ontological and historical vocation to be more fully human (Freire 1984:40-41).

Clearly this student (and those represented by this student's response) had not taken an appreciative perspective. Rather, this student was expressing a form of "subtle heterosexism" which leaves unchallenged heterosexual privilege (Phillips 1991:461). In my attempt to "soften the power of the oppressor in deference to the weakness of the oppressed" a false generosity (individualism) had emerged. An unjust social order is the permanent fount of this generosity (Freire 1984:28-29).

The most telling mistake I made was my lack of adherence to the principles of a liberating pedagogy: 1) identifying and naming the problem, 2) analyzing the causes of the problem, and 3) finding solutions to the problem (Freire 1984; Smith and Alschuler 1976; Solorzano 1989). In the naming phase, Solorzano states that the educator enters the community or social setting, learns about the major issues and problems of the area, and after gathering the needed information, develops generative codes which are visual renditions (pictures, drawings, stories, articles, or films) of the problem (1989:218). I did not do this. Rather, I "deposited" a problem based upon my experience with the Metropolitan Gay and Lesbian Alliance. This politically active group of which I was a contributing member had identified two major areas of concern for the metropolitan gay and lesbian community: 1) poor relations with the Metropolitan Police Department (MPD) and 2) the negative impact of the state sodomy law on employment opportunities. These two concerns emerged out of a discrimination suit against the MPD brought by a lesbian police officer. The members of the Board decided to address these dual concerns by implementing three social actions: 1) create a more friendly working environment for gay and lesbian police officers through cultural sensitivity workshops, 2) establish better relations between Metropolitan police officers and members of the gay and lesbian community through community outreach programs, and 3) have the sodomy law of the state declared unconstitutional through political mobilization. Although the problem I introduced had possible relevance to students seeking law enforcement employment, I nevertheless chose the class content, enforced my choice (class materials) and expected students who were not consulted to adapt to it (Freire 1984:59). In short, my actions were those of a "banking deposit" educator. Consequently, this action led to failure in phase two of Freire's pedagogy.

In the second or analytic phase, the problem which has been identified

and codified is analyzed by means of dialogue between the teacher and the students. This dialogue never took place because I had not resolved the "teacher-student contradiction":

> Education must begin with the solution of the teacher-student contradiction, by reconciling the poles of the contradiction so that both are simultaneously teachers and students. This solution is not (nor can it be) found in the banking concept. On the contrary, banking education maintains and even stimulates the contradiction through attitudes and practices which mirror oppressive society as a whole (Freire 1984:59).

Based upon my "expertise" the students were told what the problem was. Without ownership and dialogue I unrealistically assumed that students who were members of the "oppressor class" could imagine themselves being denied the right to work because of their sexual orientation. A second and more realistic assumption was that students could place themselves in a social situation in which they could recognize the discriminatory consequences (for the other) of social distancing. But the class example, homosexuality, was so threatening to their heterosexual identities that cognitive imaginings of either scenario were blocked by emotional reactions.

Chesler and Zuniga report similar findings from their "pink triangle exercise" (1991). In this exercise, homophobia was identified by the educators as a problem and the experiential exercise of wearing a pink triangle for one day was their way of having students experience this problem. Chesler and Zuniga chose this experience and this particular symbol because it has both historical and contemporary significance. Historically, the pink triangle was used to identify gays and lesbians confined in the concentration camps of Nazi Germany (Lautmann 1980-1981). Today this symbol has become part of the personal and political identification process of the gay and lesbian movements (Chesler and Zuniga 1991:174). These educators report that "the majority of students undertook the exercise eagerly and seriously as a means to explore their own feelings and the reactions of other" (1991:174). But, they did experience resistance:

> It [the exercise] significantly distracted me to the point where I was unable to perform what I was doing at the time. In my opinion, this distraction was due to both self-consciousness and my position on the homosexual issue. I neither support nor sympathize with the homosexual cause. Actually, as a Christian, I oppose homosexuality (1991:174).

In the solution phase, students in collaboration with the teacher identify and implement solutions to the problem. Unlike Chesler and Zuniga, I did not have an exercise which required students to reflect on a problem (homophobia) and then take a social action (wearing the pink triangle) in

regard to that problem. For those who risked taking that social action, transformation of self and society became possible. What I did have was a test question which asked students to document their participation in a social action which did not transform but rather oppressed. Consequently, I did not create a learning environment in which students, if inclined towards empathy, felt confidant enough " to cheer and show support." Rather, I created an environment which achieved the opposite effect. As one student so wisely pointed out, "I just sat there silent."

Concluding Statement

By presenting my tale of the classroom I have begun to tap into a larger pedagogical issue, specifically, what is the purpose of education? Is it as Freire claims, to produce a person who is free, free to transform society at two levels of experience - individual and structural? Or, is the function of education in the 1990s to produce a skilled, but docile worker, who will move into the work force uncritical of the way social organizations operate to squelch challenge, diversity, and change? For me, this pedagogical issue has become even more salient. Because I am responsible for the criminal justice internship program, I cannot indulge myself in strictly philosophical issues related to pedagogy. I am supervising students who sincerely anticipate that their education will lead to employment in the criminal justice system. Gatekeepers of this system may be less than receptive to individuals who are willing to question authority or speak out when organizational policy produces unfair treatment. In response to this ethical dilemma I find solace and support in the insights of Stephen Pfohl (1980). In commenting on the ethics of teaching a critical criminology Pfohl states that:

> If the student is provided with more than a simple knowledge about criminal law, the criminal, and criminal control, then the awareness that each either contributes to or reflects the presence of social injustice becomes inevitable. From the vantage point of this awareness students will have the analytical skills to contribute in some small but concrete way to the formation of a critical community of persons whose actions can lead to the humanization of political structures (1980:255).

My tale, though cautionary, is not intended to paralyze. By chronicling those contingencies that can lead to a failed attempt, I have made the reader cognizant of those contingencies under which a liberating pedagogy is most likely to succeed. To make my point I close with an update on my current teaching situation.

Although my primary teaching load is corrections courses in the criminal justice program, I do teach the introductory course to the interdisciplinary minor in gender studies. The teaching of this course has completely altered

the contingencies under which I experienced the previously reported set back. The gender studies minor attracts students with very different characteristics than those I described in the social deviance class. These gender studies students are primarily women of varying ages, liberal in their political orientation, and willing to self-disclose in regard to what they believe to be personal problems. Their willingness to engage in dialogue achieves Freire's horizontal relationship between persons and resolves the teacher-student contradiction (1980:45). In addition, I have gained a reputation on campus for conducting a "gay friendly" class. Consequently, I have gay and lesbian students who are comfortable enough to share their "personal problems" with the class. Their presence sets the stage in which the hegemony of heterosexuality can be: 1) posed as a problem, 2) analyzed in terms of how and why society privileges heterosexuality, and 3) allows collaborative problem solving to take place. My students and I have become "jointly responsible for a process in which all grow" (Freire 1984:67).

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Teaching Across Boundaries: American Educators and Ultra-Orthodox[1] Women in Jerusalem

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ABSTRACT

This article describes the efforts involved in developing and establishing a Master's in Clinical Sociology program, in Jerusalem, for Haredi women. The development of this educational program evolved over a period of one year and was implemented in the fall of 1994. The difficulties in developing a program for a cultural group unlike your own, over 10,000 miles away, and for very specific purposes presents special challenges. The reasons why there is a need for Haredi women, trained in counseling techniques, is also explored. In addition, there is a discussion of the students themselves and the problems they experience as students in this experimental program. Also described is a research project that has been developed to learn more about the social and cultural dynamics of the unique communities where the students live and work.

Introduction

This is a story about networks, serendipity, and persistence. It begins in 1979 at Virginia Commonwealth University in Richmond, Virginia, where three academics (two sociologists and an anthropologist) become colleagues and friends. The scene changes as one of the sociologists pursues his roots, becomes religious in the Orthodox Jewish sense, and emigrates to Jerusalem, leaving behind his tenure, some of his friends and colleagues, and embarks on a new journey. The three continue to stay in touch and eventually the two

other colleagues (both gentiles) move together to administrative positions in the School of Community Service (SCS) at the University of North Texas (UNT) in Denton.

In April 1993 the Israeli sociologist who is now the registrar at Neve Yerushalayim (Neve), a school in Jerusalem that was established to provide an in-depth, college-level program of Jewish Studies, contacted his two former colleagues about the possibility of entering into a cooperative venture to provide a Master's level educational program in Jerusalem.

The rationale for the need for this program is many-fold. First, there is a need for employment opportunities for married women whose husbands are in full-time Torah study in Jerusalem. This pattern of full-time study is often the rule among Haredi families in Israel. Second, there exists a serious need for family and marital counselors in the Haredi community, especially for women counselors. Women counselors are extremely important because of the difficulty many Haredi women have in discussing serious personal problems with male therapists. Third, Israeli universities teach primarily in Hebrew and although Hebrew is a spoken language for most of these women, they are not sufficiently fluent to take course work in Hebrew. Fourth, the cloistered pattern of Haredi communities makes it very difficult for the women to even think about regular interaction in secular settings. Such interaction creates the opportunity for serious cultural and value conflicts for the women. Although most, if not all, are up to the challenge, this is not a complication that they need in their busy lives. Fifth, Israeli universities are very much in the European model. Thus they have very strict admission standards, traditional models of course development and sequencing, and other formats and peculiarities that militate against the non-traditional needs of this special population. And finally, the time constraints on the lives of these women make traditional university class scheduling very difficult.

Additionally, most Haredi women feel most comfortable in single gender classes, prefer faculty who respect and are sensitive to their value orientation,[2] and a setting in which there is an absence of social activities and modes of behavior that are inconsistent with their religious and social world view. It is clear that although the women in this program are intellectually curious and academically oriented, most would forego the degree unless the program met their stringent normative criteria.

The clinical sociological perspective was especially relevant in this educational setting. Because sociology encourages, and often requires, an examination of organizational contexts such as the mental hospital, the school, the apartment complex, the synagogue, or the Yeshiva, and the relationship between those contexts and individual functioning, clinical sociology is especially useful. In addition, the perspective recognizes the importance of the social construct of community in the Orthodox value

hierarchy. Because of the importance placed on community, among the Orthodox, there is a need for multi-level analysis and some distancing from the traditional medical model which is most common in the training of counselors. Clinical sociology unlike other more traditional approaches is able to meet these challenges.

It is also important to emphasize that sociology, unlike some other disciplines, treats religion as a critical variable in societal analysis while also underscoring the reality that religious law and ritual are *social facts*. As a result sociology can avoid the problem of some other disciplines who may identify religious behavior as deviant. Using clinical sociology as a framework also allows a special sensitivity to the role of research methods in clinical training and the importance of understanding the rules for acceptance of evidence, the principles of research design, the concepts of sample size and representativeness, and the important role that evaluation of existing programs can play in finding overarching solutions.

Perhaps surprisingly sociology has much greater acceptance in the Orthodox community than do other social or behavioral sciences, especially psychology, which is most often associated and identified with Sigmund Freud. Disciplines such as psychology often ignore the subtle and not so subtle subcultural differences critical to understanding the dynamics of the Orthodox Jewish world, e.g. Sephardim, Ashkenazim, Chassidim, etc. Sociology, and clinical sociology in particular, also place a high value on issues of social policy and intervention at the community level which is critical to effective work in the Orthodox community. Although the individual level of analysis and treatment is important, the ability to imbed analysis and treatment in a community context is necessary for treatment success in this type of tightknit community.

After approximately 12 months of discussion and planning, and three trips from Jerusalem to Denton by Neve administrators, UNT sent two faculty to Jerusalem to make final arrangements with their Israeli colleagues. After this early June, 1994 trip a contract was signed that provided the basis for a formal partnership. Through *word of mouth* only, information spread about this new program that was to start in the early fall. As a result, 18 students enrolled and began their studies in the fall semester shortly after the end of Rosh Hashanah, the Jewish New Year. The following narrative is a description of the program as it developed, many of the problems that emerged, a description of the varied backgrounds of the students, and a research agenda that has developed as a corollary to the program.

The Setting[3]

Neve Yerushalayim was established in Jerusalem in 1970 to provide an in-depth, college-level program of Jewish Studies giving Jewish women from

all types of Jewish backgrounds, including those from secular childhoods and those from Orthodox ones, the opportunity to explore their heritage. Since 1970 Neve has experienced impressive growth and significant success in fulfilling its mission. The campus, in the Har Nof district of Jerusalem, was funded by a $4 million grant from the US government which was matched by a $4 million grant from the Israeli government. During the past 24 years thousands of Neve's graduates have returned to their home communities and many have joined the ranks of teachers in the Jewish educational system.[4] It is also important to indicate that many have remained in Israel, have become ba'al teshuvas,[5] and have married Haredi men.[6]

Har Nof is a newly settled thriving district of primarily religious Haredi western immigrants in the northwestern hills of the city of Jerusalem. The neighborhood provides Neve with an immediate environment which is both sensitive to its needs and receptive of social services, educational and cultural programs, and other benefits that Neve offers.

It is obvious that you are entering a religiously conservative neighborhood when you enter Har Nof, as you do when you enter any other Haredi neighborhood. The men in these neighborhoods are typically bearded, have earlocks (of greatly varying lengths), wear a black hat, and most likely wear a plain white shirt and black suit. Women abide by the Orthodox concept of modesty by covering their arms, legs, and heads. But they are often brightly and colorfully dressed unlike their husbands. Children are in evidence everywhere, or so it seems, and many women are seen on the sidewalks walking children and pushing two-child strollers.

You can alternately hear English, Hebrew, and sometimes Yiddish, as you walk down the streets of Har Nof. There is a great deal of individual variance in the ability of women to speak Hebrew. English is the primary language spoken in the neighborhood. As most men *learn* in the Yeshiva, they often learn to speak Hebrew early and are very likely to have an excellent knowledge of written Hebrew as well.

The Haredi are often opposed, on issues of social significance, to less religious Israelis. For example they oppose autopsies, even for medical or criminal investigation reasons; have opposed public arenas because activities could take place there on the Shabbos; have opposed the construction of a swimming pool where men and women could swim together; and have opposed certain archeological excavations which may disturb Jewish remains. They also do not believe in the traditional theories of evolution, advocating a more literal translation of the bible. It is clear, however, that there is much intra-cultural variance within the many Haredi communities and also variance within communities, on these and other issues.

Haredi families are patriarchal in nature. They are also very conservative on social issues in that the Halakhah[7] regulates all social behavior. For

example, all Haredi believe that homosexuality is a sin; and have very strict laws surrounding sexual behavior among both singles and married couples -- including abstinence between single people; strict limits on birth control among the married; the observation of laws of family purity that regulate sexual behavior within marriage; and the prohibition of specific sexual practices.

Additionally, marriages are arranged by matchmakers who assist young men and women in finding potential marriage partners. Most men and women marry in their late teens or early twenties. Although the young couple make the final decision as to whether to marry, they often do so with very little personal information about each other as opposed to detailed knowledge about family background. They do not touch during the courtship and may decide to marry after dating only four or five times. Although these values and beliefs appear to be very conservative compared to most in modern Western societies, they are committed to following the strict interpretation that Haredim apply to Halakhic writing. As expressed by a forthright and articulate rabbi, "we are unapologetic for our beliefs and resultant behaviors."

All Haredi men continue to *learn* either full or part-time. We do not have specific data on what percentage *learn* full-time in a Yeshiva but it appears that a large number of younger men, especially Americans do *learn* full-time. Men who study full-time receive a relatively small stipend from the Israeli government or charities and may earn some money from tutoring novices. However, observation and interviews make it clear that the stipends and wages from tutoring cannot support families, especially large ones in the inflationary Israeli economy. Thus, many young and growing families, are supported by the work of wives[8] or by gifts and support from parents and grandparents in their native countries.

The Need for Counselors and Family Service Professionals

There is a need in the Haredi community, both in Israel and abroad, for professionally trained social service practitioners such as family counselors. On the one hand, the religious Jewish community presents special challenges such as large family size and low income. On the other hand, due to its particular cultural norms and religious values, the community's members have historically been reluctant to avail themselves of existing services in dealing with crises. They appear to be even more reluctant to treat ongoing situations before they develop into major problems. The reluctance results, in part, from the perception that available social service professionals and counselors are culturally insensitive to religious values and the lifestyles of Haredi Jews.

Discussions with Haredim in both the United States and Israel give the impression that there are a growing number of social problems among the

Haredim. To the outside observer, this is perhaps surprising for such a pious and conservative community. This is in part attributable to the more diffuse nature of community boundaries in comparison to earlier generations, and the resultant increased exposure to outside values. However, much like other places in today's world there are problems of child and spousal abuse, among other concerns. Interviews also indicate that there is an emergency telephone line in Jerusalem where Haredi women who have been sexually assaulted, have been abused by their husbands, or have other emergency concerns can call and speak with other Haredi women. This telephone line, called SOS, is answered by Haredi para-professionals who provide on-line advice and refer the callers to professional therapists.

There is also the perception within the community that there are high levels of eating disorder problems among women. In fact, our pretest data suggest that eating disorders have been and continue to be a problem for ba'al teshuva women.

Other types of marital and parent-child discord are also increasingly becoming a problem. In one interview, a student indicates that class discussion illuminated the fact that two-thirds of the class had had a firsthand association with divorce, as either a child of divorce, a sibling of divorce, or were divorced themselves.[9] However, interviews also indicate that there is some denial that there are these kinds of problems within the Haredi community. There are also reports of drug abuse by young men in the Yeshivas, primarily by American immigrants who brought their habits with them. It appears that this is a problem that dissipates as the young men become more and more accustomed to the religious life-style. None of the above is mentioned to suggest that the level of these problems is nearly as high as in secular Western societies, but rather, that the level is higher than one might expect given the strongly religious nature and conservative value orientation of the community.

When confronted with personal or family problems the first source of help often sought by Haredim is the rabbi. Many rabbis feel that they have a religious obligation to counsel. Many in the community are acutely aware of their rabbis limitations in this area due to a lack of formal training and the heavy burden of other responsibilities. Currently rabbinical training programs, for this community, do not include courses in pastoral counseling.

There are also networks of informal counselors who have responded to family and individual stressors. These informal counselors are often neighbors, friends, classmates, and occasional relatives. In some cases they are paid para-professionals with little professional training, but they serve an important role as listeners and concerned advisors. These counselors appear to act out of a religious concern to be of service and in the perception that they are effective. While they believe they are being genuinely helpful, they

also believe in the importance of formal training and credentials. Thus many seek an opportunity to attain academic training that focuses on their community's needs. In addition there is also a need in the religious Jewish community to provide higher education and career options in Israel for Haredi Jewish women graduating from seminaries and undergraduate programs of study.

Women who graduate from the UNT/Neve program will have a marketable skill, oriented toward the needs of their community, which will also provide a salary to assist in supporting the family while the husband continues his *learning*. The primary goal of the program, as it has been developed, is to train and certify qualified counselors to serve the general population, as well as the Haredi Jewish community with its special concerns, and provide opportunities for employment and service.

The Students

In the Fall 1994 term, the program began with 18 women enrolling in classes. The students ranged in age from 21 to 48 and all but four were married. Three were single and one was divorced. Twelve had been born in the United States and six were born in other countries including Switzerland, Belgium, Israel, South Africa, England, and Canada. Of the married women all but two had children. The number of children ranged from one to 11. Former, and in some cases, current occupations of the women include teachers, nurses, counselors, retail managers, secretaries, social workers, and camp counselors.

In January 1995 all of the students were interviewed in an attempt to better understand their goals for themselves, their families, their communities, and the program; what problems they were experiencing in course work; and their perceptions about the strengths and weaknesses of the program and the individual courses. In addition, many of the women talked freely about their lives, their personal problems and concerns, their day-to-day issues, the impact of the Haredi lifestyle on their lives, and their backgrounds prior to emigrating to Israel.

Table 1: Student Biographical Information

Name		Age	Birth Place (Country)	Marital Status	# of Children	Former Occupation
Student 1	FFB[10]	32	US	M	5	Teacher
Student 2	FFB	40	US	M	11	Nurse; Developer of Neve Hadar Retirement Home
Student 3	BT[11]	38	US	M	6	Counselor
Student 4	BT	32	US	M	0[12]	Retail manager
Student 5	BT	35	US	M	3	Counselor, Teacher
Student 6	FFB	43	US	M	5	Certified Childbirth Educator, Nursery School Director
Student 7	FFB	22	US	M	1	Director, Intensive Pioneer Division, Camp Sternberg
Student 8	BT	38	US	M	1	Counselor
Student 9	FFB	48	Switzerland	M	3	Teacher; journalist, foreign correspondent; social worker
Student 10	FFB	24	Belgium	M	2	Field work in special education
Student 11	FFB	20	Israel	S	0	Advisor
Student 12	FFB	22	South Africa	S	0	Teacher, student counselor
Student 13	BT	21	England	S	0	Student counselor
Student 14	BT	41	US	M	2	Founder, administrator of ASCENT Jewish Education
Student 15	BT	25	US	M	3	Sales Secretary
Student 16	FFB	43	US	D	2	Teacher, resident counselor
Student 17	BT	22	Canada	M	0[13]	Social worker
Student 18	BT	24	US	S	0	Program planner, Afro-centric summer camps; caterer

The table illustrates the diversity of students in the program. Although initially we thought that the group would be relatively homogenous, this is obviously not the case. The range of ages and occupations is similar to what one might find in a graduate class in the United States. There are, however, more married women than a comparable stateside group of graduate students and the number of children is, of course, more than one might expect in the United States. Although most of the women say that they want to restrict their work after graduation to Haredim in Israel, several indicate that they may return to the states and some have an interest in practicing with those outside the community in addition to those in the community. Lastly, the number of women who are Frum from Birth is exactly one-half of the student

body. Perhaps naively we thought that the number of ba'al teshuvas would be much higher.

Although there is a great deal of heterogeneity among the students on demographic dimensions, their personal needs, value orientations, and world views, although certainly not uniform, are much more homogeneous. The women are extremely task-oriented, require structured relationships to maximize the efficiency of their learning, and are somewhat anti-intellectual. Students are also very conscientious, extremely studious, willing to accept a lot, and do a lot -- but demanding of efficiency. As one student stated, rather succinctly:

> ... So I guess, why do I want so much structure, I want it to be cost effective. I want to get through the material as efficiently as I can. I just want to get through it. And I have to learn something because I'm already doing it (counseling). This is hands-on for me. This is as hands-on as you can get. So I don't want to just sit in the course and go over ideas. I want to get something. I want to go home with something.... I think there has to be a curriculum ideal. What you want us to get. And it's step-by-step. And right now I don't think we're getting it. But again, I've learned a tremendous amount. I just think there could have been a better usage of some of the time.... It could be that along with the academic input that everyone is given, there should be a clinician alongside saying, 'Okay, this you're never going to use.' Very simply there needs to be someone alongside the academic saying 'this is what they really need and this is what they don't need.'[14]

But, another student, an older woman, said:

> ... (At the beginning) I just memorized (for the essay exams in theory) ideas. I didn't understand. The second exam I memorized but I understood everything. And now when these videos are coming on I don't even have to take copious notes. I understand it. So it's as if it was a building block, and I can hear it in (the instructor's references) back, and his references forward. And I'm beginning to understand, well this is a round ball. There is no beginning and end. It's just a whole circle.

At the same time many of the women are really struggling with the time commitment and the intellectual rigor that the program demands. Being a student, again, is very unusual for the women of Har Nof and other Haredi neighborhoods. Many are receiving very strong support from their husbands and children and others are not. Study for married women, in the form of returning to school full-time, is a commitment that requires at least some adjustments in the family routine. This is easier for some families than it is for others. But, it is critical to understand that the primary responsibilities of wife, mother, and obedience to G-d must always come first.
As another student stated:

> It's something very unique that this group of women are doing and they can't really, not that they can't share it with all their people, but unless you are doing this, you can't understand what you're doing. My friends who aren't involved in this, at the age of 35, can't understand, 'what in the world is she doing?' Instead of taking, doing, or washing the dishes, I'm reading.... So it's something that's going on in our lives right now that really you can only share with people who understand what you're doing, and respect what you're doing, and who have an appreciation for it. Because the majority of the people don't understand. They are very, very busy, and they're being creative, there are a lot of women here with all kinds of talent and interests. But this is very specific, and it's quite unusual, you know, while you are raising small children to be involved in this kind of academic pursuit. So I think that when I'm overwhelmed by the program or frustrated, or I can't figure out which direction my paper should go, I'm going to call someone in the program because that's who understands the predicament that I'm in.

Several students in the program are receiving professional training and education that better equips them for an avocation or para-professional position that they have been practicing for years. As related by one of the older women in the program:

> So for me, this program actually started out with my coming to someone who's in the course and saying, 'I have such and such kind of problem, who can I send them to?' Basically, I've been doing this unprofessionally for years. This program is basically enabling me to find out that which I knew instinctively, how much of it is in the books, and to correct misconceptions. And also it puts enough of a different perspective on it for me to feel comfortable with what I'm doing. There are problems in the Jewish community and there is a need for a realistic picture of the Jewish community. This program is going to look at the Jewish community for what it is and for what it's not and work within the system (and try to improve things).

There is also a commitment to family and obedience to G-d that is unusual to those who come from secular communities. Nothing apparently separates the Haredi woman from these responsibilities. Throughout their very busy daily lives, problems of day-to-day living, concerns about finances, and raising children, and sometimes parents sharing their crowded living quarters, their devotion to family and G-d continue to be paramount. This commitment shapes their world view and how they interact with others. Haredi women don't appear to have leisure time, even on Shabbos. They are constantly at work making their family and their belief structure function.

Program Design

The master's degree program in Clinical Sociology, with a concentration

in Family and the Life Cycle, is designed as a 36 hour degree in clinical sociology.[15] This relatively new perspective is a multi-disciplinary approach that examines the implications of communal, organizational, familial, and small group patterns for maladaptive behavior and psychological functioning. Students who wish may take an additional 12 hours of graduate work coupled with a supervised internship and a state licensing examination to satisfy the requirements for licenser in the state of Texas as a Licensed Professional Counselor. This license is reciprocal with many states and with some foreign countries. Holders of the license are entitled to third-party reimbursement for their counseling services in the states where they are licensed. There is no Texas residency requirement for students, and all courses, as well as the internship can be taken in Israel.

* UNT retains full responsibility for admission decisions, requirements for earning a degree, the curriculum, the qualifications and hiring of all faculty, and the academic standards and evaluation processes. Neve provides the site of instruction, recruits students, provides on-site management, and acts as the interface with the Jewish community in Israel.

* The curriculum is delivered through a three part strategy that combines televised instruction and audio conferencing; seminars conducted by adjunct faculty, usually with state-side Ph.D.'s in social psychology or social work, that are hired by UNT; and courses taught by UNT faculty in residence in Jerusalem.

* One course is taught each of the long semesters by video cassettes recorded at UNT and mailed to Neve. Bi-weekly audio conferences are also held. Students watch the television course accompanied by an Israeli instructor who engages the class in discussion and problem solving around the lecture material presented via television. Examples of courses include Sociological Theory and Research Methods.

* The courses taught by Israeli adjunct faculty are of two types. One type are traditional courses such as Marriage and the Family and Sociology of Childhood and Adolescence. The second type are courses that benefit from rabbinical input including Perspectives on the Jewish Family and Dynamics of the Counseling Process and Jewish Law and Ethics and the Professional Counselor. These courses are designed to address diverse issues arising out of the interface between the requirements of Jewish law, the clients' needs, and the interventional approaches of counseling theory. These courses are team-taught by an academic and a rabbi in an attempt to integrate traditional beliefs with modern counseling theory.

* The courses taught by UNT faculty in residence are those that UNT

has developed as foundation courses for the clinical sociology degree at UNT. These courses are on the interface between traditional sociology and clinical sociology and form the basis for this new sub-field.

Students are able to complete the 48 hours necessary for licenser in two years by taking nine credits during each long semester and six credits each summer semester. The supervised internship of 2,000 hours will be facilitated in a clinical setting that will be set up on the Neve campus. This clinic will be staffed by professionals who in addition to offering subsidized client services will supervise graduate student interns.

As noted previously in this article this particular educational context is especially suited for teaching a clinical sociological perspective. Although much family therapy utilizes a systems approach, they do not detail adequately how external systems impact on internal family systems. For example, in co-dependency theory, a family member may occupy an enabler role allowing the family to maintain homeostasis even in the face of a dysfunctional family member such as an alcoholic father. In contrast, the sociological perspective might ask if well-intentioned neighbors or Jewish social workers, because of religious cultural values that encourage helping, might act to assist the enabler thereby helping to maintain a dysfunctional system.

Sociology also presents many relevant theoretical perspectives, that are not normally considered in traditional counseling programs, such as labeling theory, exchange theory, and conflict theory. There is also an emphasis on relating changes in the social environment to symptoms of social and individual functioning as well as the use of many tools from related social sciences and perspectives including demography, cultural dynamics, social ecology, and the use of ethnographic analysis.

The educational program has been approved by respected rabbis in Jerusalem and it is hoped that this will help the Haredi community become more open in seeking out and receiving counseling help. This bridge is seen as vital, and it is expected that community rabbis will become involved not only in the referral process but also, where appropriate, as active partners in the development and delivery of this community service.

Implementation Issues

In order to be accepted in a foreign environment it is vital to familiarize yourself with the unique cultural and social mores of the people among whom you find yourself. This is especially true when your relationship with those with whom you have contact will suffer if there is not a sense of mutual respect. It is in this way that our relationship with our Israeli students is not

dissimilar to our relationship, as anthropologists, with informants. If we are to have a successful relationship we must understand the other's world view and have a basic respect for the people themselves.

Examples of issues that reflect cultural and social orientations that were important to understand when implementing this project were:

* Scheduling of classes -- Among the Haredi it is especially important to understand the importance of the Shabbos. The Shabbos actually begins in Jerusalem when a city-wide siren sounds approximately 30 minutes before sundown on Friday and ends with a siren approximately an hour after sundown on Saturday. This early beginning and late ending of the Shabbos takes into consideration atmospheric conditions, the height above sea level, and other problems associated with exact timing. This precaution is taken to assure that there are no mistakes. In an educational program for women the issues around the Shabbos are especially critical because so much time is necessary for women to prepare for it. For many women preparations begin early and continue until just before sundown on Friday. In addition to not attending classes on the Shabbos, it is also not an appropriate period for study. Thus women, in reality, lose the ability to go to school, or study, on Friday and Saturday of each week. The nine major holidays, that are also observed, take further time from the Haredi woman's schedule. This requires especially innovative methods to assure the level of class time and study participation that is normally expected in American universities.

* Dress of instructors -- The Haredi have very specific and conservative dress codes for women which out of respect should be kept by female instructors. These include wearing opaque hosiery, dresses that come below the knee, sleeves that go below the elbow, and necklines that must not expose the collarbone. In addition, married women must wear a wig or a head covering at all times when in the presence of men other than their husbands. It is helpful if visitors observe these customs, especially if they are Jewish, whether Haredi or not. In fact, it is a violation of Halakhah to encourage a person of Jewish heritage to violate the Jewish law.

* Food preferences -- It is especially important to be respectful of the food requirements of Haredi Jews. Their kosher requirements are very stringent and are what is referred to as glatt kosher. It is especially important to observe the dietary laws when interacting with students in the program and to only suggest eating in restaurants that are glatt kosher, which are relatively few in Jerusalem.

* Time commitment and orientation -- Cultural and religious norms

appear to require that nothing come before obligations to G-d and family. As a result there seem to be a ready rationale for not completing an assignment or other class-related responsibility. This is not to say that course work is not taken seriously, because it is. But, the culture does condone putting other responsibilities in third place behind religious and family responsibilities. Time orientation is also very different than in the United States. It seems that almost nothing starts on time in Israel. Although people are very busy and task-oriented it seems that *starting on time* does not have the same importance as it does in the states. This may also be related to the primary value placed on taking whatever time it requires for religious and family matters.

* Social interaction -- Married women may not touch any males except their husbands. Thus it is extremely improper for a man to extend his hand, hug, or even touch a woman on the shoulder. Driving is also forbidden on the Shabbos and instructors who would like to visit their students' families, on Friday night or Saturday, must observe this rule. One needs to plan ahead and have the ability to stay over or walk to your hotel. Taxis do not go into Har Nof on the Shabbos.

* Composition of class cohort -- The discussion of Neve and UNT representatives, at the beginning, assumed that the composition of classes would be of married women only. This was because of the nature of some of the course content.[16] However, it soon became clear that there was a great deal of interest in the program by non-married women, including the unmarried daughter of the dean and founder of Neve Yerushalayim.[17] This incongruity was hotly debated by the administration in Jerusalem and some of the Haredi social psychologists who had been contracted to teach in the program. Eventually a decision was made to mix the married and unmarried women in the same class with the possibility of separating them, on occasion, when the subject matter dictated. This decision is still being discussed. Although no *incidents* occurred several of the women do not believe that the mixing is a good idea. The instructor,[18] for a course on the family in the fall term, also expressed concern about the practice. Although she did not change her lecture material because of the composition she felt uncomfortable presenting some of the material.

* Presentation of controversial concepts -- This must be done with extreme care and creates special problems when unmarried girls are in the same class as married women. It is not a concern to discuss sexually explicit material (within certain parameters) between married women. It is a problem, however, for men and women who

are not married to discuss such things and it is a further problem to expose unmarried girls to this material. We are told that this is to protect girls from learning about sexual matters outside of marriage. This includes the discussion of social and behavioral theorists who might believe in concepts and practices that are unacceptable. The opinions of women, on this issue, seem to vary a great deal from individual to individual, however. One married student, with many children, expressed in an interview that it was not right for unmarried girls to learn about sex and some of the problems of marriage before becoming married. She believed, especially strongly, that this education was the responsibility of the husband and wife to work on together. As she expressed it, "women should learn the joys of married life before they learn the problems." The task of the instructor is to be aware of the difficulties that some women will have with the material and attempt to introduce it in a way that is respectful, tactful, and cognizant of the alternative beliefs that may be held. A basic knowledge of the women's beliefs is important, and a willingness to learn appropriate behavior is vital to the success of this type of educational programming.

One concern by UNT faculty that has not evidenced itself thus far as a problem was a fear that the Haredi would reject many of the modern theories of psychology that especially call for openness and exploring the inner-self. However, as one student responded in a question related to this concern:

> If someone says there are contradictions, it's because they don't understand either the law or the healing process. There are no real contradictions. You can say there are certain ideas of Freud that Judaism doesn't agree with. But then take a look at Freud a little bit better, his first ideas, his later ideas, did everyone accept them? No. How are they accepted? How can they be used? The whole concept of Judaism is that anything that exists in the world is usable. The question is can you peel off the peeling? Can you see what's there?

> ... The whole concept of psychology is to understand yourself. Part of Judaism is that you cannot serve G-d properly unless you understand yourself. The question is how willing you are to really know who you are. Are you willing to accept your limitations? Are you willing to work with your strengths and accept responsibility for them?

Although the clinical sociology perspective can be shown to be a very important element in the success of this program, the problem of the graduate's professional identity and acceptability as a practitioner has not been without problems. Issues of licensing and the overwhelming acceptance of the profession of social work within the Jewish community has created difficulties for some graduates of the program. This problem continues to present

challenges as students attempt to create their own professional identity.

Another important element in establishing this program was the necessity for trust to be developed between all of the partners in the venture. The ability of the former colleagues to resume their comfortable relationship, after more than a ten year hiatus, formed the basis for discussion to begin. It was also helpful that there was a high level of confidence between the institutional representatives and a respect for their prerogatives.[19]   There was never a question that the program would consume resources and that the cost of the program had to be borne by the students themselves.[20]

It was also clear from the beginning that the principals on both sides of the Atlantic Ocean needed to convince their own institution's leadership that this was a worthwhile venture and that the other party could be trusted to make the partnership work. This appears to have been done with little difficulty which is a credit to the bureaucracies and leadership at both institutions. There were also clear indications from the beginning of the negotiations, that everyone connected with the development of the program, including faculty, deans, and other staff was uniquely qualified to build a curriculum and program structure that would meet the needs of this new constituency.

The fact that this program was for women only also presented its own dilemmas, including those of trust. From the beginning, all of the principals who engaged in the development of this program for women were males. However, an important element of the June 1994 trip to Jerusalem was for the two UNT visitors to meet with prospective students and discuss the nascent curriculum and answer questions. What the two found was a group of articulate, sophisticated, and well-educated women whose intellectual and personal abilities were clearly evident to both observers. A group of prospective Israeli adjunct faculty were also interviewed. Not surprising, this interview also resulted in very positive relations and understandings between the prospective faculty, the Neve administration, and the UNT faculty. As a result the prospective women students, the prospective Israeli faculty, and the UNT faculty emerged from these discussions with a high level of mutual respect and commitment to the goals of the program.

As all good faculty understand, it is important to develop a strong level of trust with students, if the classroom experience is going to be a positive one. Two specific strategies were used to build the level of trust for the instructor of the television component. This component was feared most by the students in the program both because of the subject matter and the impersonality of the medium. Because of this fear, the program was designed so that the instructor for the television component spends the first week of the course in Jerusalem in face-to-face interaction with the students. Additionally, the instructors also take Polaroid photographs of each of the women so that they can refer to them

by name and be more comfortable with them during the audio-conferencing.

The administration of the program is also now communicating via the Internet. It is hoped that this technology can soon be used by students to discuss directly with the instructors. However, using this technology also requires a level of trust that must be surmounted. In the case of this program the building of this platform of trust began more than a year before the students entered the classroom and continues by investigating new strategies to make the relationship stronger.

The fact that both men and women faculty teach in the program, and that at least one-half of the instruction is by gentiles, was never discussed openly, although it is clear that there was some concern about these issues. We believe, however, that these hidden fears have been largely obliterated by a culturally and gender sensitive faculty who have attempted to understand the students from the women's own cultural backgrounds, in good anthropological fashion.

Research Related to the Project

The UNT/Neve partnership has also instituted a plan to investigate relevant social patterns within the Haredi community. Faculty involved in the research project will collect baseline data which it is hoped will be useful in analyzing broader sociological, psychological, and community issues in the Haredi world. There is a paucity of scholarly research available on the Haredi and on many of the social and behavioral problems which critically affect these communities.

This aspect of the program was enhanced when the anthropologist member of the founding group was contacted by the mother of one of the prospective students for the program. The mother, a practicing clinical psychologist, in Texarkana, Texas called to inquire about the specifics of the program. Over the next several months her developing interest in the program, and a latent interest to understand the Haredi community better, prompted her to suggest collaboration with the sociologist and anthropologist on a long-term research investigation of American ba'al teshuva women, like her daughter, who were now Israeli citizens.

As a result, a research component was begun early in the academic year by these social and behavioral scientists. The research began in January 1995 with a test questionnaire that was administered to seven women, only one of whom was a student in the master's degree program. The questionnaire was modified greatly as a result of this pretest. Although the questionnaire had gone through a rigorous review by the three investigators, and a seemingly endless cadre of rabbis, the women found many ambiguities and problems with it. A modified version of the survey (over 200 questions) will be initiated

in April 1995. It is hoped that it can be administered to over 500 ba'al teshuvas. This survey will be followed by life history and structured interviews with a sample of the women. Additionally three psychological inventories will be administered including the Beck Hopelessness, Anxiety, and Depression scales.

Subjects for the initial questionnaire will be ba'al teshuvas who are emigrants from the United States and are residents of Jerusalem Haredi neighborhoods. The women will be representative of the range of ages in any population group. However, a preponderance of the women will be from 20 to 30 years of age.

Various themes will be explored by the questionnaire including shared cultural and social characteristics, family backgrounds, reasons for the women's change in religious status, their current relationship with their families of origin, their reported problems in their present lives, and any past or present history of emotional problems. Follow-up studies have been planned to describe and understand these ba'al teshuvas, their world view, and their present understanding of themselves and those they interact with. The women in the survey will be asked to provide the names, addresses, and phone numbers of their parents for possible follow-up interviews. Research areas to be investigated include the following:

* Exploring the relationship between these women and their families both before and after becoming ba'al teshuvas.
* Identifying the problems of ba'al teshuvas and delineating coping mechanisms to assist them in their transition from the secular to the religious world.
* Interviewing male returnees to Haredi Jewry, to understand how they differ in their conversion experiences, expectations, and family relationships as compared to female returnees.
* Studying the relationship of ba'al teshuvas to their families of origin over time, to explore possible changes in attitude of the family of origin, including whether these families become more or less religious over time.
* Comparing the attitudes of parents of male ba'al teshuvas to the parents of female ba'al teshuvas.
* Tracking longitudinally whether or not ba'al teshuvas become less zealous as the number of children in the family increases and as time passes.
* Comparing the self-esteem of religious women to non-religious women in Israel and in the United States.
* Exploring the characteristics of Christian returnees to fundamentalism (Born Again Christians) to those of Jewish returnees, and investigate how these changes are related to societal pressures

and changes.

Although secondary to the educational program this research effort is viewed as integral to the overall goals of UNT and Neve. A plan to integrate the research with instruction has been developed and students in the research methods class will be used to collect a portion of the data and develop new research topics. One unique aspect of this component is that approval of all of the instruments used in the study have been reviewed by rabbis at Neve and in the larger community. As a result, some questions have been eliminated and some re-worded in an attempt to make the questionnaires acceptable.

We believe that the integrity of the instruments have not been compromised and believe strongly that the validity of the survey has been improved immeasurably by this process. It has been suggested that some of the wording of the original questions was so improper, by Haredi standards, that some of the potential women for the study would have excluded themselves from the survey. This, of course, would have harmed the reputation of both institutions and the viability of the research project as well. Compromise wording has been found in all cases and we believe that the research project is better as the result. However, it is also fair to say that the project could not have been developed and administered without the strong support of progressive rabbis in the Haredi community and at Neve. Their ability to explain the importance of the research for internal *and* external reasons was critical in convincing some that the project should be approved.

Conclusions

The initial tendency for most outside observers, including many anthropologists, is to view the Orthodox Jewish community as an homogenous one. The relationship with our Israeli institutional partner has served to highlight important cultural factors that define internal differences.

First, the Orthodox community described here is of primarily European origin. Our student body, thus far, does not include religious Jewry with origins from Muslim countries, commonly called Sefaredim. This religious subculture's encounter with modernity is more recent and they are even less likely to seek solutions to social and emotional problems outside their immediate family circle.

Second, our student community is currently, totally misnagdic, consisting of non-Hasidic sects; the later, while extremely varied, consist of tightly-knit communities built around a traditional highly influential *rebbe*. The acceptance of secular education as a value with utility for ameliorating problems in the Orthodox world will occur at much later points in the Sefardi and Hasidic communities and the program described in this article would

never have been initiated within these communities. It is reasonable to expect, however, that the program occurring first in the European, misnagdic community will spread to the other Orthodox communities through the expanding enrollment of students and the treatment of clients from both these other subcultures.

All three communities fall within the Haredi category. The term has gained acceptance among academics because of its relative neutrality. The alternative designation of Ultra-Orthodox is much more value laden.

Even within the more narrowly defined grouping which describes our student body -- women from families with European origins associated with the non-Hasidic Yeshiva world -- there are important nuances. At one level, there are differences associated with country of origin. English speaking Orthodox Jews from the United States, South Africa, and the United Kingdom display subtle differences in outlook. Perhaps most significant is the inclusion of the ba'al teshuva movement with the Haredi world. In general, individuals who enter Orthodoxy in this way remain very deferential to the leaders of Haredi communities. Their impetus is to internalize the norms and beliefs of their new community, not to challenge them. Nonetheless, the ba'al teshuva sub-community represents the only segment of the Haredi world with significant secular education. This education was almost always acquired before identification with and entry into this new reference group. Many ba'al teshuva reject secular education for their children. The reasons for this are complex and are, in part, related to the unavailability of a secular education in instructional settings accepting of Haredi values and world view.

The UNT/Neve program is viewed by its students, especially those who are ba'al teshuvas, as a rare exception in this regard. This program is seen as a secular program, not only sympathetic to Haredi values, but most unusual, a secular program willing to integrate the values into the curriculum and emerging theoretical models.

This program has been an experiment in collaboration, cross-cultural partnerships, interdisciplinary teaching and learning, the application of social and behavioral knowledge, and the demonstration of the importance of integrating research, application, and teaching. We are also learning a lot about each other and the administrative problems in implementing a program such as this.

At this point it is working for UNT, for Neve, and for the students. It will be several years before we see whether it works for the residents of Har Nof and other Haredi neighborhoods in Israel, the United States, and perhaps elsewhere.

We believe that the research on ba'al teshuvas and other issues related to Haredi culture and communities will be useful in the future to the residents themselves, their families and friends "back home," and to other academics

and practitioners. It will be especially interesting and useful to those who want to understand how change can be implemented within communities by integrating modern social and behavioral principles with traditional religious and cultural values and understandings.

NOTES

1. Ultra-Orthodox is a term used to describe those Orthodox Jews who are the most culturally and religiously conservative and who reject most modern secularism. They refer to themselves as Haredi, meaning the G-d fearing, and we will use that term, for the most part, in this paper.

2. Orthodox Judaism, especially the more conservative forms of the religion, present many problems for the Modern Orthodox, Conservative, and secular Jews in Israel. The Haredi are often seen as standing in the way of progress and in building barriers between themselves and the larger society.

3. Portions of the narrative that describe Neve and its programs have been adapted and abridged from Neve Yerushalayim publications.

4. Neve attracts Jewish women from many parts of the world but has special programs for American, French, Israeli, and Russian women.

5. A ba'al teshuva is a person who has become religiously observant. Or, more specifically, has become Orthodox after the age of consent.

6. These men are from many national backgrounds, but more often than not, are American.

7. The body of Jewish law that is based on the Torah.

8. Informal discussion with many Haredi women indicate extremely busy lives. Their seemingly hectic lives include supervising and socializing many children, keeping spotlessly clean homes, holding down part-time jobs, providing a high level of support for their husbands, and preparing the often elaborate meals for Shabbos and "Yom Tov" (seasonal religious ceremonies). Haredi women often indicate that they are very tired. At the same time they appear to be very contented and happy.

9. Only one student in the program is actually divorced herself.

10. FFB is an abbreviation for Frum from Birth which means that a person was born into an Orthodox family or became Orthodox prior to attaining the age of consent.

11. BT is an abbreviation for Ba'al Teshuva which means that a person has become religious. Or, more specifically, has become Orthodox after the age of consent.

12. This student was married one week at the time of the interview.

13. This student is pregnant with her first child.

14. This interview was completed shortly after a meeting of the Sociological Theory course.

15. The complete curriculum can be seen in Appendix I.

16. It is generally believed that married and single women should not discuss issues and concepts of a sexual nature in the presence of one another.

17. Early in the first fall semester several men inquired about the availability of a program for them.   There has been discussion of the development of such a program. However, it would by necessity, have to also be single gender and the requisite number of potential students has not yet been identified.

18. This instructor holds a Ph.D. in Social Psychology from an American university. Both she and her husband are Haredi Jews, live in Har Nof, and both have private counseling practices.

19. For example there was never a question that UNT would have complete control over curriculum development, faculty selection, admissions criteria, and etc. However UNT also never assumed that these decisions could be made alone if a successful program was to emerge. Thus a spirit of collaboration, rather than control was evident from the beginning.

20. The cost for this program is $300 American dollars per credit hour. This is much more expensive than enrolling at Israeli public universities. It is not however high when considering out-of-state tuition at an American university.

Appendix I
Curriculum for Master of Science in Sociology – Family and the Life Cycle

The full curriculum for the master's degree includes the following:

* **Seminar on the Family** -- Taught by an Israeli adjunct faculty member, on-site
* **Perspectives on the Jewish Family and Dynamics of the Counseling Process** -- Team taught by a Rabbi and an adjunct faculty member, on-site
* **Family Systems and Addictive Disorders** -- Taught by UNT faculty in residence in Israel
* **Sociology of Childhood and Adolescence** -- Taught by an Israeli adjunct faculty member, on-site
* **Social and Cultural Aspects of the Counseling Process** -- Taught by UNT faculty member, on-site
* **Theory, Methods, and Issues of Therapeutic Practice** -- Taught by an Israeli adjunct faculty member, on-site
* **Jewish Law and Ethics and the Professional Counselor** -- Team taught by a Rabbi and an adjunct faculty member, on-site

* **Sociology of Mental Health and Illness** — Taught by UNT faculty in residence in Israel
* **Assessment Techniques for the Professional Counselor** -- Taught by UNT faculty member, on-site
* **Contemporary Sociological Theory** -- Taught via television and audio-conferencing from UNT (with adjunct instructor on-site in Israel)
* **Community Organization** -- Taught by an Israeli adjunct faculty member, on-site
* **Testing, Research Methods, and Design** -- Taught via television and audio-conferencing from UNT (with adjunct instructor on-site in Israel)
* **Social Statistics** -- Taught via television and audio-conferencing from UNT (with adjunct instructor on-site in Israel)
* **Practicum** -- Supervised by Neve faculty under the guidance of UNT faculty
* **Internship (2) in Clinical Sociology** -- Providing advanced level learning and supervised application in a clinical setting. Taught by UNT faculty in residence in Israel.

Sociological Variables Affecting Clinical Issues: A Comparison of Graduate Distance Education Sites

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ABSTRACT

This study examined the differences between students residing in urban and rural areas while enrolled in a graduate practice methods course taught via two-way interactive television. A questionnaire was administered to sixty-six students which assessed sociodemographic characteristics, current practice topics, practice approaches, and diversity issues. Rural off-campus students were found to reside in significantly smaller communities than the urban-based university campus students, and viewed several clinical issues as having more relevance to their future practice. Further, on-campus students were significantly younger than their rural counterparts, were more ethnically diverse, and placed more emphasis on the relevance of course material to address ethnicity, physical disability, and religiosity. Qualitative findings revealed that the university site was the most supportive of privatization. The applicability of urbanized course content across rural sites was discussed, and implications for clinical sociology were provided.

Sociology and social work have historically shared compatible goals and philosophies. Academic institutions of higher learning often facilitate this shared vision, as these disciplines may be grouped together in departmental

organizational structure or through combined academic programs.   Social work admittedly borrows from sociological theory, as has sociology explored the feasibility of clinical applications. Davies (1991) is one editor who has synthesized writings from both disciplines, and appropriately entitled his compilation *The Sociology of Social Work.*   This book explores how sociological theory can be used to understand the role of social work in society, and effectively blends both these clinical perspectives.

Other authors have written texts from a sociological practice perspective. *Clinical Sociology* by Glassner and Freedman (1979) and *Using Sociology* by Straus (1985) are two such works. Rabow, Platt, and Goldman (1987) suggest a traditional clinical application in their text *Advances in Psychoanalytic Sociology.* Even though these writings have been published within the last twenty years, similar philosophical stances were advanced over seventy-five years ago. Cohen (1958) noted that in 1919, Professor Chapin delivered a paper at the National Conference of Social Work entitled "The Relations of Sociology and Social Casework," in which he claimed that the two disciplines had common goals and common methods. Blodgett (1992) traced the sociological roots of case management, a community-based treatment modality originating over a century ago, which has most recently been dominated by the social work profession.

Terminologies vary within sociology (e.g., applied sociology, clinical sociology, sociological practice) as well as within social work (e.g., clinical social work, social welfare, casework, case management), but the two disciplines are highly interconnected. It would seem appropriate then, to examine training in one discipline vis-à-vis application of the others' perspective in a shared setting.   Such is the purpose of this current empirical study.

Distance Education via Interactive Television

An emerging territory in education today is the use of interactive television and distant learning sites to conduct academic classes. One large midwestern land-grant university currently offers a five year, part-time Masters of Social Work (MSW) degree, taught entirely from this unique model. The primary course originates at the university, where it is conducted by the on-campus site, located in a metropolitan area of approximately 180,000 residents. Two off-campus sites are connected to the university via two-way interactive television. One site (Rural Site #1) is a rural community of approximately 3,000 residents, located 180 miles from the university, and has about fifty students enrolled.   The second site (Rural Site #2) has a population of about 23,000, and is 400 miles from the university, with nearly fifty students enrolled in the off-campus MSW program.   Both distance education classrooms utilize on-site instructors to facilitate discussion and

application of course material to local issues. Within this backdrop, a variety of factors have been analyzed from a sociological perspective. For this study, various clinical issues and sociodemographic variables were of particular interest, especially as they relate to the impact of distance education and preparing students for clinical practice. Before specific details are given here, however, a brief history of distance education, identification of current definitions, and summarization of relevant studies of this innovative educational modality are provided.

History of Distance Education

Distance education is actually an off-shoot of the historical conception of correspondence study, which was refined by the field of adult education (Lehman 1991). University study from a distance began in the United States in 1874 at Illinois Wesleyan University (Jennings, Siegel, and Conklin 1995). This approach to education was more closely related to correspondence study by use of mail, telegraph, and telephone.

With the recent explosion of technological advancements (Internet, facsimile machines, television and computer advances) distance learning continues to be refined and improved. McHenry and Bozik (1995) reported that 30% of higher education institutions are now engaged in some form of distance learning, which is expected to double before the end of the century. The social work profession has been relatively slow to utilize this technology for educational purposes. Conklin, Jennings, and Siegel (1994) reported that in their study, only 27 out of 238 respondents (11.3%) surveyed about their social work programs in the United States reported that they used distance education.

Definition of Distance Education

The terms distance education and distance learning have been used synonymously in the literature.   Each is associated with "a variety of instructional experiences that take place in a range of locations and use a mix of technologies" (Conklin and Osterndorf 1995:13).   Hirschen (1987) has defined distance education as instruction that occurs at a point distant from the learner, with an interactive audio and/or video component. Petracchi and Morgenbesser (1995:18) referred to distance education as "instruction that occurs when students are located some geographic distance from the instructor/trainer, as opposed to traditional methods of in-person instruction that occur when the instructor is physically present at the teaching site." The Office of Technology Assessment of the United States Congress (1989:5) provided an official definition of distance education as "the linking of a teacher and students in several geographic locations via technology that allows

for instruction." Conklin and Ostendorf (1995:13) made the following summation of this congressional view:

> This definition includes the three key elements that are the use of distance education for continuing social work education. The definition clearly identifies the teacher and the learner as being essential parts of the instructional process. Second, the teacher and learner are separated by some geographical distance. Third, they are linked by technology that facilitates interaction.

Distance Education Literature in Social Work and Sociology

Much has been written on distance education, concerning a variety of issues. Several studies have compared achievement levels between distance learners and traditional students (Chute and Balthazar, 1988; Cunningham 1988; Davis 1984; Ellis and Mathis 1985; Grimes, Krehbiel, and Nielsen 1989). Other researchers have concentrated on applications and strategies for continuing education (Blakely 1994; Jennings, Siegel, and Conklin 1995; Keegan 1986; Verduin and Clark 1991), with some focusing on telecommunication technologies and models (Blakely 1992; Blakely and Schoenherr 1995).

Since the social work profession entails numerous fields and settings, some studies have focused on specific client groups. Rooney, Bibus, and Chou (1992) and Rooney and Bibus (1995) examined the effectiveness of distance learning for child welfare work with involuntary clients. Petracchi and Morgenbesser (1995) described the use of video technology for teaching classes on substance abuse. Barker, Frisbie, and Patrick (1989); McHenry and Bozik (1995); O'Conaill, Whittaker, and Wilbur (1993); and Threlkeld, Behm, and Shiflett (1990) have studied student interactional factors in distance education classrooms. Rutherford and Grana (1994) drew an analogy between interactive television and the creation of a blended family in the sense that risk-taking, restructuring of rules, and patience are all required in the formation of new stepfamily systems. Finally, Conklin and Ostendorf (1995) speculated that the growth of distance learning in continuing social work education would continue to expand well into the 21st century.

It is interesting to note that most all of these studies were from social work perspectives. A review of sociology literature yielded few findings. Although the above studies are varied and prolific, they do not address potential differences or complications that might arise while teaching across urban and rural sites, nor do they address important sociodemographic or other variables that may influence clinical applications. Furthermore, no consideration has been given to the fact that most interactive television hookups originate from urban settings and are transmitted to rural sites. Remarkably, the relevance and application of urbanized course material to

rural settings has not been examined.   The current study begins to address these concerns.   We sought to assess the similarities and differences of perceived clinical issues (specifically practice issues, practice approaches, and diversity issues) across three diverse geographic locations, taking into account key sociological characteristics.   In sum, the goal of this study was to address one aspect of the effectiveness of distance education: how applicable is an urban-based curriculum to rural settings in preparing graduate level clinicians from a wide variety of backgrounds?

Method
Setting and Participants
The first MSW practice methods course via two-way interactive television across three sites was taught during the Fall semester of 1995, with two sections offered on different evenings.   The current study included one of these two sections (N = 66 students).   The concurrent sections involved urban and rural social work students at the university (n = 27), and the two off-campus or remote sites Rural Site #1 (n = 22) and Rural Site #2 (n = 17). Most of the on-campus students were enrolled in the two-year full-time program (with a few part-time students), while all the off-campus students participated in a 5-year part time MSW program.   The three instructors from each site represented distinct educational backgrounds: a Ph.D. level social work professor, a MSW level social worker, and a Ph.D. level sociology and social work professor, respectively.   All three had extensive clinical backgrounds. The remote site instructors taught for the entire academic year, while the on-campus faculty member taught one term, which is described here.   The primary course organization and structure was facilitated by the on-campus professor, with input from the remote site instructors.   Grading was done by the on-site instructor for each of the three sites.   Readings and assignments were the same across the three classrooms, with local instructors facilitating application to their geographic region.   Both on-site instructors were in frequent contact with the on-campus professor in order to plan class lectures and moderate group discussions when the class sessions were off camera.

Procedure and Measure
Students were administered a 19-item Current Clinical Issues Questionnaire (CCIQ) during the last class session.   Due to the unique aspect of this research, the instrument was created for this project and has unknown reliability and validity.   Ten of the 19 items employed a 4-point Likert scale (where 1 = rarely, 2 = somewhat often, 3 = very often, 4 = nearly always) to assess practice issues, practice approaches, and diversity issues.   Student sociodemographic characteristics were tapped via seven items.   Finally, two open-ended items asked students to identify the top three presenting problems

they encountered in their practice, and which treatment approaches were most commonly employed. Since these two qualitative items yielded such a wide array of responses which were not germane to the focus of this study, findings are presented elsewhere (Whipple and Blodgett 1996).

Results

Sixty-one of the 66 students (92%) completed the Current Clinical Issues Questionnaire (CCIQ), which included 27/27 (100%) of the on-campus students, 21/22 (91%) from Rural Site #1, and 13/17 (76%) from Rural Site #2.   Due to inclement weather during the last class session, the off-campus students who were not present were mailed a questionnaire with a self-addressed stamped envelope, and asked to return it to the on-campus instructor.   Analyses included descriptive statistics and one-way repeated measures analysis of variance (ANOVA). First, descriptive statistics were computed to provide a sociodemographic profile of student and geographic characteristics across the three sites and student responses to the CCIQ across · the three sites, followed by the multivariate analyses. The findings are summarized as follows.

Descriptive Summary of Student Sociodemographic Characteristics Across Three Sites

University Site.   Table 1 summarizes key sociodemographic student variables across the three sites. On-campus students ranged in age from 22 to 47 years ($\underline{M}$ = 29.69, $\underline{SD}$ = 4.57). The majority were female (67%) and Caucasian (78%), but also included African-American (7%), Asian (7%), Arabic (4%), and Native American (4%) students. Interestingly, most of the on-campus students resided in towns with a population of 10,000 to 24,999 (27%), followed by those with populations greater than 100,000 (23%), and 75,000 to 100,000 (19%). The largest percentage of university-site students (44%) expected to live in the same size town five years post-MSW, although a notable proportion (37%) anticipated living in a larger area. The two most popular areas of service delivery during the past year were mental health (33%) and child welfare (22%). Students were asked if they had ever been in counseling or psychotherapy for their own professional development, and at the University Site, 15 of the 27 (56%) reported that they had not.

Table 1

Descriptive Summary of Student Sociodemographic Characteristics Across Three Sites (n=61)

	University Site (n=27)	Rural Site #1 (n=21)	Rural Site #2 (n=13)
	Frequency (%)	Frequency (%)	Frequency (%)
Gender			
Female	18 (67%)	15 (71%)	12 (92%)
Male	9 (33%)	6 (29%)	1 (8%)
Ethnicity			
Caucasian	21 (78%)	19 (91%)	12 (92%)
African-American	2 (7%)	0	0
Asian-American	2 (7%)	0	0
Arabic-American	1 (4%)	0	0
Native-American	1 (4%)	2 (9%)	1 (8%)
Population Size of Residence[a]			
Under 10,000	2 (8%)	13 (62%)	6 (46%)
10,000 - 24,999	7 (27%)	5 (24%)	5 (38%)
25,000 - 49,999	4 (15%)	0	1 (8%)
50,000 - 74,999	2 (8%)	1 (5%)	0
75,000 - 100,000	5 (19%)	2 (9%)	1 (8%)
Over 100,000	6 (23%)	0	0
Expected Population of Future Residence			
Same	12 (44%)	13 (62%)	7 (54%)
Smaller	5 (19%)	0	1 (8%)
Larger	10 (37%)	8 (38%)	5 (38%)
Area of Service Delivery			
Child Welfare	6 (22%)	9 (43%)	3 (23%)
Gerontology	5 (19%)	0	0
Health Care	3 (11%)	0	2 (16%)
Mental Health	9 (33%)	9 (43%)	6 (46%)
Education	3 (11%)	2 (9%)	2 (15%)
Occupational	1 (4%)	1 (5%)	0
Ever Been in Counseling			
Yes	12 (44%)	10 (48%)	8 (62%)
No	15 (56%)	11 (52%)	5 (38%)

[a]n=26 for University Site

Rural Site #1. The students attending Rural Site #1 ranged in age from 25 to 50 years, averaging 37.54 years (SD = 7.89). The majority (71%) were female, and nearly all were Caucasian (91%), with the exception of 2   (9%) Native American students. Most (62%) lived in a town with a population size less than 10,000, followed by residence (24%) in geographic regions ranging from 10,000 to 24,999. The majority (62%) expected to live in the same size town for the next five years, while 38% expected to live in a larger geographic area. The primary areas of service delivery were child welfare (43%) and mental health (43%). When asked if they had ever been in counseling or psychotherapy, slightly over half (52%) reported that they had not.

Rural Site #2. Students' age in the off-campus site furthest from the university ranged from 23 to 46 years (M = 32.85, SD = 7.64). Nearly all of the students were female (92%) and Caucasian (92%), with one (8%) Native American student enrolled.   Students resided primarily in towns with populations under 10,000 (46%) or areas with populations between 10,000 and 24,999 (38%). The majority (54%) expected to reside in the same size area for the next five years, although 38% anticipated living in a larger geographic region.   The primary area of service delivery was mental health (46%) followed by child welfare (23%). When asked if they had ever been in psychotherapy, Rural Site #2 reported that the majority (62%) had received treatment.

Descriptive Summary of Student CCIQ Responses Across Three Sites

University Site. Table 2 provides a summary of mean scores and standard deviations on the ten CCIQ Likert items which addressed practice issues, practice approaches, and diversity issues across the three sites. In regard to practice issues, students at the on-campus site reported that they relied on self-disclosure somewhat often (M = 1.63, SD = .79) when working with clients. Students were also queried as to how often they thought about receiving counseling or psychotherapy for their personal development, and reported an average score of 2.07 (SD = .96) or "somewhat often." Among those who had (44%), the average length of treatment was 9 months (SD = 8.45, range = 1-24 months). On-campus students felt they would be involved in evaluating their practice very often (M = 2.67, SD = .74). When implementing practice approaches, the university-site students reported that they used the DSM-IV or other diagnostic measures somewhat often (M = 1.93, SD = 1.33) and thought about going into private practice somewhat often (M = 2.33, SD = 1.11).

In area of diversity issues, on-site students saw clients from an ethnic background different than their own very often (M = 2.59, SD = .84), and worked with clients from a different socioeconomic background (M = 3.04, SD = .85) very often. On-campus students reported rarely working with gay

or lesbian clients ($\underline{M}$ = 1.30, $\underline{SD}$ = .82),   Finally, these students saw both physically disabled clients ($\underline{M}$ = 2.33, $\underline{SD}$ = 1.24) and highly religious clients ($\underline{M}$ = 2.11, $\underline{SD}$ = .85) somewhat often.

Table 2

Descriptive Summary of Student CCIQ Responses Across Three Sites (n=61)

	University Site (n=27)	Rural Site #1 (n=21)	Rural Site #2 (n=13)
	M (SD)	M (SD)	M (SD)
Practice Issues			
Use of Self-Disclosure	1.63 (.79)	1.91 (.70)	1.85 (.56)
Own Psychotherapy	2.07 (.96)	1.71 (.78)	1.54 (.66)
Use Practice Evaluation	2.67 (.74)	2.71 (.97)	2.15 (.90)
Practice Approaches			
Use Diagnostic Measures	1.93 (1.33)	2.00 (1.23)	2.00 (1.08)
Plan Private Practice	2.33 (1.11)	2.19 (.87)	1.54 (.66)
Diversity Issues			
Ethnicity	2.59 (.84)	1.57 (.81)	1.54 (.78)
Socioeconomic Status	3.04 (.85)	3.24 (.77)	2.92 (.86)
Sexual Orientation	1.30 (.82)	1.29 (.56)	1.23 (.44)
Physical Disability	2.33 (1.24)	1.62 (.81)	1.92 (.86)
Strong Religiosity	2.11 (.85)	1.57 (.75)	1.92 (.76)

Note. CCIQ Likert Scale Where 1=Rarely, 2=Somewhat Often, 3=Very Often, 4=Nearly Always

Rural Site #1.   In regard to practice issues, students at the rural site geographically closer to the university   reported that they relied on self-disclosure somewhat often (M = 1.91, SD = .70) when working with clients. Students were also probed as to how often they thought about receiving counseling or psychotherapy for their personal development, and reported an average score of 1.71. (SD = .78) or "somewhat often."   Among those who had received counseling (48%), the average length of treatment was 6 months (SD = 4.87, range = 1-12 months).   Further, students from this rural site indicated that they would be involved in evaluating their own practice very often (M= 2.71, SD = .97).   When implementing practice approaches, students at Rural Site #1 used the DSM-IV or other diagnostic measures somewhat often (M = 2.00, SD = 1.23) and thought about going into private practice somewhat often (M = 2.19, SD = .87).

In the area of diversity, students at Rural Site #1 saw clients from an ethnic background different than their own somewhat often (M = 1.57, SD = .81), and from a different socioeconomic background very often (M = 3.24, SD = .77). These students reported working with gay or lesbian clients rarely (M = 1.29, SD = .56), and with physically disabled clients (M = 1.62, SD = .81) and highly religious clients (M = 1.57, SD = .75) somewhat often.

Rural Site #2.   In regard to practice issues, students at the most remote rural site reported that they relied on self-disclosure when working with clients (M = 1.85, SD = .56), and felt they would be involved in evaluating their practice (M = 2.15, SD = .90) somewhat often. Students at this site reported that they were less likely to consider counseling or psychotherapy for their own professional development (M = 1.54, SD = .66). Among those who had (68%), the average length of treatment was 9 months (SD = 12.30, range = 1-36 months).   When asked about practice approaches, these students gave less consideration to going into private practice (M = 1.54, SD = .66) and used the DSM-IV or other diagnostic measures (M = 2.00, SD = 1.08) somewhat often.
 In regard to diversity, students from Rural Site #2 saw clients from an ethnic background different than their own somewhat often (M = 1.54, SD = .78), and from a different socioeconomic background very often (M = 2.92, SD = .86). Students at the site furthest from the university reported working with gay or lesbian clients rarely (M = 1.23, SD = .44), with physically disabled clients (M = 1.92, SD = .86) and with highly religious clients (M = 1.92, SD = .76) somewhat often.

Differences in Sociodemographic Characteristics and Student CCIQ Responses Between the Three Sites

Next, student ratings of sociodemographic and clinical issues as reported on the Current Clinical Issues Questionnaire were tested for differences using one-way repeated measures analysis of variance (ANOVA) and significant

differences are summarized in Table 3. It is important to note that the sample size was substantially compromised ($n = 13$) due to the smaller class size in Rural Site #2, limiting statistical power to detect differences. In regard to sociodemographic variables, students at the university site were significantly younger than those at Rural Site #1 ($F[2,12] = 7.02$, $p < .05$), with mean ages of 28 versus 38 years, respectively. In response to the question regarding the size of the geographic region the students presently resided in, significant differences were noted between all three sites, with the university-based students residing in significantly larger areas than both Rural Site #1 ($F[2,11] = 3.57$, $p < .05$) and Rural Site #2 ($F[2,12] = 1.17$, $p < .05$).

Table 3

Significant Differences in Sociodemographic Characteristics and Student CCIQ Responses Between the Three Sites (n=13)

	University Site	Rural Site #1	Rural Site #2	
	M (SD)	M (SD)	M(SD)	F
Sociodemographic Characteristics				
Student Age	27.69 (4.57)	37.54 (7.89)	32.85(7.64)	7.02**
Population Size[c]	3.33 (1.92)	1.83 (1.34)	1.92 (1.17)	3.57**
				1.17*b
Practice Issues				
Own Psychotherapy[d]	2.07 (.96)	1.71 (.78)	1.54 (.66)	.61**
				4.17*b
Diversity Issues				
Ethnicity[d]	2.59 (.84)	1.57 (.81)	1.54 (.78)	4.39**
				4.39*b
Physical Disability[d]	2.33 (1.24)	1.62 (.81)	1.92 (.86)	.89**
Strong Religiosity[d]	2.11 (.85)	1.57 (.75)	1.92 (.76)	3.51**

[a]Between University Site and Rural Site #1, [b]Between University Site and Rural Site #2, *p<.05
[c]1=Under 10,000, 2=10,000 - 24,999; 3=25,000 - 49,999; 4=50,000 - 74,999;
  5=75,000 - 100.000; 6=over 100,000
[d]CCIQ Likert Scale Where 1=Rarely, 2=Somewhat Often, 3=Very Often, 4=Nearly Always

Of the three practice issues tapped by the CCIQ, only one difference was noted, and that was in regard to thinking about receiving personal psychotherapy, with the university-based students reporting higher scores than both Rural Site #1 (F[2,12] = .61, p < .05) and Rural Site #2 (F[2,12] = 4.17, p < .05). In regard to diversity issues, significant differences were found between all three sites in regard to working with clients from an ethnic background different than their own, with the on-campus students reporting higher scores than both Rural Sites #1 and #2 (F[2,12] = 4.39, p, .05). The university-based students reported working with both physically disabled clients (F[2,12] = 89, p,.05) and with highly religious clients (F[2,12] = 3.51, p,.05) significantly more often than Rural Site #1.

Discussion

This study builds on a long tradition of blending sociology and social work in the creation of unique systems, such as utilizing interactive television for clinical education across geographically distinct regions. While there is currently a rapidly emerging literature on distance education as a teaching modality, remarkably little is known (especially in the sociology literature) about the effectiveness of this relatively new system across urban and rural settings. Thus, we sought to begin to understand how an applied clinical methods course transmitted via distance education from one urban on-campus site to two rural off-campus sites affected clinical education. Specifically, this research examined both key sociodemographic variables and clinical concepts in three areas: practice issues, practice approaches, and diversity issues. The goal was to better understand the similarities and differences in urban-based and rural-based students, and how various sociodemographic factors were related to the applicability of identified clinical concepts.

It was hypothesized that the university-site student responses would differ significantly from both rural sites on the sociodemographic and clinical characteristics tapped. Findings revealed, however, that it was primarily Rural Site #1 (which was geographically closer to the university) that differed from the campus site. While Rural Site #2 was more remote, it is considered more metropolitan within its area, hosting the regional medical facility and the largest university in the area. Further, while Rural Site #1 is geographically closer to other metropolitan areas and is thus more accessible, its population size is much smaller than Rural Site #2 (3,000 versus 23,000 residents). Consequently, population size rather than geographic region may be more important in understanding the role of student sociodemographic characteristics and perceived relevance of various clinical issues (e.g., these students may be more "urbanized" and thus similar to traditional university students).

In regard to the sociodemographic variables tapped, as expected, students

enrolled at both rural sites resided in significantly smaller areas, with most of the university-based students living in towns of 25,000 - 49,999 and the rural students in towns with populations between 10,000 and 24,999. While these differences were statistically significant between all three sites, it is important to note that while the university students attended class in a metropolitan area with a population of 180,000, most lived in smaller towns away from the campus, which may have diluted the amount of variation found on other sociodemographic and clinical variables. This is consistent with the land-grant/outreach mission of the university, which encourages students to live in their own communities rather than relocate on or near campus. When asked "what size area do you see yourself living in five years from now?" responses were very similar across the three sites, with most expecting to live in the same or smaller size area (although only the university-based students reported "smaller"). Still, the fact that nearly 40% of the students at all three sites anticipated moving to a larger city has important implications for curriculum design. In particular, universities would be wise to tailor course material to the issues facing various population densities based on the composition of students enrolled each year.

The second sociodemographic characteristic that was significantly different between two of the sites was student age. Also as expected, the university-based students were younger, although this difference was only statistically significant between the university site and Rural Site #1 (28 versus 38 years). Indeed, students at the most remote rural site were also older than the university students (33 versus 28 years). These age differences between urban and rural residents are consistent with national populations trends (Zopf 1984). This has critical implications for course design and implementation, as the students at the rural sites typically had more clinical and "life" experience than the university-based students, and thus were often ready for more complex clinical material than younger students. Other sociodemographic characteristics of note were the predominance of females enrolled, especially at Rural Site #2. While not statistically significant, it is interesting that more men chose to pursue an MSW at the university site than either of the rural settings, suggesting more traditional gender roles in rural settings. Also, the university classroom was clearly the most ethnically diverse, which supports the university emphasis on diversity content in courses, but may point to less immediate relevance of this material at the rural sites. Finally, child welfare and mental health were the most commonly listed areas of service delivery across all three sites, which points to the need for more emphasis in the curriculum in these areas of practice specialization.

Of the ten clinical areas tapped, four were significantly different between sites. In regard to practice issues, students at both rural sites reported less likelihood of pursing their own psychotherapy for personal and professional

growth. One might assume that people living in rural areas were more hesitant to seek such services due to their lack of anonymity and value of self-reliance. Of particular interest is that fact that more of the students at the rural sites had already received counseling at some point in their lives (especially at Rural Site #2), and thus were more resolved in personal issues. No statistically significant differences were noted across the three settings in practice approaches, although it is clinically significant to note that the university-site students viewed private practice more favorably than the rural sites, especially Rural Site #2. One qualitative example involved an in-class assignment where each site spent time off camera listing the pros and cons of social workers going into private practice, and coming to a consensus as to whether or not clinicians belong in the private versus public sector. When students came back on camera to summarize their views, it was clear that the university site was the most supportive of privatization, due partly to a larger market base to draw from and endorsement of this current progression in the social service delivery system. Further, Rural Site #2 was the only one to conclude that clinicians should not go into private practice.

Among the questions assessing diversity issues, three areas of statistically significant difference were noted. University-site students reported working with clients from ethnic backgrounds different from their own significantly more often than students at both rural sites. This is highly consistent with the ethnic diversity noted among the students at the university and the fact that the larger metropolitan areas are more culturally diverse. Zopf (1984:278) also recognized this dynamic by noting "rural life can be cohesive and homogeneous, but sometimes unduly restrictive and unable to accept differences or change." While course material on working with clients from various ethnic backgrounds may not seem as relevant to the rural students because they do not encounter minority families as often, it is important to consider that 38% of the students at each of the rural sites expected to live in a larger geographic area later in their careers. Thus, exposure to diversity curriculum would be especially useful to this portion of the rural students. Second, university-site students reported working with physically disabled clients significantly more often than those at Rural Site #1. Since this rural site is smaller and not surrounded by major medical facilities, their exposure to this clientele may indeed be minimal. Finally, university-site students reported working with highly religious clients significantly more often than students at Rural Site #1. This finding initially seems incongruent with urban characteristics, as rural settings are viewed as having stronger religious values. This inconsistency may be linked to the ethnicity finding, in that the greater ethnic diversity at the university site could account for even stronger religious or spiritual values than the more homogeneous rural sites.

A few additional clinically significant results should also be noted. For

instance, no differences were reported in the use of self-disclosure across the three sites.   Relationships in rural areas are usually considered more gemeinschaft in nature, while urban areas are more characterized by gesellschaft interactions (Toennies [1887]1963).   It would therefore be expected that self-disclosure is exercised more often by rural students, who did report higher mean scores on this construct, albeit not statistically significant ones.   Also, no differences were noted across the three sites in students working with clients from different socioeconomic backgrounds than their own.   Rural sites typically maintain a lower socioeconomic status (SES) than urban sites (Morales and Sheafor 1995) which was again supported qualitatively by an in-class exercise where rural students rated low SES as one of the most common presenting problems.   The university student status may have compromised expected differences, as well as the small sample size when conducting the ANOVAs.

Clinical Applications

Although course content for this empirical study centered predominantly on social work, the method of analyses was sociological in nature by use of demographic variables, and is equally applicable to clinical sociologists. "Social location" was given specific attention.   See and Straus (1985:72) elaborated:

> An individual's conduct is a reflection of how she or he, based on cultural learning, analyzes situations. One's acquisition of culture depends in turn on social location, that is, on one's place in the overall social structure as it is organized at this particular time in history... To speak of 'social location' is shorthand for saying that every member of a society can be described in terms of relationship to certain structural factors of that society. Among these 'vital features' in our own society, according to clinical sociologists Glassner and Freedman (1979), are the person's socioeconomic status, ethnicity, gender, and age.

The above-mentioned vital features were all given consideration in this study. Indeed, when training future clinicians, these sociodemographic characteristics are assumed to influence practice on prospective clients. Furthermore, these features of future clients must also be considered when training practitioners. Emphasis on such social characteristics may distinguish clinical sociologists from ordinary practitioners.

Interactive television, once a futuristic mechanism for teaching, is now a viable means in which to transmit knowledge. Future studies would do well to evaluate the effectiveness of distant education, especially as this format compares to traditional classroom learning.   The use of interactive television, however, enabled these researchers to compare students in different geographic locations that otherwise would not have been possible. In addition

to sociodemographic variables, current practice issues, practice approaches, and diversity issues were also addressed.   The number of students participating was admittedly small, but the quality and implication of findings are clearly relevant. Additional qualitative questions were also utilized in this study but were not reported due to a lack of consistent responses that defied categorization.

It has been suggested that "there is historical precedent in sociology for application of sociological knowledge to counseling, theoretical support for a sociological claim to a role in the counseling process, and the construct of cultural relativity to provide methodological direction of a counseling sociology" (Black 1979). This study did not attempt to justify clinical or counseling sociology, but rather utilized traditional sociological methods to study graduate-level social workers who are training to become practitioners. Cultural relativity was explored through sociodemographic variables, and was found to influence student responses concerning clinical issues. Rural and urban differences were noted, which generate teaching implications on the relevance of course content for various geographic regions. Zopf (1984:276) captured the significance of such considerations:

> Rural communities and large cities do have things in common, but the one is not simply a smaller version of the other. The failure to account for the basic distinctions between them frequently produces efforts to apply metropolitan solutions to rural problems, especially in the complex process of development, and results in an urban overlay that is artificial and unworkable. Therefore, to understand the relationships between the rural and urban parts of a society, we need to underscore some of the basic variations between the two types of communities.

In addition to consideration of sociodemographic variables, this work centered on clinical issues that previously had not been covered in the distance education literature base. This study further bridged the disciplines of sociology and social work. If sociology intends to enhance its application to clinical practice, more work in this area is needed to determine more specifically what influences future practitioners. The sociology of social work practice is one important area that necessitates continuing research.

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Hearts on Fire: An Exploration of the Emotional World of Firefighters

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ABSTRACT

Firefighting ranks among the nation's most hazardous and stressful occupations. As emergency rescue workers, firefighters are often called on to intervene and mitigate tragic and traumatic emergencies. In an effort to assist these emergency workers, several stress intervention models are currently employed in the contemporary fire service. However, most work from an individual perspective rather than employing sociological systems perspectives.

This essay introduces insights into the emotional world of firefighters, the types of incidents that elicit the most intense emotions in them, and how they cope with and manage these emotions through the utilization of personal, experiential, social, and work support systems. Further, this article discusses how the sociologist might better prepare himself/herself to effectively enter this work culture, design and implement interventions, and what those interventions should emphasize.

Introduction

"Firefighting ranks among the most stressful occupations in the American workplace" (Gist and Woodall 1995:763). However, the quality of information surrounding the matter is open to expansion in order to make positive and lasting intervention more probable. We are all constantly attempting to make sense of our world. Firefighters are no exception. The unique feature of the firefighters' emotional world is that their attempts to make sense of the world at large and their work world are in many ways

challenged by the accelerated manner in which this cognitive exercise must be performed.

Fire departments and emergency medical service providers have started to acknowledge the extreme toll that stress and stress-related maladies take on their valued personnel. Many are starting to address the problem through stress management training, physical training programs, nutrition awareness, critical incident stress debriefing teams, support from employee assistance programs (E.A.P.'s) and further posttraumatic stress disorder research.

When working with firefighter populations in particular and, for that matter, any client population, sociologists, psychologists, counselors, and social workers would be wise to ask three very important questions;

- Who is my client?
- What does my client want?
- How will I know when I'm finished?

On the surface, these appear to be straight forward questions with straight forward answers. However, as with most things, these questions are infinitely more complicated than they initially appear.

Who is My Client?

As a professional firefighter, it became apparent to me that these questions were not being asked by the mental health professionals who were attempting to enter our work-culture and assist us with the mitigation and management of secondary trauma victimization. We would frequently encounter well-meaning but perhaps misinformed counselor types who would come to the fire house after a significant incident and attempt an intervention. Finding out where the fire station is located, after an event, is not an example of what is meant by "Who is my client?" Identifying the client, in this case the fire service and its members, is a highly complex task. This task requires effort, commitment, and motivation. As public servants, firefighters don't simply wait until there's an emergency and then show up at the door. We are members of the communities we serve. We work with school kids. We present topics at the old folks home. We have our trucks washed at the local gas station to help various organizations raise funds. We go to the local high school football games. If you want to assist us with our well-being, get to know us, get involved in our culture, come ride along some night. Don't just show up at our door when you think that we might need you.

What Does My Client Want?

Many from the mental health community have inadvertently added some unwarranted words to this pertinent question and in some cases have completely changed the question. Examples include: "What do I think my

client wants?" and "What does my client need?"   Both variations are dangerous on several fronts.   One, this is no way to build rapport with firefighters. Two, this makes one wonder whose needs are being satisfied: the counselor's or the fire department members'?   Three, some would say this borders on unethical behavior. If you want to know what the client wants, ask him, her, or the group. Meet the client where the client is and explore their feelings, emotions, and values, most advisably, prior to the major event.

Building a Bridge

My respect for firefighters increases with each new contact.   These contacts come in various manners and in many different scenarios. Many I meet by design during research, teaching, speaking, and other professional pursuits. However, many acquaintances are made by chance. Each chance meeting can be likened to meeting a cousin that you didn't know you had. The common denominator for the comfort and comradeship we share is, of course, the fire service.   We are all as unique as our particular personalities and departments, but we are all so much alike in our firefighting and emergency medical experiences.   We have all been to battle.   We have all shared in the joys of victory. We have all been impacted, positively and negatively, by our "defeats." We share a common bond. We have all gone the extra mile in the service of our fellow human beings.

It was, in fact, a critical incident and the subsequent impacts of a critical incident that led me to graduate school. While serving as the Fire Chief of a small Arizona fire district, my friend and assistant chief's son was killed in a truck versus motorcycle accident just down the street from our fire house. Our collective efforts were futile and Charlie died that night. As the leader of the organization, a new father, and a friend, I witnessed and experienced firsthand the impacts that a catastrophe of this manner imparts on firefighters, organizations, and communities. It was shortly after this experience that I opted to apply to graduate school, not knowing exactly what I was looking for, but definitely wanting to seek my own truth. I knew I was not happy with the well-meaning mental health clinicians telling me what our fire department needed. I was not happy being told I was traumatized because I cared. I wanted to be a bridge, at least in my little part of the universe, between the mental health community and the fire service. It was my desire to seek answers from the perspective of a firefighter.

Graduate school offered many research opportunities in the critical incident stress area. One such research opportunity was "Hearts on Fire: An Exploration of the Emotional World of Firefighters." This descriptive, qualitative study, in many ways, represented the culmination of many years of formal education and experiential immersion into the world and culture of professional and volunteer firefighting.

Sixteen years as a professional and reserve firefighter, a student of fire sciences, instructor of fire sciences (in both the professional and volunteer circles), and fire-related consulting served as the foundation for the immersion of this researcher into the fire department culture. Teaching, working, and studying fire-related issues nationwide have afforded me with a multitude of rich experiences in the world I was examining, the world where I live. These experiential opportunities have allowed me to enter into rich and rewarding fire service friendships from coast to coast in this country and internationally. It was from these relationships and experiences that the data was drawn. It was from these brave individuals' deep wells of knowledge and emotion that I drank.

Who were these men who decided to share themselves? They have families; they have wives and children; they are single; they are fathers and grandfathers; they are providers. They have dreams, hopes, fears, and questions. They are all of us in many respects. However, they are truly unique. They are men who, at more than one time in their professional lives, have had to challenge many of their deepest personal fears. They are men who have had to make decisions on who would live and who would surely die. They have seen the emotional pinnacles of life, and they are men who have also seen just how temporary and fragile life truly is. They are men who in many respects know the joys that life can bring due to the fact that they know and appreciate the horrors that can abruptly bring life to an end. Demographics are of little importance. These men are Americans. They are your neighbors, uncles, husbands, friends, brothers, and sons. Many would say that these men are America's Bravest. They would humbly submit that they are honored to serve.

The fact that firefighters will be exposed to critical incidents is understood and accepted. These exposures to the misfortunes of others are not only unavoidable in emergency work, they represent the very essence of the enterprise and it is this assistance, given to those in need, that provides one of its primary vehicles for effective reward (Gist and Obadal 1994).

The study was undertaken in an effort to examine the apparent emotional resiliency within the population of firefighters and whether or not such resiliency was a product of the firefighters experiential continuum. This goal was pursued by addressing the following research questions;

1. What emotions do firefighters commonly experience in critical emergency situations?
2. What emergency situation circumstances commonly elicit those emotions?
3. How do they manage those emotions?
4. What are some of the typical emotion management strategies that they utilize?

Interviews were conducted with firefighters from across the U.S. in an effort to ascertain firefighters' viewpoints in reference to the research questions.

Findings

When looking at the interview excerpts in an effort to determine what types of emergency situations elicited intense emotions in the firefighter population, it was imperative that the emotional bridge between the helping professional's personal and work lives be examined and taken into consideration.   As humans, we continuously process incoming data by locating and accessing existing files in which to place it, give those data depth, and assign meaning to it.   This is best explained in Piaget's schemata formation, assimilation and accommodation theory. The incoming data either fits neatly into our existing schema (assimilation), or the schemata must be modified in some manner in order to accommodate the new information. This, of course, points out that it is next to impossible to separate the work-life from the home-life.

Personalizing the Event Makes It Personal

The study noted that the emergencies having the greatest impacts and eliciting the most intense emotions in the sample group were those in which the firefighter almost immediately made a tie, a connection, with the victim and a person (usually their child, significant other, or parent) close to them in their personal life.

Statements such as: "All I could see was my own daughter," "She was the same age as my daughter and had on an identical outfit," and "He was approximately the same age as my father" poignantly demonstrated how readily we attempt to connect new input with our existing knowledge in an effort to understand. It is at this juncture that the firefighter becomes most vulnerable to emotional trauma; it is also at this point that the firefighter becomes open for an emotional growth experience. Whichever the case, by connecting the work place tragedy to a highly personal, intensely important schema, the firefighter has all but guaranteed that the event will become a lifelong memory. This is not to say that forgetting, and even memory suppression, is a recommendation, only that by personalizing the event, the event becomes personal.

This personalization was further demonstrated by the emotional ties that were almost instantaneously constructed during efforts to save a child. Statements such as: "I could not turn loose of her," and "I had this emotional tie with this child and could not cut loose" served to demonstrate just how rapidly and intensely these victim/rescuer bonds are formed.

It was of little surprise that the senseless deaths of children brought forth the most intense emotions from firefighters. This would probably hold true across the entire strata of our population. What would the public think of firefighters if this were not the case? However, it is the senseless piece of the equation that intensified the emotions, making them extremely difficult to assimilate.

Emotions for Hire

Hochschild (1983) contended that the emotions of workers become commodified when these acts are sold for a wage and are thereby estranged from the individual. The emotions of the firefighter are commodified to the extent that they are paid to control their emotions in the completion of emergency tasks. However, one must question whether the emotions elicited by secondary trauma exposure are, in fact, the same emotions that they have contracted to control. If firefighters are, in fact, paid to control (or manage) their emotions in the interest of efficient and professional customer service, who, in fact, owns the remaining emotions upon the completion of the emergency task. It becomes a matter of benefit and burden. The firefighter has superficially sold his or her emotions, but seemingly only for a short time. Upon completion of the task, the remnants of the emotions remain the burden of the firefighter to manage and deal with. Should this theory hold water, management's role would include assisting the firefighter in the short- and long-range management of his or her emotions since the citizens served by the agency reaped the benefit.

Enter The Sociologist

A great number of fire department administrators recognize their responsibility and are extremely committed to assisting their members via Employee Assistance Programs, Chaplain Programs, Critical Incident Stress Debriefing and Stress Management programs. Many fire departments are taking definitive steps to promote healthy organizations and are committed to the implementation and utilization of Health and Wellness programs. The sociologists can bring the organizational piece to many of these programs that currently focus their interventions at the individual level.

Emotional Community

The research subjects further related several of the manners in which they manage emergency scene emotions. The interview excerpts mentioned strategies such as:
- "keeping a clear head,
- not viewing the victims as people,
- talking their feelings over at the fire house after the call,

- not dwelling on it,
- writing their emotions off as the cost of doing business,
- crying,
- educating supporting family members regarding critical incident stress and the dynamics of secondary trauma exposure."

If this subject population was representative of firefighters across America, we are looking at a profession of highly dedicated individuals who recognize that they are emotionally impacted by the duties they perform. However, we are also looking at a group who is unafraid to examine their emotions, acknowledge them, accept and embrace them, and actively seek solutions to any of those emotions that complicate their lives and work after the emergency is over.

Support Resources
The resources available to the firefighter include: support systems, values and beliefs, as well as work relationships. It is at the post emergency juncture that firefighters begin to assess:
- the way they wish they felt,
- the way they tried to feel,
- the way they feel,
- the way they show what they feel (Hochschild 1983).

As the firefighter answers these questions, he/she begins to appraise and prioritize the available social support systems, apply existing values and beliefs to the current emotional state, and determine whether to utilize his personal social support system or work relationship social support system.

It can be speculated that because of the importance of initial attachments, intimate relationships remain critical and are valued very highly because they are furnished by those we love and trust. Work relationships can also be included. The fire service enjoys a closeness and intimacy that most professions do not share. It is within this family atmosphere that close relationships are fostered, respect is built, and role-model/mentor relationships are developed as the firefighter establishes upward contacts.

Firefighters Need Heroes Too
Firefighters, as with most emergency services workers, are often looked to as role models within the community. This is a high standard enjoyed and embraced by the majority within our service. This lofty perspective, imposed by both the public we serve and by ourselves, often creates a desire to be infallible. This infallibility becomes an expectation both on and off the emergency scene. Failure, in all its relative forms, becomes somewhat of a

self-fulfilling prophecy. When standards and expectations are set inordinately high, any set-back is magnified.

These high expectations come in many forms and occupy various locations on a very long continuum. These expectations arise on the emergency scene when we criticize and critique ourselves for: not getting to a victim soon enough to effect a rescue; when extended rescue efforts fail; when we ask ourselves what else could we, or should we, have done.

Heart, Brains, Courage

Firefighters possess no extraordinary emotional powers; they are simply men and women who have chosen to serve their fellow human beings at what is often their most critical juncture. What they actually are is what their chosen professions has allowed them to become. Research (Woodall 1996; Gist and Woodall 1995) indicates that firefighters frequently do possess the skill that their rigorous and emotionally challenging work requires. The metaphor that Richard Gist, the consulting psychologist for the Kansas City Fire and Police Department, so eloquently expresses is from the "Wizard of Oz." As we all know, the heart, brain, and courage that the Scarecrow, Tin-man, and Cowardly Lion sought in their journey to Oz were already possessed by each. The fact is, they had the tools they desired even before they began the journey.

"Hearts on Fire" theorizes that it is the very nature of a firefighter's journey, the seemingly endless exposure to human pain and suffering, that has afforded them with the opportunity to appreciate the joys of life by knowing and understanding human tragedy. By experiencing, although most times vicariously, the emotional and physical pain of the sick, injured, and dying, they become more capable of appreciating the true meaning of life. These resilient emotional skills serve them both at home and on the job. These skills afford them the emotional skills required to function in dangerous and tragic environments. By the same token, these skills also afford them the opportunity to take that little extra moment to appreciate the joys of life, understanding all the while just how fleeting those joys can be.

Sociological Implications

This research was a mechanism from which to explore how firefighters process the emotions elicited by the vital work they perform and to discuss the apparent emotional resiliency of firefighters. "Hearts on Fire" explored a sample of the emotions that emergency work elicits in firefighters in an attempt to better clarify our collective understanding of how they manage their emotional environment. The work was grounded and validated in the literature of human development, sociology, psychology, and systems theory.

When we, clinical sociologists, are requested to enter the world of the

firefighter, and the worlds of other emergency workers as well, we would be advised to keep several critical concepts in mind:

- Keep an open mind. Don't expect others to process at the same pace. Remember, just because something may appear traumatic to you, it may not be particularly traumatic to someone who has processed the same type of scenario many times.
- We are also encouraged to meet the client where the client is, that is, approach the issue, in this case secondary trauma exposure, from the client's perspective.
- It is also advisable to work from the client's strengths rather than from their weaknesses.

Sociologists would be most wise to look for what the client is doing right, what has worked well for the client in the past, and utilize those strengths to formulate an intervention that is structured for success from the onset.

There is little doubt that firefighters experience a great deal of emotional stress by virtue of their work. How we, the community of clinical sociologists, assist them in this management will be greatly impacted by our knowledge of their world.

How Will I Know When I'm Finished? A Work in Progress

We seek this knowledge through research and, in the case of "Hearts on Fire," by immersion into the firefighters' culture. We seek this knowledge through other forms of qualitative and quantitative research. We seek this knowledge from those who have their feet planted firmly in both worlds. What we are finding in this noble profession is a group of highly dedicated and capable individuals, who collectively represent the community's safety net. These individuals recognize that they are emotionally impacted by the duties they perform. Many would claim that they have been positively impacted. We are looking at a group of professionals who are unafraid to examine the genesis and results of the emotions that their work elicits, acknowledge them, accept them, and actively seek solutions to any of those emotions that can potentially complicate their lives and work after the emergency is over.

As interventions are planned, the systems perspective represents the sociologist's most appropriate and most valuable tool. We recognize that all individuals are but components of the greater system. In the fire service the system is represented by the individual, the work team, fellow workers at the fire house, the leaders of the department, and, finally, the profession and its proud history and traditions. All of these components should be examined and taken into consideration when designing an intervention or an intervention program.

Professional firefighters enjoy what can truly be described as an extended family. As sociologists we should encourage and enhance the firefighter's utilization of social support systems, pointing out the value and utility of such a strategy. Firefighters are problem solvers. Not only can they effectively solve serious problems, they often are called upon to solve serious problems under extremely adverse conditions. These abilities can be incorporated into interventions strategies. The fire service is permeated with strong and capable leaders. We could reinforce sound leadership and followership theory and practice. And finally, we could encourage firefighters to take pause, reflect on who they are and what they do, and honor themselves and each other as the general population frequently does. Finally, we can honor them, applauding their collective efforts and most importantly we can assist them in working toward their collective strengths rather than focusing on what we think they need. Any intervention should focus on their perspective, one we must become more familiar with and comfortable with if we are ever to effectively enter their culture.

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Disseminating the Administrative Version and Explaining the Administrative and Statistical Versions of the Federal Poverty Measure*

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ABSTRACT

This article describes how the author, a federal employee, disseminates and explains the poverty guidelines (the administrative version of the federal poverty measure, used in determining eligibility for certain programs) and other poverty-related information, responding to 1312 public inquiries in 1996. The article reviews federal programs and some non-federal activities using the poverty guidelines; the principal categories of people who make poverty inquiries; and some of the questions most commonly asked.

One common question is "How was the poverty line developed?" The author has prepared a detailed account of the development and history of the poverty thresholds (the original version of the poverty measure), as well as a history of unofficial poverty lines in the U.S. between 1904 and 1965; these papers are disseminated in response to public inquiries on those subjects. The article discusses several findings about the development of poverty lines in the U.S. as a social process.

I work as a program analyst at the U.S. Department of Health and Human Services (HHS). In 1968 and from 1970 through 1973, I worked for the Office of Economic Opportunity (OEO), the lead agency of the Johnson Administration's War on Poverty; at OEO I prepared an annual tabulation of estimated direct benefits to the poor through federal programs. I transferred to what is now HHS in 1973. During the 1970's, my work included various analyses of means-tested programs and of trends in the poverty population. Since 1982, one of my major responsibilities has been to issue the annual update of the HHS poverty guidelines—the administrative version of the U.S. poverty measure, used in determining financial eligibility for certain federal programs (Fisher 1992a). (The other version of the poverty measure—the Census Bureau poverty thresholds—is used for calculating the number of persons in poverty.) I am also the main federal source for information about how the poverty thresholds were originally developed in the 1960's and about their subsequent history, and about the history of unofficial poverty lines before the 1960's. I receive and respond to numerous inquiries (1312 in 1996—up from 763 in 1993) from the public about the guidelines, the history of the thresholds, and related subjects.

I received a B.A. in sociology and religion. My graduate degree was not in applied or clinical sociology as such; instead, I received an M.P.A. (Master of Public Administration) in urban affairs. My orientation has been towards providing and explaining information to the public (including some sociological practitioners) rather than towards conducting academic or theoretical research studies. From a sociological perspective, my work is not a direct intervention in social systems; instead, it is providing and explaining relevant public information to many persons engaged in their own interventions in existing social systems at different levels.

How the Poverty Guidelines Are Used

The poverty guidelines are widely used to determine eligibility for various programs and services. . Some programs use percentage multiples of the guidelines, such as 125 percent or 185 percent; some programs use the guidelines as one of several eligibility criteria. Federal programs using the guidelines include parts of the Medicaid program, Head Start, the Community Services Block Grant, Low-Income Home Energy Assistance, the Hill-Burton Uncompensated Services Program, AIDS Drug Reimbursements, the Food Stamp Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Emergency Food Assistance Program (TEFAP), the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, Job Corps, other employment and training programs under the Job Training Partnership Act, the Senior Community Service Employment Program, the Foster Grandparent Program,

and Legal Services for the Poor. (The guidelines are not used to determine eligibility or benefit levels for Supplemental Security Income, public housing or other federal housing assistance programs, or (with a few minor exceptions) Aid to Families with Dependent Children or its new block grant successor.) Community health centers and Title X Family Planning projects use the guidelines to set sliding fee scales for services. The guidelines are used in affidavits of support filed by persons wishing to sponsor immigrants (in order to show that the would-be immigrant is not "likely...to become a public charge"). Hospitals use the guidelines in providing charity care under federal, state, or their own authority. Non-federal programs and activities using the guidelines include some state health insurance programs, the determination of legal indigency for court purposes, the provision of electricity or telephone service to needy households at special low rates, and state financial guidelines for child support enforcement. From time to time, some private or public organizations choose to use the poverty guidelines to assess the adequacy of wages or pensions.

The poverty guidelines thus affect significant numbers of persons and dollars—even though their effect is not as great as is often believed. A number of people believe that the poverty guidelines affect many big "entitlement" programs.[1] That belief is an exaggeration of the actual situation. Most of the federal programs using the guidelines are medium-sized or small, with only a few big programs (see the following paragraphs). Moreover, most of the federal programs using the poverty guidelines are discretionary programs—i.e., programs for which a fixed amount of money is appropriated each year. Once a discretionary program's appropriation for the year is used up, no more persons can receive benefits from it during that year, no matter how many more persons might be eligible for and apply for those benefits. Only a few programs using the guidelines are non-discretionary or mandatory (more precise and neutral labels than "entitlement"): Medicaid, the Food Stamp Program, and "state child nutrition programs" (mainly the National School Lunch Program).

The largest federal program using the poverty guidelines is Medicaid. It had 34.0 million recipients in Fiscal Year 1994, with expenditures of $82.1 billion in federal funds and $61.4 billion in state/local funds (Burke 1995:212). However, it is important to note that the major portion of the Medicaid program still does not use the poverty guidelines. After reviewing program statistics, personnel familiar with Medicaid unofficially estimate that in Fiscal Year 1995, about 20 to 25 percent of Medicaid recipients had their eligibility determined using the poverty guidelines (Klemm 1997).

The Food Stamp Program had 28.9 million recipients (monthly average) in Fiscal Year 1994, with $25.6 billion in federal expenditures. The free and reduced-price segments of the National School Lunch Program (the segments

using the poverty guidelines) had 14.0 million recipients (daily average) in Fiscal Year 1994, with $4.4 billion in federal expenditures. The Head Start program had 740 thousand participants in Fiscal Year 1994, with expenditures of $3.3 billion in federal funds and an estimated $0.8 billion in state/local funds. The WIC Program had 6.5 million recipients (monthly average) in Fiscal Year 1994, with $3.3 billion in federal expenditures. The Low-Income Home Energy Assistance Program served 6.1 million households in Fiscal Year 1994, with federal expenditures of about $1.7 billion. The roughly twenty additional programs using the poverty guidelines are smaller, generally in the hundreds or even tens of millions of dollars in expenditures (Burke 1995:212-226; cf. Citro and Michael 1995:433-448).[2]

Disseminating the Poverty Guidelines and Responding to Public Inquiries About Poverty

The poverty guidelines are updated annually. The primary and official means for disseminating this update is by publication in the *Federal Register* (e.g., [U.S.] Department of Health and Human Services 1997). They are also posted on the Internet <http://aspe.os.dhhs.gov/poverty/poverty.htm>, and I also disseminate them (in response to requests) by mail and telephone.

Intertwined with the process of disseminating the guidelines is the process of responding to public inquiries relating to them. As noted above, I responded to 1312 such public inquiries (or "customer service requests," to use the phrase currently in vogue) in calendar year 1996—up from 763 in 1993 and 182 in 1984.[3] Most of these inquiries come by telephone, with relatively small numbers coming by electronic mail, by face-to-face questions from fellow HHS employees, and by letter. Inquiries come from state and local government employees and nongovernment personnel running programs using the guidelines, federal employees inside and outside HHS, academic researchers in the U.S. and other countries who are writing books or articles or teaching courses, advocacy groups for the poor or for children, college and high school students writing papers, librarians, and ordinary citizens wanting to know what the poverty level is. A relatively small number of inquiries come from Congressional staffers and newspaper/media reporters.

The most common questions are when the latest guidelines were (or will be) published, and what the latest figures are. However, responding to inquiries often involves explaining things—not just giving people numbers; this is even more true when one looks at the amount of time required rather than the number of inquiries involved. I often have to explain about the difference between the poverty guidelines and the poverty thresholds, as many people have no reason to be aware of that rather obscure distinction. Another common question is "How was the poverty line developed?"[4] (In responding to questions on the guidelines, the thresholds, and their development, I am

often able to give people references to or send them copies of articles (Fisher 1992a and 1992b) that I have prepared on those subjects.) People also ask if there are separate poverty lines for each state (Fisher 1996a), and I have to explain why there aren't.

Yet another common question is about the definition of "income" or "family" used with the guidelines. On this question, I have to refer people to the particular program in question, since there is no universal administrative definition of such terms as "income" or "family." If an organization is using the guidelines under its own authority, I point out that it is up to the organization to determine the definition of "income" and "family" that it will use with the guidelines. The matter is complicated by the fact that it has become customary to print the Census Bureau's definition of "income"—a definition used for statistical rather than administrative purposes—as an illustrative definition in the *Federal Register* notice containing the guidelines. I point out that the Census Bureau's statistical definition is not binding for administrative purposes, and discuss particular components of the definition of income that people may want to pay attention to in considering the difference between statistical and administrative definitions of income.

Researchers, students, and others sometimes ask me about various issues in poverty definition and measurement, or sometimes raise the more general question, "Is the current poverty line adequate for the 1990's?" I respond to such inquiries by discussing the issues in question and often referring the inquirers to relevant articles and books.[5]

From time to time, in response to requests, I provide comments to professional colleagues on drafts of poverty-related papers, articles, or books.

I also get some inquiries that are not about the poverty guidelines but about other social statistics—e.g., the number of persons in poverty (tabulated by the Census Bureau using the poverty thresholds), the number of persons receiving Aid to Families with Dependent Children, the Consumer Price Index, unemployment figures, federal social welfare expenditures, and so on. I refer these inquiries to knowledgeable people in the relevant offices.

Responding to citizen inquiries is a useful form of public service in itself, since a well-informed citizenry is necessary for a democracy to function. In addition, public inquiries about the guidelines are a useful form of feedback for me. When a number of people call with questions about the meaning of a particular phrase or sentence in the text of the poverty guidelines *Federal Register* notice, that tells me that the phrase or sentence is not clear, and I revise it to try to make it more understandable. In some cases when a number of people have asked for a piece of information that was not in the text of the *Federal Register* notice (for instance, the U.S. Code citation for the section of law that requires HHS to update the poverty guidelines), I have included that piece of information in the next update of the notice, thus making it possible

for potential inquirers to get the information without the time and expense of a long-distance telephone call.

Compiling the History of the Present and Earlier Poverty Lines

As noted above, people often ask "How was the poverty line developed?" Some of these people ask for something in writing in addition to my verbal explanation. As a result, I became aware during the 1980's that there was no entirely satisfactory secondary account of the development and subsequent history of the poverty thresholds.[6] Published secondary accounts of the development of the thresholds did exist, but often their consultation of published primary sources was limited, resulting in errors and inaccuracies.

Persons interested in the development and history of the thresholds could consult some published primary sources—e.g., articles by Mollie Orshansky[7], who developed the thresholds. However, I became aware that there were various unpublished primary sources—internal memoranda, records of interagency committee meetings, and unpublished papers by Orshansky—that most interested persons could not consult. Various government employees had preserved various items in old files, but no one was actively conserving and gathering all of this material into a single collection. As time went on, much of this historical record was in danger of being lost. Preservation of the historical record was important both for its own sake and because specific details of the development of the thresholds had significant implications for possible changes in poverty/income definitions. (As a federal employee dealing with poverty issues since the late 1960's, I had been exposed to ways of viewing poverty definition issues that did not always make their way into the academic literature.)

Since my office worked with the poverty guidelines, not the poverty thresholds, my official responsibilities during the mid-1980's did not include collecting historical material about the thresholds. However, as a former OEO employee, I felt strongly that this task ought to be done, so in 1987 I began doing it. Several colleagues graciously let me copy material from their files. I also collected numerous published and unpublished papers and Congressional testimony by Orshansky. And I learned much from conversations with Orshansky about her work on the poverty thresholds. Using all these primary sources, I prepared several draft papers on the development and history of the poverty thresholds. In 1992, the *Social Security Bulletin* asked me to write an article on the origin of the poverty thresholds. I responded by preparing a 75-page paper (Fisher 1992c), to get down on paper as much historical material as possible; this was condensed into a 12-page article (Fisher 1992b) for the *Bulletin*.

While researching the early history of the poverty thresholds, I became interested in unofficial poverty lines that various Americans had developed

before 1965, and began doing historical research on this subject as well.   (I was unable to find any single complete published account on this subject.) In 1993, I prepared a 75-page paper (Fisher 1993) on unofficial poverty lines in the U.S. between 1904 and 1965.   In the introduction to this paper, I commented that I believe the "ancient history" of 1904-1965 American poverty lines is relevant to poverty definition and measurement today because I look at the drawing of poverty lines as a social process—not merely a technical economic exercise.

During my research on pre-1965 poverty lines, I also became increasingly aware of a significant but (presently) little-known phenomenon known as the income elasticity of the poverty line—that successive unofficial poverty lines tend to rise in real terms over time as the real income of the general population increases.   I gathered extensive evidence on the occurrence of this phenomenon in the U.S., Britain, Canada, and Australia, and in 1994 and 1995 compiled it into a 78-page paper (Fisher 1995—briefly summarized in Fisher 1996b).

I send out copies of my *Social Security Bulletin* article and my unpublished papers in response to inquiries about the development of the thresholds, about poverty definition and measurement issues, and about pre-1965 poverty lines. I gave copies of them to the National Research Council's Panel on Poverty and Family Assistance while it was preparing its 1995 report (Citro and Michael 1995) recommending a new approach for developing a poverty line for the U.S.; in connection with the Panel's recommendation to update the proposed new poverty line in a quasi-relative fashion, my papers were one of the sources for the historical evidence the Panel cited that successive absolute poverty lines rise in real terms over time as the real income of the general population rises.

I have also sent or given copies of my poverty line article and papers to researchers and government employees in this country and in Canada, Mexico, Britain, Germany, the (former) Czech and Slovak Federal Republic, India, China, Taiwan, South Korea, and Australia; colleagues have given copies of my *Bulletin* article to government officials from Albania and to a community/grass-roots group in Latvia concerned about increases in poverty there in the wake of the transition to a market economy. British sociologist and poverty researcher Peter Townsend commented that my papers represented a major contribution to the international literature on poverty, and that they "offer a remarkable insight into the U.S. tradition of measuring poverty."

The Development of Poverty Lines as a Social Process

As indicated in the previous section, a significant part of my "practice" is researching, disseminating, and explaining the past "practice" of those who

developed poverty lines in the U.S. While an extensive summary of this historical material would be beyond the scope of this article, *Clinical Sociology Review* readers might be interested in a discussion of several of my findings about the development of poverty lines as a social process.[8]

What Groups Have Developed and/or Studied Poverty Lines?

One intriguing finding about this social process is that there was a change during the 1960's in the identity of the groups that develop and/or study poverty lines in the U.S. (Fisher 1993:73-74; Fisher 1995:76-77). Up until about 1965, the people who developed (and studied) poverty lines were usually advocates of the disadvantaged rather than academic social scientists elucidating abstract concepts about minimum consumption. (This group of advocates who developed poverty lines includes Mollie Orshansky, who developed what became the current official poverty thresholds.) There are, of course, exceptions to this generalization, but time and again one finds someone developing a poverty line or standard budget because s/he was indignant about some social injustice and wanted to do something about it (hoping that more factual, quantitative knowledge would help in combating the injustice).[9] Specific social injustices included industrialists conspicuously consuming luxuries while paying workers "starvation wages," harsh working conditions among immigrant adults and children doing piecework at home in often windowless tenements, six-year-old children being forced to labor in cotton mills and the brutal working conditions in those mills, and shockingly high infant mortality rates among low-income working-class families. In terms of professions, the pre-1965 developers of poverty lines and budgets included social workers (especially during the Progressive Era, when social work included many activist social reformers), employees of state bureaus of labor statistics, labor union representatives, home economists, and employees of federal social agencies. Some economists did participate, but they were only one of several elements in the mix, and relatively little of the pre-1965 poverty line literature that I have found was in traditional economic publications. (When economists were involved with poverty lines, there was some tendency for them to be women interested in distributional or household economics, rather than men interested in macroeconomics.)

However, that situation changed after the War on Poverty began in 1964 (Fisher 1995:77). Poverty studies became a distinct field as such, and economists began to get involved in poverty line studies in significant numbers. People who had been involved in developing and studying poverty lines during the 1950's and early 1960's gradually retired and/or died during the 1970's and 1980's. By 1980, Walter Korpi of Sweden was noting that sectorially oriented poverty research in the United States was clearly dominated by economists (in contrast to the situation in Britain and

Scandinavia, where there was a relatively even balance between sociologists and economists). What Korpi said of poverty studies in general is true of poverty line studies in particular. Today if one mentions (in an American context) that one deals with poverty—or poverty lines—a common response is, "You must be an economist, then."

The Income Elasticity of the Poverty Line[10]

A second significant finding about the social process of developing poverty lines is the phenomenon of the income elasticity of the poverty line (referred to above)—the tendency for successive unofficial poverty lines to rise in real terms over time as the real income of the general population increases (Fisher 1995). There is extensive American evidence for this phenomenon, including expert-devised minimum budgets prepared over six decades, "subjective" low-income figures in the form of national responses to a Gallup Poll question over four decades, and the recorded common knowledge of experts on poverty lines and family budgets from about 1900 to 1970. Similar although somewhat less extensive evidence is available from Britain, Canada, and Australia.

From roughly 1905 to 1960, American budget experts developed a number of "standard budgets" (item-by-item "market baskets") at different levels of living. Ornati (1966:10-14, 141-145, and 147-150) analyzed about 60 standard budgets prepared during the 1905-1960 period, and classified them as being at "minimum subsistence," "minimum adequacy," and "minimum comfort" levels. (His "minimum subsistence" category corresponds to our concept of poverty.) A study by Kilpatrick (1973:331) showed that Ornati's minimum subsistence figures over this 55-year period rose 0.75 percent in real terms for each 1.0 percent increase in the real disposable income per capita of the general population.

An examination of early poverty lines and budgets not considered by Ornati confirms and extends this picture (Fisher 1993; Fisher 1995). The poverty/subsistence figures examined (like Ornati's budgets) were all derived as absolute poverty lines. Yet over time, these successive absolute poverty lines rose in real terms as the income of the general population rose. Poverty lines and minimum subsistence budgets before World War I were, in constant dollars, generally between 43 and 54 percent of Mollie Orshansky's poverty threshold for 1963. By 1923, Dorothy Douglas' "minimum of subsistence level" (expressed as a range rather than a single dollar figure) was equal to 53 percent to 68 percent of Orshansky's threshold. A U.S. Works Progress Administration "emergency" budget for the Depression year of 1935 was equal to 65 percent of Orshansky's poverty threshold. Robert Lampman's low-income line for 1957 was equal to 88 percent of Orshansky's poverty threshold.

Evidence from an overlapping but more recent period (extending up to the 1990's) comes from the Gallup Poll. Since 1946, the Gallup Poll has repeatedly asked the American public the following question: "What is the smallest amount of money a family of four (husband, wife, and two children) needs each week to get along in this community?" The average response to this "get-along" question has been higher than the Orshansky poverty line, but it seems reasonable to assume that the relationship between the "get-along" amount and family income is a good indicator of how the public's perception of the poverty line would vary over time in relation to family income (if a "poverty" poll question had been asked). Half a dozen analyses (Kilpatrick 1973; Rainwater 1974; Rainwater 1990; Vaughan 1993; others summarized in Fisher 1995:12-16) have found that the "get-along" amount rises by between 0.6 and 1.0 percent for every 1.0 percent increase in the income of the general population.

Another significant (although neglected) source of evidence about the income elasticity of the poverty line is the common knowledge of experts on poverty lines and family budgets before 1970, as documented in quotations from their writings. There is one such quotation from 1841, over a dozen from the 1900-1959 period, and over a dozen from the 1960's (Fisher 1995:16-27). It is clear that the income elasticity of the poverty line was well known to these experts, and that they were quite familiar with the underlying social processes involved. One quotation which illustrates these social processes with particular clarity was written by Daugherty (1938:137): "A standard budget worked out in the [1890's], for example, would have no place for electric appliances, automobiles, spinach, radios, and many other things which found a place on the 1938 comfort model. The budget of 1950 will undoubtedly make the present one look as antiquated as the hobble skirt." Some of the quotations make ironic reading in the light of subsequent history, as when the Social Security Administration's Ida Merriam (Mollie Orshansky's boss) wrote in 1967 that "It is easy to observe that poverty in the U.S. today cannot meaningfully be defined in the same way as in the U.S. of 1900....obviously today's [poverty] measure, even if corrected year by year for changes in the price level...should not be acceptable twenty, ten or perhaps even five years hence" (Merriam 1967:2). (As things turned out, of course, the poverty measure of the 1960's, adjusted only for "changes in the price level," is still in use not merely ten or twenty but thirty years later.) Others publicly recognizing the income elasticity of the poverty line during the 1960's included Rose Friedman and the Republican minority of the Joint Economic Committee of Congress (Fisher 1995:22-23).

In the light of this extensive American evidence from standard budgets, the Gallup Poll, and the common knowledge of experts, it becomes clear that the decision made by a 1968-1969 federal interagency committee to adjust the

official U.S. poverty thresholds only for price changes (and not for changes in the general standard of living) represents a single major historical anomaly. The anomaly of the 1968-1969 decision is highlighted by the fact that when the Council of Economic Advisers' $3,000 poverty line and then the Orshansky poverty thresholds had been adopted only five years earlier, they had been known to be 14 to 19 percent higher in real terms than unofficial poverty lines introduced only six to fifteen years earlier (Fisher 1995:70-76).

The force of this American historical evidence is strengthened when one realizes that the income elasticity of the poverty line results from social processes that have continued—indeed, have perhaps even intensified—since the 1960's. These social processes can be summarized as follows (Fisher 1995:69-70), based on analytical descriptions by American and British experts: As technology progresses and the general standard of living rises, new consumption items are introduced. They may at first be purchased and used only by upper-income families; however, they gradually diffuse to middle- and lower-income levels. Things originally viewed as luxuries—for instance, indoor plumbing, telephones, and automobiles—come to be seen as conveniences and then as necessities. In addition, changes in the ways in which society is organized (sometimes in response to new "necessities") may make it more expensive for the poor to accomplish a given goal—as when widespread car ownership and increasing suburbanization lead to a deterioration in public transportation, and the poor are forced to buy cars or hire taxis in order to get to places where public transit used to take them. Finally, the general upgrading of social standards can make things more expensive for the poor—as when housing code requirements that all houses have indoor plumbing added to the cost of housing.

In the light of these social processes, the only (hypothetical) kind of American society in which it would be sociologically justified to have had the same fixed-constant-dollar poverty line since the mid-1960's would be a society in which there had been essentially no technological change or innovation since 1960. Accountants and economists in such a society would still perform involved numerical analyses using mechanical calculators and slide rules, and secretaries would type up the results using manual typewriters. On certain evenings they would all drive home from work hurriedly in their Edsels in order to catch favorite television programs, knowing that if they missed the program, they would never have a chance to see it again. The lack of technological innovation would mean that no new consumer products had been introduced since 1960 to work their way down from the upper to the middle and lower levels of society; the list of "necessities" would thus be the same in 1997 as it was in 1963 (the base year for Orshansky's original poverty thresholds) or 1955 (the year of the food survey from which Orshansky derived the multiplier for her thresholds).

Given that the phenomenon of the income elasticity of the poverty line was well known among American poverty line experts before 1970, why is it so little known today? This change in knowledge seems to be connected with the change described above in the identity of the groups that develop and/or study poverty lines in the U.S.—from advocates of the disadvantaged to academic economists.   As the advocates were gradually succeeded by economists, it appears that the history and traditions of the earlier group tended not to be taken in by the newcomers as part of their own history and traditions. (An additional factor may have been that economists tend to give more emphasis to theory than to history.) As a result, the knowledge about the income elasticity of the poverty line was to a great degree lost to those who now study poverty lines (Fisher 1995:76-78).

Is the Process of Setting the Level of a Poverty Line Merely "Arbitrary"?

Yet another finding about the process of developing poverty lines is perhaps more precisely described as a personal assessment or conclusion.

Setting the level of a poverty line is often described as "arbitrary"[11] by those who study poverty definition and measurement. Is that description appropriate?   Specifically, were the poverty lines developed in the U.S. between 1900 and 1965 merely "arbitrary"?

I have studied over forty poverty lines and subsistence budgets developed in the U.S. during the 1900-1965 period. I have studied the work of and the procedures followed by those who developed these poverty lines and budgets, as well as the dollar figures that they came up with. Based on my studies, my assessment is that the people who developed those poverty lines were not merely picking "arbitrary," capricious numbers at random. Instead, they were generally trying to develop a figure that approximated a rough social consensus about the level of a socially acceptable minimum standard of living at a particular time. (For conceptual discussions with some relevance to this conclusion, see Vaughan 1993:22-24 and 37; Dubnoff 1985:287, 293, and 297-298; Rainwater 1990:2-4 and 10-11; Watts 1980:8-9; Citro and Michael 1995:38).   What the advocates developing poverty lines were doing was somewhat similar to determining the content of a social norm (such as what types of clothes and fabric colors are acceptable for formal wear by a specific social group in a particular period and social context).

If the developers of poverty lines during the 1900-1965 period had merely been picking "arbitrary," capricious numbers, then the numbers they would have picked would have varied "all over the map," showing no organized pattern.   That did not happen.   Instead, the numbers developed by the advocates showed the general pattern of rising in real terms over time as the real income of the general population increased.   At the times they were developing these poverty lines and subsistence budgets, some of these

advocates (and some of their colleagues) gave qualitative descriptions of the social process in which as the general standard of living rose, new consumption items were introduced, gradually diffusing down from upper-income levels to middle- and lower-income levels, and thus gradually expanding the list of what were considered to be necessities. Some of them also made some numerical comparisons, but most of the more sophisticated quantitative analyses confirming the income elasticity of the poverty line were not done until after 1965. Taken together, the qualitative and quantitative descriptions are persuasive evidence that the gradually rising poverty lines developed by the advocates were approximations of the gradually rising rough social consensus about a socially acceptable minimum standard of living.

When Mollie Orshansky developed her poverty thresholds in 1963-1964, they were a further exemplification of the income elasticity of the poverty line by being higher in real terms than poverty lines developed less than a decade earlier. There is also some evidence that her poverty thresholds approximated a rough social consensus about an acceptable minimum standard of living both among experts and among the general population.

When one looks at twelve expert-developed poverty or low-income lines applied to families of four during the 1959-1964 period, one finds that eight[12] of them were between $3,000 and $3,500 in current dollars (Fisher 1993:55-67) (which would have been one or two hundred dollars higher in 1963 dollars), showing a rough consensus among experts[13] during this period about the level of a socially acceptable minimum standard of living. Orshansky's poverty line of $3,128 (in 1963 dollars) for a nonfarm family of four fit in well with this expert consensus.

We do not have any direct evidence about the views of the general population in 1963 about the level of a socially acceptable minimum standard of living—i.e., about where the public would have placed a poverty line at that time. However, Vaughan (1993) constructed a socially defined poverty standard for the 1947-1989 period using Gallup Poll responses to the "get-along" question for those years and a Gallup Poll response to a question specifically about the poverty line in 1989. (He assumed that the ratio of the poverty line response and the "get-along" amount for 1989 could be applied to the earlier years.) His Gallup-Poll-based poverty standard for a family of four for 1963 was $3,108—essentially identical to Orshansky's 1963 poverty threshold of $3,128. In Vaughan's words, this suggests that Orshansky's poverty line "was generally consistent with societal notions about the poverty level prevailing at about the time it was introduced" (Vaughan 1993:28).

There have been some post-1965 efforts to develop poverty lines that approximate a social consensus about a socially acceptable minimum standard of living. Fendler and Orshansky (1979) developed a revised set of poverty thresholds by applying Orshansky's methodology to more recent data. For a

family of four, their threshold for 1977 was 20 percent higher than the official threshold. Vaughan indicated that this threshold for a family of four for 1977—$7,442—was essentially identical to his Gallup-Poll-based poverty standard of $7,431 for that year (Vaughan 1993:45, footnote 41). This implies that the Fendler/Orshansky figure was also "generally consistent with societal notions about the poverty level" at the time. Other post-1965 efforts to develop such poverty lines include Schwarz and Volgy (1992) and Renwick and Bergmann (1993).

It is true that there is no single generally accepted methodology to develop a poverty line that approximates a social consensus about a socially acceptable minimum standard of living.[14] One might at first think that public opinion polling (including Leyden-style "subjective" poverty lines) would be one possible means of ascertaining social norms in this area. However, this approach also turns out to have drawbacks[15]; see, for instance, Citro and Michael (1995:134-136); Renwick and Bergmann (1993:4). One expert in poverty definition and measurement has argued persuasively that "since poverty is, in the end, a social construct, triangulation between threshold levels generated through expert judgment, family expenditure data, and public opinion polling is most likely to achieve the desired consensus [concerning what constitutes a minimally acceptable standard of living]" (U.S. General Accounting Office 1997:16). American poverty line research might also benefit from greater familiarity with recent research and conceptual work being done in Britain, Ireland, and New Zealand. (See Mack and Lansley (1985); Walker (1987); Townsend and Gordon (1993); Frayman (1991); Gordon and Pantazis (1995); Veit-Wilson (1994); Callan, Nolan, and Whelan (1993); Waldegrave and Frater (1996).)

I have concluded that the poverty lines developed in the U.S. between 1900 and 1965 were not merely "arbitrary"—in other words, that poverty lines are not necessarily and inherently "arbitrary," random, and capricious. However, I would not claim that no poverty lines are ever "arbitrary." Sometimes a poverty line might be developed simply to pick out a segment of the low-income population for "scorekeeping" purposes over time (i.e., to track increases and decreases in the "poverty" population), without any consideration of where this poverty line might stand in relation to the social consensus about a socially acceptable minimum standard of living. Or someone might propose a new-style poverty line, but with the constraint that it should count no more people poor than does an old poverty line developed several decades earlier. If someone were to characterize such "poverty" lines as "arbitrary," I would not disagree with them.[16]

NOTES

1.   This belief seems to be a significant factor behind objections to revision of the federal poverty measure.

2.   While even a $10 million federal program may seem large in comparison to an average family's annual income, it is small in comparison to the really large federal benefit programs—Social Security ($316.9 billion in Fiscal Year 1994 outlays) and Medicare ($141.8 billion in Fiscal Year 1994 outlays).

3.   The number of public inquiries has continued to rise during 1997—up by 12 percent during January-April 1997 over the corresponding period in 1996.   In addition to making inquiries directly to me, people also access the poverty guidelines Internet site—6,806 times during the period from February 2 through April 19, 1997.   (An unknown number of those people will have been browsers who would not have contacted me directly in the absence of the guidelines Internet site.)

4.   Census Bureau personnel answer numerous questions about current and recent poverty thresholds (as well as about the poverty population), but they often refer questions about the development and history of the poverty thresholds to me because of the work that I have done in that particular area.

5.   Concerning poverty definition and measurement issues, the following are among the major references that I give to inquirers:

- Citro and Michael (1995) include useful reviews of a number of poverty definition and measurement issues.   Their discussion extends beyond U.S. poverty lines (and Leyden-style "subjective" poverty lines) to include Canadian low income cut-offs and British work on deprivation indices and budget standards—topics that have been ignored by much of the U.S. academic literature on poverty lines.

- Wolfson and Evans (1989) is an extremely good paper; its specific focus is the definition and measurement of low-income status in Canada, but a number of the issues that it discusses are also relevant to poverty definition and measurement in other countries, including the U.S.

- U.S. Department of Health, Education, and Welfare (1976) is an important study.   While it is obviously no longer the latest in the field, its discussions of a number of poverty definition and measurement issues are still quite useful and informative.

For inquiries about the adequacy for the 1990's of the current poverty line, the following are among the major references that I give:

- Ruggles (1990) advocates a "complete updating" of the poverty thresholds every decade or so to reflect changing consumption patterns and changing concepts of minimal adequacy.   (The book

also provides a good examination of a number of the issues involved in poverty measurement. However, there are occasional errors of detail, and the book gives insufficient emphasis to the issue of consistency between the definition of income used to measure resources and the definition of income used to calculate poverty thresholds. For a useful and perceptive review of the book's strengths and weaknesses, see Radner (1990).)

- O'Hare, Mann, Porter, and Greenstein (1990) review current poverty measurement procedures and present the results of a Gallup Poll in which a nationally representative sample of Americans set an average dollar figure for the poverty line which was 24 percent higher than the current official poverty line.

- Schwarz and Volgy (1992) present an "economy budget" which was stringently constructed "to enable people to get all of the basic necessities at the lowest realistic cost"; this Economy Budget was equal to about 155 percent of the poverty threshold for 1990.

- Renwick and Bergmann (1993) and Renwick (1993) construct a set of Basic Needs Budgets for several different types of families with the goal of developing a budget-based definition of poverty. Basic Needs Budgets for three different types of families were equal to between 136 percent and 197 percent of the poverty line.

Concerning the income elasticity of the poverty line, Kilpatrick (1973) and Rainwater (1974:41-63) are two major reviews of the U.S. evidence. Ornati (1966) analyzes the expert-devised standard budgets from the 1905-1960 period which are one of the main sources of U.S. evidence discussed by Kilpatrick and later authors. For an excellent recent article on the Gallup Poll "get-along" responses which are another main source of U.S. evidence for this phenomenon, see Vaughan (1993).

6. The account in U.S. Department of Health, Education, and Welfare (1976:5-9) was accurate, but only covered developments through 1973. (In addition, it did not go into as much detail on some issues as some inquirers wanted.)

7. See, for instance, Orshansky (1963), Orshansky (1965a), Orshansky (1965b), Orshansky (1969), Orshansky, Watts, Schiller, and Korbel (1978), Fendler and Orshansky (1979), and Orshansky (1988).

8. *Clinical Sociology Review* readers might also be interested in a discussion of conflicts in the development and interpretation of the federal poverty measure; however, it might be inappropriate for me as a civil servant to discuss such controversial policy issues. (For some informative comments

about the impact of policy concerns on technical issues in poverty definition and measurement, see Vaughan (1993:37-38).)

9.   One noteworthy exception to this generalization about the role of advocates is that a few poverty lines were put forward by people whom one might call anti-advocates, since their goal was to push the level of the poverty line below a currently accepted level (Fisher 1993:50-51, 68-69, and 74).   For instance, in 1954 and 1955, the Eisenhower Administration's Council of Economic Advisers tried unsuccessfully to replace an unofficial but commonly used poverty/low-income line with figures that were roughly 25 percent lower (in the Council's 1954 report) and 55 percent lower (in the 1955 report) in real terms.   In 1965, an American Enterprise Institute pamphlet by Rose Friedman (the wife of Milton Friedman) put forward a poverty line that was (for a family of four) 29 percent lower in real terms than Orshansky's poverty threshold.

10.   Much of this subsection is drawn (with modifications) from Fisher (1996b).

11.   The application of the term "arbitrary" to poverty lines can be traced back at least as far as 1915, when two Englishmen—a statistician and an economist—described a pair of English standard-budget-based poverty lines as "being, to a considerable extent, abstract and arbitrary" (Bowley and Burnett-Hurst 1915:37).   Mollie Orshansky also applied the term to her poverty thresholds in the 1965 article in which she presented them.   However, the specific wording that she used was "arbitrary, but not unreasonable" (Orshansky 1965a:4).   Subsequent writers have often repeated the first phrase while ignoring the second.   An additional point worth noting about the word "arbitrary" is that it has several distinct connotations, including: 1) depending on judgment, choice, or discretion (used in particular of the decision of a judge as contrasted to a decision or sentence specified in a statute); and 2) random or capricious.   Orshansky used the word with the first connotation, while a number of subsequent writers seem to use it with the second connotation.

12.   The four outliers were $2,516, $2,675, $3,897, and $4,000. However, note that the last two poverty lines were applied to income data that included some private (or private and public) nonmoney income.   The authors of the $4,000 poverty line (the Conference on Economic Progress) suggested that a poverty line to be applied to such income data should be higher than a poverty line to be applied to income data including only money income (Fisher 1993:61 and 67).   This suggests that if money-income-only versions of the two money-plus-nonmoney-income poverty lines had been developed, they would have been lower, and thus closer to or even within the $3,000-to-$3,500 "consensus" range.   Note also that of the twelve poverty or low-income figures, some were specifically calculated for a four-person family, while

others were applied to families of all sizes.

13. For the distinction between poverty lines developed by experts and poverty lines based on the views of the general population [e.g., Leyden-style "subjective" poverty lines, or Vaughan's poverty line developed using the Gallup Poll "get-along" amount], see, for instance, Mack and Lansley (1985:41-43); Veit-Wilson (1987:188-189).

14. It is, of course, not easy to reach general agreement on such a methodology when there is a widespread belief that poverty lines are "arbitrary."

15. To address one problem area, the Bureau of Labor Statistics is conducting qualitative research (cognitive interviews and focus groups) to understand better how respondents interpret "subjective" questions such as the minimum income question and terms in those questions; see Garner, Stinson, and Shipp (1996).

16. Note that there seems to be a belief among the general population that the amount of a poverty line ought somehow to be enough to "live on," although at a minimal level (Fisher 1996a). A more formal investigation of this belief might well be of interest. If this belief is indeed common among the public, it might have implications for the public acceptability of an intentionally "arbitrary" new poverty line. (For a brief discussion of public acceptability as a criterion for a poverty measure, see Citro and Michael (1995:38).)

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Flirtation with Autobiography

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In January of 1997, near a beach in Santa Barbara, CSR Editor David Watts took me aside and asked me to write my sociological autobiography. Length and approach were my choice. In June of 1997, a consulting firm with which I am affiliated asked me to prepare an autobiographical presentation for a group of consultants—five minutes and one transparency, "a minute a decade". These assignments have given me an opportunity to review my life. It is a humbling experience to explore the milestones as well as the nooks and crannies. I will try to present self—achievements, problems, prospects—in a way that is meaningful to others. This will neither be the ultimate ego trip (legend in his own mind) nor the unabridged edition. However, it will have more substance than the short biographical statement or resumé that forms the basis for introductions.

Length is a major determinant. If you only had one word at your disposal, what would that word be? The Internal Revenue Service asks for one word. Four words over a lifetime grace their tax returns—student, educator, administrator, consultant—a career pathway. Perhaps add one more— retired—and we have a life. Are these words I would freely choose? This is self-definition within the government categories. Perhaps there is an official file somewhere with other definitions. W.H. Auden's poem, "The Unknown Citizen," comes to mind. Recently, a new acquaintance watched me in action and dubbed me "Sparky," because my energy always seems to be sparking something. I like that nickname, but is it dignified enough for a journal? I might choose "generator," because a lot of energy has gone into generation of creative approaches. At other times, in less flattering moments, I'd try "procrastinator" on for size—all those incompletes—academic and otherwise. I'm sure others have dubbed me with flattering and unflattering one-word descriptions. I'm sure one or more will come to mind at the end of your

reading of this essay if you digest it all or find it not to your taste.

Short phrases have been applied to me over the years. "Making the Impossible Possible" and "Bringing Light to Dark Places" are two that summarize. There certainly have been projects that reflect these phrases. On the other hand, I worked as a middle manager in a very large bureaucracy for twenty-two years. Many hours over those years were spent doing the bureaucratic dance. While there has been some risk in my activities, there has almost always been a safety net—resources to provide an escape route.

Resumés are short career statements controlled by the author. I am including how I present myself at that level in an appendix. There is a standard one-pager, a supplementary statement of qualities, and a right brain resumé. Why so many? The latter two are responses to my move out of the comfort zone of Central New York to the New South and my need to reestablish a public identity. How do I distinguish myself from the myriad of other applicants for positions? In retrospect, these appear to be more useful for my growth than to impress the faceless resumé reviewers. However, they have been useful follow-ups once contact has been established. Resumés contain traditional milestones—self-advertisements without criticism.

The five minute autobiographical statement is more balanced. Here is the overview that organized my life for the consulting firm's "show and tell." For this "flirtation with autobiography," I will use these boxes and try to limit myself to one long paragraph per box to keep from getting carried away with detail. Therefore, I am providing glimpses of a life with an emphasis on its links with sociology. I am leaving out much, but especially acknowledgements of the special contributions of family, friends, colleagues, co-workers, students, and clients.

Jonathan Freedman Career

Early Influences Brooklyn	Family	Quaker Education	Introverted Marginal

Wesleyan University	Barometer not Thermometer	Inter-disciplinary Major	Withdrew from Environment

New York / Chicago	Becoming a Sociologist	cold-water flats gangs and bars	incompletes while urban learner

Brandeis U Boston	Humanistic Enclave	rapid social change	intellectual home

Syracuse	Psych Hosp Training Director	multi-field faculty member	Clinical Sociology

Atlanta	transition: mind-maps	FreedMuse FreedNet	Fielding & The Continuous Learning Group

Early Influences — Brooklyn

When I was born on February 13, 1936, almost my entire family lived within one square mile in Brooklyn. Now we're scattered with clusters in Atlanta, Baltimore, Jerusalem, New York City, Syracuse, Massachusetts, San Francisco, and Chicago/Iowa. Two of the next generation have returned to Brooklyn. My father, son of a carpenter, had emigrated at an early age from Poland, and had become a very successful dentist. My mother, born in New York, was then a high school teacher of English and Hebrew—later a professor of education, poet, and author of books for children. She was the daughter of a Russian immigrant lawyer who co-founded the Hebrew Immigrant Aid Association (HIAS). Early memories include:

- having food and other basic needs delivered on a strict schedule—a child-rearing practice in fashion at that time;
- open house Sabbath and festival dinners with my grandmother the chief organizer;
- fund-raising benefits for refugee relief that took place in our house;
- special eldest son status in a large circle of family and friends;
- delight in Brooklyn: The Prospect Park Zoo and Lake, biking to Coney Island, the Dodgers, and the Grand Army Plaza Public Library.

I attended Brooklyn Friends School from kindergarten through high school. This meant that ninety minutes a day were spent on a school bus traversing Brooklyn. I still can recite the names of all my home room teachers. The themes of Quaker education bored me at the time: the weekly meditative meeting for worship, the philosophy that each person contains an inner light, that there be that of God in every person, and the seeking of consensus. However, these themes were deeply transmitted as they became guideposts later in my life. I was a mid-range student. I never got an 'A' until graduate school. Is this because I am a late bloomer or a result of grade inflation? I don't know. I do remember shocking the history teacher when I outscored his favorite student on the history portion of the Scholastic Aptitude Test. I did a lot of writing and reporting. An assignment to paraphrase the soliloquies in Hamlet garnered an 'A' from a tough teacher (and was recycled by brothers and close friends in subsequent years). A poetic eulogy to my grandfather was published in the literary magazine and in *The Family Announcer*, a newsy and literary New Year's family publication. I interviewed Gil Hodges, the Dodger first baseman on the turf of hallowed Ebbets Field. My mother became a sympathetic critic and quiet collaborator, a role which continued throughout her life. My first experience on a mental hospital ward was a high school weekend spent as a volunteer socializer at Manhattan State Hospital.

I was introverted and marginal in the school setting. Children who entered

the Friends' Class of '53 after experience in other schools were much more sophisticated (or was it aggressive). In my playroom refuge at home, I remember creating elaborate fantasy games with toy animals and anagrams—structural kingdoms that remained in place for months at a time. As a marginal to the central social action at school, I certainly got a practical education in a social structure and my place in it. I struck out a lot on the dating scene. I was an observer/participant in a social situation I did not fully understand.

Family life was something of an antidote to the school. As the eldest son, there were some important social roles that placed me reluctantly on center stage. My shy (and sly) father's idea of social gatherings was to invite hundreds of people for Passover, a Bar Mitzvah or New Year's, come home from work tired, greet guests and then withdraw, leaving my mother and me to be the hosts with support from my brothers and other family members.

Wesleyan University

I discovered Wesleyan University in a high school college-choice class. Its red and black school colors catalog stood out. I visited, applied, and was accepted. Almost immediately, I came up against the fraternity system and was deemed "not the fraternity type." I joined the John Wesley Club, which in its more outrageous moments had elements of an intellectual "Animal House." I started as a pre-med and was on probation at the end of my first semester. My high school preparation was weak, especially in the sciences. So much for pre-med. I couldn't decide on a major and although interdisciplinary majors were rare at Wesleyan, one was created for me and was dubbed "social psychology." At that time, there was no sociology department at Wesleyan. I did my first fieldwork in a political science sequence, did many courses in philosophy, psychology, and anthropology, especially ethnomusicology, and talked my way into courses with professorial stars N.O. Brown on mythology and Carl Schorske in European intellectual history. I used ethnic music in working with an autistic young man at Middletown State Hospital. I spent a demanding summer with the American Friends Service Committee in the back wards of a state school for the retarded in Maine working as a ward attendant. I was the assistant tour leader for a group of French college students as they traveled through the East, South, and Midwest. I spent another summer working with newly-arrived immigrants in the HIAS residence. These experiences did not suggest a vocational goal. I was transcending the world of my childhood and learning about people and organizational structures. When I came during semester breaks to the family cooperative apartment on Manhattan's Westside, I'd take the bus downtown to explore Greenwich Village bars and jazz.

I remember late one night in my junior year looking at the campus from one of its hills. Suddenly its social structure became clear. Wesleyan President

Butterfield's stated mission was to prepare leaders for beacon communities. What was a beacon community? I suddenly saw the fraternities turned into the social and service clubs of elite suburbs or small cities. I saw my classmates being the elite "thermometers" in these safe worlds, reflecting the norms and values of that contemporary society, with their suburban houses and lifestyles. I wanted no part of that. I saw myself as a "barometer" ahead of changes. I did not know how to translate that into a career then. I did know that the Wesleyan social environment did not fit my needs. However, the Dean would not let me move off campus so I used my parent's country house which was about two hours distant at the New York end of Connecticut. I lived there alone most of my senior year, only emerging for classes which I clustered in the middle of the week when I would live in the John Wesley Club. I read, thought, and tried to be at peace with nature and the small town, but found it hard to focus. My introversion and marginality continued. My friends tended to be out of the mainstream and my shyness around women did not help in locker room bragging sessions at this all male college. I vowed to learn about women as people, not as objects. In retrospect, I delight in the close relationships I have with both women and men over the years. I am also surprised that my list of influential faculty is all male—although at the time when and in the places where I was educated at the college and graduate level, men were faculty, women were mostly associates.

New York/Chicago

I graduated with my class and returned to New York with no clear plans. I lived at home, but would spend time exploring the city. I grew uncomfortable at having to pass through elevatormen and doormen on my travels. I converted a pantry into my bedroom and painted the ceiling black. One day I joined a college friend to sit at a booth at the Greenwich Village Outdoor Art Show. The City looked different from that booth. The uptown world of tourists were strolling by and I was a Village insider watching them. Cool! My friend told me that an apartment was available two doors down from his—a flat for $21 a month—no heat or hot water, with the toilet in the hallway. Cool, Cool! I left the protection of the family apartment and moved to the Lower Eastside using money left over from college. My family had started out as immigrants in the United States not too far from my new location. My younger brother had dropped out of Swarthmore and found his own coldwater flat in Hell's Kitchen. My father was particularly upset. He really had tried to protect us from the world of poverty and now we chose to leave affluence to learn about that world. Of course, their resources were still available and I could always leave. He suggested that if this lifestyle was what I wanted to explore, then I should do it in another city.

I began to explore New York City in earnest. I walked and walked and

walked. I found bars were great places to dialogue with people and I became accepted as a young regular at McSorley's Ale House—the oldest tavern in New York, populated then by pensioners who lived in inexpensive housing around the Bowery. I also hung out at The White Horse Tavern, Dylan Thomas's bar filled with West Village art types, and Ann's, a First Avenue truckers' bar. I would end evenings at The Five Spot where an unknown pianist, Thelonius Monk, was moving jazz forward. I substituted at a street corner newsstand for a friend and learned the value of a penny. I found work as an assistant editor of an audio-visual magazine owned by a family friend (I only found out a few years ago that my mother was subsidizing my $50 a week salary). The job became problematic in the Fall. I was ready to go back to school, but wanted to continue with interdisciplinary work. I remembered that the University of Chicago had several interdisciplinary committees. The catalog description of the Committee on Communication stated its goal was to integrate the social sciences and it had an impressive faculty. I was admitted and began at UC in January 1959.

Once in Chicago, I found I had made two major miscalculations: The Committee on Communication was in decline. Most of the names in the catalog were no longer involved. Also, I thought the distances between blocks were the same as in Manhattan. I found another coldwater flat, unfortunately discovered it was a forty-five minute walk from the University, but fortunately right on the suburban train line. I continued to learn from my neighbors. I finally found a faculty member who shared my learning style. Professor Kermit Eby, a Church of the Brethren Minister and the former Director of Education and Training for the CIO, had been brought to the University by Robert Hutchins to train intelligentsia both for the labor movement and for faculty for junior colleges. Kermit Eby was a very spiritual man, an ethicist, and a pragmatist. He also connected me with others who became major links in my development. One of these was Reverend Bill Baird, a stubborn Socialist Congregational Minister who was going to stay and maintain his church even as the congregation engaged in "white flight." I became the Youth Director of the church for a while. This experience led me to working with gangs. I became a participant-observer for the Youth Studies Program studying gangs under James F. Short of the Sociology faculty. Other special friends were an interracial couple battling northern segregation, Sol and Eileen Ice, who had backgrounds in the Steel Workers Union, youth work, politics, and community organization. Later, when Sol became an organizer with Saul Alinsky, our apartment was an after-hours refuge for the community organizers of the Industrial Areas Foundation, as they organized Woodlawn. I was a minor delegate to The Woodlawn Organization's founding convention. I also courted Jo Ann Sanders who became my wife and with whom I continue a journey of thirty-eight years and counting. My shyness and marginality

disappeared. I had found people and groups willing to have me as a significant other. I also took my first sociology courses, but specialized in incompletes. I was not pleased with much of the education I was getting. I was expected to agree with, not to challenge the great men of the University. I would spend long hours in the library examining some of the ideas they promulgated, and found alternative explanations to which they were not open to hearing (except for Kermit Eby and Jim Short). Catch 22—Submit a critical paper, get a bad grade. Incompletes were a safer option. There was also the Selective Service System to contend with and that would preserve a 2S deferment. Finally, I gave that up, went through the army physical evaluation after driving all night from Chicago, and flunked it.

Brandeis University

One evening, upon emerging from the stacks of the University of Chicago library, a sociology graduate student described a seminar given by a visiting faculty member which had enraged the sociology faculty. I found out that the provocateur was Professor Maurice Stein of Brandeis University who had just written a book, *The Eclipse of Community*. I was the first reader of the book when it arrived at the library. It was the first book in sociology that spoke directly to me and my concerns. I found that Brandeis had just started a graduate department in sociology and that Everett Hughes, the most humanistic of the UC sociology faculty, was leaving to join Brandeis. The funding for the Youth Studies Program was ending. After some procrastination, I applied to Brandeis and wrote a strong letter detailing what I wanted to learn and inviting them to reject me if they couldn't provide that. They accepted me and I arrived in 1963.

There, I found a humanistic enclave. I came in out of the shadows and learned so much, especially how to analyze my experiences through a variety of lenses. I only took sociology courses, but it was an education in the liberal arts. I studied with Everett Hughes, Morrie Schwartz, Vic Walter, Kurt Wolff, Jack Seeley, Maury Stein, and others, on topics from sociology of literature, theory, power, occupations, community, participant observation, and social causation. Herbert Marcuse's lectures stimulated me to examine society from a radical perspective. There were also a marvelous group of graduate and undergraduate students active in civil rights and social change. I marched with King in Boston (playing it safe), dialogued with SNCC organizers, heard Malcolm X, and enjoyed the rich intellectual life of Boston. We reverse-integrated a new middle class church-sponsored row-house development in Roxbury. I took field notes on the experience. Everett Hughes sent me on a field trip to Syracuse University where faculty had chained themselves to a fence in front of the local power company as a civil rights protest. I saw a university unlike any I had attended, with power the name of

the game, where my moves were traced by student spies.

I continued to have difficulty figuring out a topic for the dissertation. Robert Weiss described coordinated sub-studies. Perhaps these torrent of social change events could be combined, but how? I noted that situations were changing so fast, and analysis took so long that the results were outdated. I focused on how to do sociology under rapid change conditions. Life was so rich. "Don't let your studies get in the way of your education!" was a watchcry from Wesleyan that applied now. The dissertation would take years to complete.

Syracuse

The Community Action Training Center (CATC) was an initiative of the federal War on Poverty to train community organizers for low-income communities in the Alinsky manner. He was to be a consultant to the program. While in Chicago, I saw him and his organizers as puppeteers pulling on just the right community strings to bring power to the poor through change tactics. Here, in 1965, was a chance to research an organizing effort. The project was linked to Syracuse University. Here was an opportunity to learn firsthand about two earlier fascinations. With blinders on, I signed on as a researcher (and soon became coordinator of the research effort) and insisted on some faculty status at the university. What a powerful negative learning experience! I was purged by CATC after six months. Some key experiences:

- negotiating with the research staff for return of the research data which they had taken to accentuate demands for better treatment of themselves and better security for the data;
- learning to deal with an amazing group of project leaders, each with his own affectation;
- being scapegoated, and surviving two death threats;
- on a more positive note, training a group of participant-observers, getting a chance to do one-on-one interviews with Saul Alinsky, and secretly writing a detailed career-saving document that documented the ineffective internal operations of the Center.

I was appointed a lecturer at the School of Social Work. I taught my first class in Social Science Concepts while in the midst of CATC. I used *Mass Society in Crisis*. The course and the text influenced many of its students, and those with whom I'm still in touch refer to that experience as a highpoint of their social work education. This was my first experience both with adult education and with designing and delivering a class. I remained with the School of Social Work until 1971, teaching and supervising theses. On the side, I took the lead in establishing BYUS—Black Youth United of Syracuse—a youth center that took over a city church. I liberated one of the

School of Social Work's buildings and turned it into a crisis counseling center during the national student strike against the Vietnamese War. I also revisited my interest in institutions for the mentally ill and retarded, working on a design for community outreach centers for Syracuse Psychiatric Hospital. I trained institutional observers with Burton Blatt, an activity which evolved into the Center for Human Policy. This was a time of turmoil and hope in our society. For a while, during the exuberance of the student strike, it looked liked the old order was crumbling. My change-oriented confrontational style did not endear me to academic administrators, and my dissertation continued to evolve without completion. Therefore, when I announced to the Dean of the School of Social Work that I was planning to leave at the end of the year, he proceeded to fire me.

A career style had evolved out of the mix of academic and community activities. I saw myself as having one foot in the university and one in the community—groups that were frequently at odds. In retrospect, this bifurcated career style evolved from dealing with discord to creating harmony by joining the world of scholarship and the world of the larger society—sometimes joining individuals—sometimes joining communities of interest. This antecedents to this pattern reaches back into my adolescence and this pattern continues today with only a few breaks.

With the next move from Syracuse University to Hutchings Psychiatric Center in February 1971, my university/community combination broke down for two years. In retrospect I crossed an invisible line. My job responsibility was to build an education and training center for a brand new facility and to take part in the design and development of a comprehensive state facility that would combine service, research, and training. The prospect was so exciting that I turned down academic jobs to give this a try. I believed I could make a creative contribution. I would evaluate my contribution every six months for the first seven years. I wasn't sure someone with my background really belonged in the setting. I stayed for twenty-two years so the fit evolved. Achievements included:

- developing a high performing training team which coordinated or provided a rather comprehensive program for all levels of hospital staff;
- designing and delivering training for new jobs before the jobs were created;
- linking one hospital with academic programs from the associate through masters level--a forerunner of the corporate university;
- designing workshops or bringing unusual programs to the hospital— Mime, Reevaluation Counseling, Technologies for Creating;
- creating and maintaining a humanistic enclave within a rule-driven setting.

The Education and Training Department was considered the best in the state and its dedicated staff were able to continue a high level of performance much of the time.   In 1973, I was appointed Assistant Professor in the Department of Psychiatry at the Health Sciences Center. A few years later, I became adjunct faculty of the Department of Sociology at Syracuse University, teaching social problems and similar courses. I also became a part-time mentor for Empire State College, a university without walls, and adjunct for several branch campuses. I found I loved to teach and to design curriculum wherever it took place. The Office of Mental Health of the State of New York was one of the largest bureaucracies in the world. I learned how to survive within that system while trying to bring about change. Hutchings never got to the staffing levels needed for the full service, research, training center because of changes in the philosophy of service delivery and the advent of managed care. In the last three years of my tenure at the psychiatric center (1990-93), I became a special assistant to the executive director around issues of organizational change dealing with the effects of downsizing on a staff — many of whom still maintained the dream of the comprehensive facility.

I did not view myself as a clinician. Therefore, I was surprised in 1977 to find that I was scheduled to do clinical staffings. These were weekly events in which guest experts from within the Center were asked to review the treatment team's approach to a difficult patient. I asked the Clinical Director why had I been chosen. He replied that members of the treatment teams had grown tired of just hearing from psychiatrists and wanted to hear from some new blood teamed with psychiatrists. I was not sure what I would bring to the session, but would go to the team's location and review the case record the day before the staffing and try to construct a social and treatment history. The typical session would have the psychiatrist take the lead and I would have ten minutes at the end. I would usually make some practical treatment suggestions; and frequently when these were followed, there were some positive change. I began to build a clinical reputation. I analyzed where my ideas were coming from and discovered they were a mix of sociology and Reevaluation Counseling, a self-help movement in which I had become a co-counselor and teacher. I began testing the approach as a co-therapist on very difficult cases and had some promising results.

With the move to mental health work, I had given up an identity as a sociologist. Yet I would go to the American Sociological Association whenever its national meetings rotated back to New York City. I would see old friends, but be dismayed at the content of most of the sessions I attended. I did notice at the 1976 meeting an announcement of an unofficial gathering on clinical sociology at 4 PM on the last day of the meeting. I found a group of eight meeting in an upstairs lobby. We described our work. As far as members of this group knew, I was the only sociologist in the country doing clinical

work in a psychiatric setting. They requested that I write an article.

This was easier said than done. Ever since my writing was torn to shreds by my professor in Freshman English, I had blocked on scholarly writing. I had no need to write for academic rank having become tenured in the mental health system. Yet here was an approach that made a difference. I began thinking about an article. However, the old fear of being attacked made the writing tortuous. Then Barry Glassner came to the Syracuse University Sociology Department with some parallel interests. The article first turned into a monograph and then into our collaboration, *Clinical Sociology*, the first textbook in a field that did not yet exist (although there were glimpses of a heritage decades earlier). The text, designed for upper division undergraduates, presents theory, methods, features of the social landscape, and sociologically-based technologies. The book, caught in the midst of editor/publisher warfare, as well as being different from the usual text, did not sell well and has been out-of-print for years. We talk from time-to-time about a new edition, but it is not a priority for either of us.

The Clinical Sociology Association evolved, although I was not a charter member. I did become active as the program chair of the first freestanding conference and several that followed, then executive officer, and then president. I am proudest of that first conference at Stella Niagara, north of Niagara Falls. Some attendees of that conference are still active in the association. I was trying to be a leader of the association while working full-time, teaching, volunteering in the community, and helping to raise three sons. My life was cluttered, but rich.

A group of inmates were introduced to parts of *Clinical Sociology* in manuscript by a graduate student teaching sociology to inmates at Auburn Correctional Facility. They began to use the chapter on sociodrama in working with delinquent youth who were brought to the prison by their counselors to experience several hours of prison life. The inmates requested that one of the authors of the book come to the prison to make sure they were using the technique correctly. I went into the prison and was impressed with the dedication of the YAP inmate-volunteers. This began a ten-year commitment to doing work with the inmates, usually as a volunteer. I did get paid to teach a criminology course which I linked with an adult education class at Syracuse University. The class ended with a joint seminar in the prison. Later, I would teach Technologies for Creating, a self-help course in this setting. Inmates, and a group of outside volunteer consultants, worked on developing a course to lower recidivism, *Prepare for Freedom*, using a clinical sociology model. We found that the bright inmates with whom we were working could not tell us the rules underlying prison culture. The first part of the course sensitized them to prison culture with much of the writing done by inmates. Then I wrote a long poem entitled "Moving Gently Toward the Truth" to aid in thinking

about transition to entrepreneurial culture on the outside. When I would read the poem in the prison, you could hear a pin drop. Inmates thought the poem captured the essence of their world. The poem provides a strategy in moving to a new culture.

Moving Gently Toward the Truth
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There are different ways to distinguish the flow of life in the universe.
Each is seen as a fixed measure, yet each is a way we choose to create order out of the way we see the world.
There is distance with measures such as millimeters, inches, miles, leagues, light years
There is enclosed space with measures such as size, quarts, acres, cubic feet
There is time with measures such as minutes, hours, days, years, decades, centuries
There is achievement with measures of degrees, jobs, awards, and rewards
There is punishment with measures of sentences, detentions, fines, and spankings
There is affiliation with measures of friendship, memberships, relationships,
There is power with measures of conquests
There is health with measures of wellness, illness, the vital statistics of life and death
Are there others ways to distinguish the flow of life?

Time
In prison, one measure predominates—time
In this society, time is usually how we measure punishment
(However, remember the death sentence)
sixty seconds to the minute
sixty minutes to the hour
twenty-four hours in the day
seven days to the week
fifty-two weeks to the year.

Serving a ten year minimum sentence is approximately
five hundred and twenty weeks
one hundred and twenty months
Three thousand, six hundred and fifty-two days
Eighty-seven thousand, six hundred and forty-eight hours
five million, two hundred and fifty-eight thousand eight hundred and eighty minutes
three hundred and fifteen million five hundred and thirty-two thousand, eight hundred seconds.

How long did the act take that brought you here?
Some contrast!
So much time to think about the route you took to get here.
These numbers by themselves mean little. It is an arbitrary measure to mark a flow of life.
People place meaning in those numbers

What does a ten year sentence mean to you?
To others in the prison?
To the judge who sentenced you?
To your family?
To your friends?
To taxpayers?
To your victim?
To their family and friends?

What does "doing life" mean?
You are "doing life" now. We are all "doing life". We are what we live.

This time of your life can be full or empty, short or long, pleasurable or painful, fun or boring
Time can be on your side or against you.
For many inmates, time is the enemy that puts their life on hold
For others, time has become an ally that has aided them to prepare for the future.

Yet time passes. It is passing now as you read this. It passes every moment.

Is it possible in the prison world where time is a main measure, to have it recede into the background and to have other measures become the yardstick?

Some measure life by accomplishments. Lists of achievements de-emphasize the time that completion took
Some measure life by affiliations counting the friendships maintained over lengthy periods of time.

What would it take?

You can't just will time away or ignore it.
It will still be there both in the short run and the long run.
We know it will pass.
How will it pass for you? Hard time? Easy time? Wasted time? Useful time?
How would you like it to pass?

It is UP TO YOU!

Space

How large is a cell?
What are the dimensions of the yard, the mess hall, the place where you work?
What space is yours? What belongs to others?
Space seems limited in prison.
You have been taken away from the more open spaces of city, town, or countryside
confined because of something you did (or that others believe you did).
Kept behind a barrier, kept in limited space.
How many steps from one end of your cell to the other?

How many times have you paced this distance?
Pace, pace, pace, pace, turn, pace, pace, pace, pace, turn
How many paces in a year?
How big is your pace-space?

What space do you see when you look out?
Most prisons are designed to face inward
To provide limited vistas of the outside world
To replace its colors and actions with blandness and regimentation.
Dullness saps the mind of its ability to create change.

Yet there is inner space—the space of the imagination—the space of dreams
of fears, of thoughts.
Imagine your favorite place in all the world.
What do you see, what do you hear, what do you smell, touch, taste?

Return to the scene of your crime.
What do you see, what do you hear, what do you smell, touch, taste?

Imagine a space in which you are free
What do you see, what do you hear, what do you smell, touch, taste?

You are standing before the judge being sentenced.
Think about that space and your feelings at that moment
If you could exchange that space and that time for another
What would be your exchange?

Now close your eyes and think of your favorite place, the scene of your crime, a place
of freedom, being sentenced, your cell, a place of freedom.

Imagination opens possibilities.
However, think about your current situation
You are in a prison, surrounded by tight space and defined time.
What exchanges are possible?
Can I move from inner space—the space of my mind
to a better way of living in the space in which I find myself
Can I prepare for the outer space of my future?

It is up to you!

Objects

For some, the goal of life is to gain the most objects.
A bumper sticker proclaims
"He who dies with the most toys wins"
As you grow older, the toys get more expensive.
Fueled by advertising, one's purchases can move beyond necessity, to niceties, to
luxuries, to absurdities.

The five thousand dollar car performs the same basic functions as the seventy-five thousand dollar car.
The difference is status.

The objects we collect provide the symbols of personal status.
Their names provide a statement of who I am.
What can you tell about these people by just knowing four objects?
A BMW Car; Gucci Shoes; Hart, Schaffner and Marx Suit; Rolex watch.
or
a Jeep, Adidas sneakers, Levi jeans, a pocket watch

When you come to prison, the objects are limited
Yet people create status even within the limitations
Green slacks, a sweatshirt, no name sneakers, a Timex watch could be the basics,
Yet there are many variations on this theme.
Can you judge a book by its cover?

When the symbols of status are limited,
what objects distinguish your friends?
your enemies?
What objects do you really crave. still?
Which now seem like fools' gold.
What do these objects mean to you?

Who are you? Describe yourself in relationship to the objects you crave.
Who would you like to be? What are the symbols that you want to be you?
Consider your future life as if you were on a spaceship allowed to bring with you only those objects that are essential to your survival.
List those objects.

If you just owned those objects and no others, would you be satisfied?

It's up to you!

People

Hello out there!
Does anyone really care?
Criminals leave in their wake people who linked hands with them if only for an instant.
Some might still care. Some might still believe in you.
You touched lives. It might have been a clammy touch,
but you touched lives.
You hurt others by what you did even if you thought you were Robin Hood or Eldridge Cleaver or Al Capone.

Hurting others touches lives. What you did to others that created pain is remembered however dimly. Face it. If you are here you have hurt others. Some you can name — some unnamed.

Concentrate on the faces of the persons you hurt.
If you don't know what they look like, give them a face
See their pain and admit to yourself that you caused this.

And you hurt yourself.
Touch your own face, run your hands across your forehead, around your eyes, your nose, your mouth, your chin.
Get in touch with the pain you caused yourself.
Here you are, in confinement not only for what you did to others,
but also what you did to yourself.
But also don't forget what people did to you.

Chart these actions

What I did to others?
What others did to me?
What I did to myself?
Is there a balance? Is it the balance you desire?
Tell the truth to yourself. Face the truth!

Self

Whatever the balance, you are at the tip of a precipice.
It might seem calm, but that is an illusion.
Beneath you lies your future and you can sense all the events that are part of who you are, who you were, and who you want to be.
A false truth, you fall off the precipice.
Listen to the echo
Who are you? (who are you?)
Does anybody care?
Think of three components making up your self.

Your Psyche— This monitors what's going on inside. You can listen to your inner voice passing frequent comments on how you're feeling. This self-talk can be put into the service of your aspirations

Your Socius—This monitors your social self—how you desire to relate to others. You can listen to an inner voice providing reactions to your interplay with others. You can train this inner voice to reflect on your interpersonal desires.

Your Persona—This monitors how you present yourself to others and how they view you. An inner voice here gives you feedback on how it perceives others relating to your presentation of self.

There are two dimensions to each component

an open side
a hidden side
That means:
Some aspects of you are open to you and to others
Some are open to you and hidden from others
Some are hidden from you and open to others
Some are hidden from you and hidden to others.

In areas of difficulty where there is pain, a person tries to hide this from others.
Sometimes people grow a symbolic callus around that area—a tough piece of skin that protects from pain.
Sometimes that callus becomes their persona—the way they present themselves to others—acting as tough as the pain

Sometime the pain is too deep to face, hidden first from others and then from oneself except in those few moments of extreme self-doubt.

Yet it must be faced if one is to grow beyond where one is stuck.
You are not the only person stuck
Various techniques are used to get a person unstuck:
"Forget it, today is the first day of the rest of your life!"
Outcome: the pain recurs from time to time and the person has limited ability to cope with it
Shock treatment with confrontation building on the guilt
Outcome: leads to lower self esteem with the reinforcement of a belief of being a shit aided by another enforcing power trips through the confessional.
Long-term therapy during which the callus is examined from several perspectives
Outcome: enforces dependency on the therapist tends to focus on the range of problems without a determination of the underlying structural patterns, and it works best with highly articulate clients and is seldom available without a catch in places like prisons.

Is there another option?
Moving gently toward the truth,
Coming deeply into contact with your life-spirit,
exploring the past: open side, hidden side
Acknowledging the past and its influence on the present.
Then planting the seeds for a new life and learning how to nurture those seeds so that you grow into a person worthy of your life spirit

Life Spirit

Each person can be viewed as having a life spirit, an underlying self
filled with the success aspirations of youth
tempered by the experiences of growing up.

This life spirit can be expressed in the form of a motto
in earlier times, a coat of arms

or through actions designed to emulate this life spirit
being a standup guy, getting ahead, helping others, creating, working,
or through meditation or prayer
becoming at one with an outside force
to link with the unknown.

Survival in prison or in any total institution and on the outside usually is aided by a
link to the spiritual
an inner voice to link to
to keep you on the path.
Morality does not die when you enter the prison gates
(Many outsiders don't believe this)
For many inmates, morality seems to get stronger
prison culture is simple and controlled, and penitent is the root word of penitentiary.

Temptation comes in many forms, whatever the environment

Choices
One can choose to respond to short-term demands
to temper the life spirit with temporary highs
The thrill of drugs, of crime
breaking the law for a quick fix of excitement
or temporary lows
failure, defeat, dragged out

Or one can make secondary choices leading to primary goals
Going to college in order to have a career later
Choosing not to fight another inmate in order to stay out of keeplock
and to stay out of keeplock in order to have
a good record when you go to the parole board
in order to get free, be free, stay free.

You have chosen to better be able to prepare for freedom and to lead a more
meaningful life while in prison.
You must back up this choice by actions and these actions must be backed up by
the values that come from a caring heart.

Heart
Coming out of prison, no matter how long the sentence is like waking up from a long
sleep.
The world you left is not the world to which you are returning
We live in a time of rapid change
with a technology that produces new and improved and
faster and smaller and simpler
cars and computers
weapons and watches
Better things for better living

But is life better?
For many communities, drug use, violence and crime are
out-of-control
Incest, spouse, and child abuse are no longer as hidden
Environmental issues leave people wondering whether
those not yet born will be able to live in the planet they inherit.
Competition at all costs with the corruption that follows
hits this society at its core
not all crooks make it to prison.
Getting ahead at all costs means
no respect for anyone who gets in your way.
Pushing down others to get on top.
No respect means who can one trust
to guide me
to be my friend.

The road is not clear, but covered with fog.
If one wants to lead a good life, one that will keep you from
ever returning to a place like this,
Which way do I turn?

Begin by looking outward and then turning inward.
What is a hero?
What are the qualities of heroism?
Who are your heroes? Why?
Where do you look for heroes?

Let's now look at you
Not the you filled with the noisy bravado that inflates you,
but the reflective penitent you.
Listen and feel your heart beating.
The self that emerges has a different quality.
Reflect:
Can I become a hero?
For whom do I want to be a hero?
What would it take?
What about me would have to change?

Many heroes spend time in prison.
If not a real prison, then a symbolic one—the prison of unacceptance.
Then emerge with goals for change.
What are your goals?
For yourself?
For those you care about?
For the world?

Heroes gain pride by standing up for what they believe
by planting seeds in their own hearts and in the hearts of others
that grow into flowering trees
For heroes have heart
not only for themselves
but also for others
and for the world.
True heroes care
They get ahead with others, not at their expense.
And others share with them,
friendship and respect,
growth and change,
caring and understanding.

Heroes turn barriers into boundaries,
and boundaries into frontiers.

Listen to your heart
as you answer
Who are you?
For myself and for the world?
I am what I am,
a person moving gently toward the truth,
a person who has made a mistake that leads to imprisonment,
now considering to join in the process of becoming a hero
battling within the cocoon of defeat
to emerge as a heroic butterfly.

    We were never able to complete the course. Why did I do this fifty-mile round trip so many times? I was learning a lot from the inmates, and they saw my coming as a special gift. There was also continuity with my other work on social problems and total institutions and my long-term interest in learning about people from whom I'd been protected growing up. While I usually felt safe among the inmates, I also felt the protection of a higher power as I did this work. I found this surprising as I always had problems taking the religious part of Judaism too seriously. Culturally, I am Jewish. I volunteered with Jewish organizations—president at different times of the local Hebrew Day School as well as the American Jewish Committee, Central New York branch. Because our sons were nearing Bar Mitzvah age, I was expected to spend time at worship services in the Synagogue. I frequently would use the lengthy prayer time for thinking.
    During the day-long Yom Kippur service, there is a martyrology—a reminiscence of those who died horrible deaths while maintaining their steadfast belief in Judaism. The poetry and power of this section really hit home in 1978. What was the purpose in my life? I was worker and a volunteer

for groups that slowly worked for change. It was too safe. Go to work; go to meetings; talk, talk, talk. Had I become a "thermometer"? Would change happen faster if I could model more and talk less? Upon reflection on that part of the service, I came to the following question: If you knew of a contemporary holocaust and were in a position to do something to help, and did nothing, were you morally negligent? My answer was a strong "yes." I began scanning for potential locales and settled on the Vietnamese refugees. The government was looking for sponsors. HIAS, the refugee organization that my grandfather co-founded, was one of the sponsoring agencies. I went home and announced to Jo and our sons that we were going to sponsor a family. They thought I was crazy. "When would we have the time?" But they soon agreed to do it. On December 14th, 1979, three scared teen-agers, the Truongs, arrived in their sandals to be greeted by a major Syracuse snowstorm. The trio lived with us for six months and one of them stayed with us for four years. Our relationship continues with two of them. We're surrogate parents. Much of their experience as refugees paralleled that of my own family generations earlier.

Syracuse is where my professional identity was formed. By the time I left, it was hard to go anywhere in central New York without running into someone I knew. I was ready for a move. However, opportunities to try out new approaches were drying up. Downsizing affected resources throughout the region. I sensed my job would disappear in a few years. In the mental health field, ideas of twenty years earlier were being passed off as new, and there were fewer adjunct teaching possibilities. Our willingness and hardiness to survive the long winters had decreased. When Jo lost her job and opportunities for her had dried up regionally, I encouraged her to do a national job search. I could now take early retirement and follow her if she found a job and location she liked. Jo took this as a cry for help to find a way for me to retreat gracefully. Jo was recruited for a federal job in Atlanta that began in July 1992, fell in love with life in the city and with the job. By Labor Day of 1992, Jo made it clear there was no turning back. I retired from the State of New York in April 1993. After downsizing possessions, I joined Jo in Atlanta in May.

Atlanta

For the first time in my life, I moved without a school or job to go to. My initial identity was as a spouse. Nobody knew about my skills and achievements. It resembled my earlier move to Chicago. I was in transition and competing for positions or contracts as a non-Southern, older, Jewish male. My optimism turned to despair. I hadn't had to compete for work before—people would come to me. We had enough to live on if we were careful. My main breadwinner role was reduced to staying at home. I was

stuck—every lead was based on someone else's time frame. I played thousands of games of computer solitaire. It resembled bureaucratic work. I did lots of mind maps—some were reviews of the past—others tried to formulate strategies for the future. I turned my thinking on transitions into a workshop. I did not want to do work I had done before. No more mental illness; no more classroom teaching. In Syracuse, I had begun FreedMuse, a mechanism for me to do some consulting from the clinical sociological perspective. Now that I had time, I wanted to make it a successful independent enterprise. However, I needed to develop a network. At first, I didn't want to go through the process of building what I had in Syracuse. But then it became a necessity to move me out of my hermitage. I looked for an organization in which to become active and settled on the Atlanta Chapter for the American Society for Training and Development with its 1500 members. It became the centerpiece for my Atlanta network (dubbed "FreedNet" by one of my new friends). I also proposed and then founded the Study Circle, an award-winning professional practice area in ASTD. Even while the network grew, I continued to have trouble with the transition to new work. I would do occasional workshops, but it was hard to differentiate what I do from work of others looking for work in Atlanta — a magnet city.

Opportunities were slow in coming. But they came. In 1994-5, I used the clinical sociology approach at the testing laboratory of a Fortune 500 company. I worked with the executive director of a private social agency to come up with a new organizational structure. In 1996, as a volunteer, I was the training designer and a trainer for 7000 volunteers at the International Paralympic Games in Atlanta. This work won a special award from ASTD-Atlanta. Consulting work from a home-office has a different rhythm than the usual job.

- My current activities include being the Performance Effectiveness Consultant for The Fielding Institute's Professional Sociological Practice pilot program which Valerie Bentz and I co-founded. Among the mid-career students in his program, I see the next generation of sociological practitioners. My contribution to the workbook used by students is the section on practice. It uses a conceptual framework drawn from the varieties of work I've done in my career.
- being a Consultant as a contractor with The Continuous Learning Group, Inc. My team is working on the social redesign of a training delivery department for a Fortune 40 company.
- being the Senior Advisor for Strategic Creativity for the Sociological Practice Association. Out of a new strategic vision, I have taken the lead in creating new marketing materials and an internet part of the association called BRIDGE. I revisited being the program chair at the Great Scottsdale annual meeting of June 1997.

At this time, I am busy doing these exciting projects. Probably I will have moved to other activities by the time you read this. There will be ups and downs.

We are also pleased that two sons and two grandchildren are living in Atlanta (the other son, daughter-in-law and grandson are in Brooklyn). Today, I seldom view myself as a refugee or as retired. A new consulting colleague (the one who asked for the five minute autobiographical statement) recently wrote me, "I admire what you have done in recreating your life there [Atlanta] and your ability to establish a new future. Few could have accomplished the things you have achieved with the sense of humor and optimism you have retained."

When I retired from the Psychiatric Center, I quoted Helen Keller in my farewell address, "Life is a great adventure, or it is nothing." The great adventure continues . . . .

Appendix: Resumés

JONATHAN A. FREEDMAN
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EXPERIENCE

President   **1988 to Present**
FreedMuse   SYRACUSE NY & ATLANTA GA
A Clinical Sociology consulting firm specializing in mentoring, group and organization development, and training

Director of Education and Training   **1971 to 1993**
HUTCHINGS PSYCHIATRIC CENTER   SYRACUSE, NY
State of New York Psychiatric Facility providing a wide range of services to severely disabled persons

Special Assistant to the Executive Director for Organizational Development   **1990 to 1993**
HUTCHINGS PSYCHIATRIC CENTER   SYRACUSE, NY

Assistant Professor   **1973 to 1993**
HEALTH SCIENCE CENTER - Department Of Psychiatry   SYRACUSE NY

Adjunct Professor   **1975 to 1993**
SYRACUSE UNIVERSITY   SYRACUSE NY
Department of Sociology, Maxwell School and Special Education Division, School of Education

Adjunct Faculty   **1982 to 1993**
NEW SCHOOL FOR SOCIAL RESEARCH, UPSTATE BRANCH
Health Services Admin., Graduate School of Management and Urban Professions

Lecturer   **1966 to 1971**
SYRACUSE UNIVERSITY School of Social Work   SYRACUSE NY

EDUCATION

Doctor of Philosophy (Sociology)   BRANDEIS UNIVERSITY, WALTHAM, MA.   1973
Master of Arts (Sociology)   BRANDEIS UNIVERSITY, WALTHAM, MA.   1964
Bachelor of Arts (Social Psychology)   WESLEYAN UNIVERSITY, MIDDLETOWN, CT.   1957

SELECTED ACHIEVEMENTS

- **Certified Clinical Sociologist**   Sociological Practice Association   1984 to Present
- **CLINICAL SOCIOLOGY** (1st modern text in Clinical Sociology co-author Barry Glassner)   1979
- **Distinguished Career in Sociological Practice Award** Sociological Practice Association.   1989
- **Teacher of the Year**   University College, Syracuse University   1984
- *CHOICEPOINT* (Curriculum for adolescents to aid in making choices) Institute For Human Evolution, Salem MA   1988
- *CHOOSE HEALTH* (Curriculum for adults to aid in making health lifestyle choices) FreedMuse, Syracuse NY   1992
  Research studies, journal articles, chapters in books, training manuals, television productions (titles on request)
- **WHO'S WHO IN THE SOUTH AND SOUTHWEST**   1994-6
- **WHO'S WHO IN MEDICINE AND HEALTHCARE**   1997-8
- **ASTD** Atlanta Chapter. Co-Chair, Study Circle Professional Practice Area   1994 to Present
  Professional Practice Area Achievement Awards   1995, 1996
  Dugan Laird Award for Exceptional Project (Paralympic Training)
- Cabot Applications Development Lab Clinical Sociology and Organization Development Consultant   1995
- Atlanta Paralympic Games Co-designed and delivered volunteer training for thousands of volunteers   1996
- Sociological Practice Association President's Award   1997
- The Fielding Institute Professional Sociological Practice Program *Co-Founder*   1997

Jonathan A. Freedman
Knowledge, Skills, and Abilities

A resume presents an overview of employment, education, and achievement. However, a person is more than the measure of these yardsticks. Here, I present those qualities by which I am known to those with whom I have worked.

Leader/Manager
who creates structures that enhance staff empowerment, commitment, and productivity to an organization. He frequently is called upon to troubleshoot in difficult situations. Others state "he makes the impossible possible." He has remained effective in periods of growth, stabilization, and downsizing. The training staff he formerly led has maintained high productivity for many years regardless of working conditions.

Facilitator for Groups and Organizations
specializing in developing agreement in difficult groups with complex missions. For example, he facilitated a group that developed a state-wide plan for the future of state psychiatric centers. Another effort involved major providers of mental health services in a county to agree on a cooperative vision for the future.

Workshop Leader and Teacher
Expert communicator to many audiences. These include: professionals, paraprofessionals, business, academics, general public, and special populations, including senior citizens, students, prison staff and inmates. He conducts workshops in the areas of stress management, leadership, dealing with difficult people, total quality management, mental illness, organizational change, downsizing, team building, and sociological topics. He teaches credit classes in sociology, psychiatry, hospital administration, and counseling.

Training and Development Director
who has designed, developed, delivered, and evaluated many training programs. Emphasis has been on training for managers, trainers, professionals and paraprofessionals, helping adolescents to make wise choices, and wellness.

Innovator and Pioneer
at the cutting edge of possibilities in several fields: wellness, quality improvement, clinical sociology, diversity, curriculum development, leadership for organizational change.

Counselor
called upon to develop plans or deliver treatment with special abilities with difficult clients. Links individual's recovery with group, organizational, or community goals. He has mentored many persons.

Consultant
specializing in strategies that solve difficult problems for groups, organizations, and communities. Uses Clinical Sociology to link social strategies to an individual's goals.

Special Skills
Desktop publishing, simple video editing, interviewing, internet, visionary planning.

Award Winner
Teacher of the Year, University College, Syracuse University
Distinguished Career in Sociological Practice, Sociological Practice Association
Dugan Laird Award for an exceptional project, American Society for Training and Development-Greater Atlanta Chapter.

Key Knowledge Areas
clinical sociology, group and organizational development, social problems, mental illness, cross-cultural counseling, continuous quality improvement, organizational development, cultural change, training, and wellness.

Key Personal Qualities
loyal, optimistic, energetic, creative, empathic, good listener, full of ideas, life-long learner who loves to teach. He has a good conceptual mind reinforced by years of practical experience.

Jonathan A. Freedman

An exceptional repertoire of talents in training, development,
assessment of personal, organizational, and social issues,
intervention strategies, and general wisdom

Humanistic,
team-oriented,
leader/manager

Skilled Facilitator
Adult Educator of Year Award
and Teacher

Expert in designing powerful curricula

Strong commitment to ethical values

Multicultural Pioneer-teacher of diversity

Total Quality Management

Certified Clinical Sociologist
Distinguished Career in
Sociological Practice Award

Expert in the creative process
and in training others in its use

Versatile

Patient

Expert on planned, rapid change

Lifelong Learner-keeps up with many relevant fields

Excellent listener

Expert counselor, mentor, coach

Ph.D.

Not on an ego trip

Able to apply years of experience to current situation

Analytical-grasps situations quickly

Brilliant

What can I do for you?
I thrive on challenges!

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achievements in the future *

* a more traditional resume is available on request

BOOK REVIEWS

Stress, Coping, and Development: An Integrative Perspective, by Carolyn M. Aldwin. New York: The Guilford Press, 1994. 331 pp. $32.50 cloth. ISBN 0-89862-261-1.
Susan Chizeck
University of Texas at Dallas

Stress and coping is a much researched, though surprisingly ill-researched area of study. Since 1978 there have been more than 10,000 articles written on stress and coping, and Aldwin's book masterfully ties it all together. Much of the research on stress and coping has been focused on either the effect of stress on the development of illness or on the efficacy of different coping methods for different illness or traumas. Aldwin does a massive review of this literature, showing different lines of academic thought and the inadequacy of such discrete lines compared to the complexity of reality. She also adds a review of the literature showing how stress can be beneficial to people, a rarely researched idea.

For the practitioner, Aldwin's focus on complexity is a welcome change that mirrors what we see when dealing with real people and situations. For academic purposes, it is useful to assume people can be dichotomized into "emotional" or "rational" stress responders, but real people often use many different strategies at once or in sequence to deal with problems. One common perspective assumes people have a fixed personality trait for how they cope, yet more qualitative studies show this is untrue and that coping traits are amenable to change as part of child and adult maturation. After hearing a discussion about someone else's experience, people may try out that person's coping technique on their own; for the practitioner this highlights the benefits of working with groups as a way to teach skills gently.

Another key idea Aldwin brings out is the value of seeing the person as

part of a social and economic system and a subculture within that system. Losing one's job is very different for a teenager earning some pocket money, a single parent living on the edge, or a corporate executive. It is different depending on the industry you work in and the age of one's children, one's general health, and so on. It is interesting to note that people who are bicultural (i.e., Japanese-American) often have two sets of coping strategies, one for each culture.

Stress research often looked at the result of a trauma such as a natural disaster or war or rape, but did not often consider prior events. Stress usually has cumulative effects and more than one major stress in a short time may overwhelm a person physically or mentally. Aldwin notes that the largest source of Post Traumatic Stress Disorder is automobile accidents, a fairly widespread event, although the media often focus on war veterans as having this problem. Also, the strongest predictor of ill-health was the stressful accumulation of small "hassles" rather than one major event.

Much stress research depends on questionnaire data but interview data show that people's coping responses are very situation specific. Also people's reports of how they cope may not correspond to what they actually do. Is coping a rational process that we will or is it unconscious? Aldwin gives us a long list of the scales used in this literature and their sources. But we would like to know if some strategies work well, so we can recommend them to clients.

Aldwin looks at the developmental aspects of coping, discussing philosophical and religious ideas of how to deal with suffering and then looks at the positive effects stress can have. She finds humans modify themselves and their environments from the time they are fetuses kicking their displeasure. Much research is needed, though, on how to promote adaptive coping in children. Adults often are able to achieve a transformation after conquering a difficult stress, whether it be learning new skills to cope with the death of a loved one or a new appreciation of life after facing severe illness. In the end, she concludes that the role of the professional, in research or practice, is to help others develop ways of mindful coping, giving them new perspectives and skills.

Beloved Enemies: Our Need for Opponents, by David P. Barash. Amherst, NY: Prometheus Books, 1994. 309 pp. $25.95 cloth. ISBN 0-87975-908-9.
Dean Reschke
Center for Problem-Solving Therapy
Schaumburg, Illinois

My experience of reading the book *Beloved Enemies: Our Need for Opponents,* written by David P. Barash, was one of contradictory thoughts and feelings. Barash offers a paradigm for understanding and explaining the seeming proclivity that humans have to divide the world into polarized constructs of "us" versus "them," "good" versus "bad," etc. He asserts that we seem to "need" to have "opponents," or "enemies," to help us define who "we" are, to focus on something external in the service of quelling or redirecting our deepest internal fears, pain and uncertainty. He suggests, "Virtually whenever it appears, excessive enmity can be traced to pain, injury, loss, and rage" (p. 208). He suggests that humans engage in a competition and "enemy making" not only for biological and psychological reasons, but also for important sociological reasons. He argues, "the underlying functions of groups is to identify members of other groups as different from themselves. . . . They exaggerate any existing differences, partly in the service of getting a firmer grip on who they are themselves" (p.89).

Barash suggests that this way of "seeing" the world has many unfortunate ramifications, such as *ipso facto* "creating" enemies where none actually exist, which can then lead to very real but unnecessary violence, conquest, and also a sort of "self-destruction." Barash calls on useful metaphors such as Melville's Ahab, whose "quest for revenge almost literally devoured him, just as a malignant tumor might have done" (p. 209).

Barash describes several contexts where he sees evidence of this process. For example, he cites the "description" of enmity that Americans have rendered to leaders such as Hitler, Tojo, Mussolini, Mao, Ho Chi Minh and Milosovic — in part to satisfy a collective need for opponents. He asserts, ". . . not only do we need an enemy, and not only do we tend to exaggerate this enemy and dehumanize it, but we also insist that this enemy have at least a recognizable face, typically the face of a leader through whom national identity — and antagonism — is filtered, and in whose image a complex welter of aspirations and antagonisms are congealed and personified" (p. 44).

Herein lies, for me, some of the difficulty that I have in fully embracing the author's thesis. I agree with him that only rarely "do we seriously consider our own role in the process, the degree to which we may have created these enemies by our own self-righteous insistence that we are right and they wrong" (p. 45). I also tend to believe that "enemy" might be a useful

distinction to ascribe to an "other," whether it is a home intruder or a country's aggressive neighbor who is violating borders through violence. The author's bias is clearly demonstrated in that he reduces an array of group, national, and international events to his constructed dualism, when, in my view, these events are often far more complex or contradictory. For example, "others" often behave like enemies, and this is not merely a construction that we create to divert attention from "in-group" divisiveness or to satisfy other needs. So, while second order cybernetics informs us that we are always part of the system that we are observing, that our own lens creates some of the "reality" that we "see," and the author highlights the destructive ramifications of operating within the confines of an "enemy system," he fails to take into account the extent to which his own lens has shaped "evidence" to fit his paradigm.

Notwithstanding this criticism, I believe that the author is on to something with which we have seemingly made little progress. That is, is it moral and even utilitarian to create and exaggerate distinctions over difference when there is often more commonality in characteristics and purpose between groups? Can we rise above this seeming tendency, when it does exist? Or, is our persistent description of "enemy" some of the "water" that the proverbial fish can never seem to see because it is so immersed in it? We need more conversation about this!

Mending The Torn Fabric: For Those Who Grieve and Those Who Want to Help Them, by Sarah Brabant. Amityville, NY: Baywood. Death, Value and Meaning Series, 1996. 162 pp. $28.95 cloth. ISBN 0-89503-141-8.
Elizabeth D. Leonard
University of California, Riverside

Mending The Torn Fabric makes an important contribution to our understanding of the grief process. Written with a sociological perspective, this effective and compassionate book helps to clarify the multilayered, multifaceted impact of a loved one's death. Brabant writes in a personal and engaging style that makes the subject matter easily accessible. The purpose of the book is to provide guidelines and insights within a recognizable framework that will aid those affected by death to make their way through the difficult and sometimes lengthy process of mending. Drawing from professional and personal experience, the author's insights serve surviving loved ones as well as those who want to support and encourage them, lay persons and practitioners alike. The book flows from its initial explanation of the torn fabric analogy and tools for mending, to its later chapter directed to those who want to be of help. The concluding chapter addresses the professional's interest in the book's theoretical foundations. Throughout,

Brabant presents fitting examples to illustrate her points.

Mending introduces the analogy of torn fabric to represent what grief looks and feels like in a person's life. This useful and appropriate analogy offers the hope of mending while acknowledging that evidence of the tear will remain. Just as each individual's fabric is unique in condition and texture, so will each tear vary in size, outline and location. The author lays the groundwork for ensuing chapters by defining four different dimensions in the grieving process: *bereavement* — a loss that divides one's life into "before and after;" *grief* — the human response to loss, the depth of pain indicating the degree to which the loss is felt; *grief work* — work that must be done to move through the pain of loss so that the bereaved can come to a point where the pain may be lived with instead of being in control. Finally, the influence of culture is manifested in *mourning* — how we are supposed to respond to death and how we think others will expect us to respond. Because only the bereaved knows the size of the tear and how much it hurts, cultural background may or may not be helpful in the mending process. Except for the final chapter, each concludes with guiding or affirming statements, e.g., "It is my torn fabric. I am more familiar with it than anyone else" and "Needing help is not a sign of weakness."

According to Brabant, the popular five-stage process of grief (denial, bargaining, anger, depression, acceptance) based on the work of Kubler-Ross, suggests a linear progression that is too simple. "Grief does not come with a roadmap or a timetable." The author prefers the term "places" to describe nonhierarchical spaces that the bereaved can occupy at any given time. The insightful shift from "stage" to "place" removes potential feelings of failure or regression (e.g., one might normally re-experience anger after coming to accept the death of a loved one). The book does not claim to describe all of the possible places the bereaved will enter, only the more common ones, which include *denial, anger, depression, sadness, relief, fear, jealousy*, and *acceptance*. Using well-chosen examples, the author effectively explains and describes these "neither good nor bad places." She also cautions us to avoid places of *guilt, shame*, or *hate* and clarifies their frequent sources (words like "should" and "ought" are warning signs).

Mending discusses the influence of *earlier tears* on our ability to mend. Moreover, we can anticipate and prepare for *future tears* — new losses associated with the original loss. It is heartening to read that a new tear, such as an anniversary reaction, does not represent grief work not yet done. The book provides numerous practical suggestions to help us care for our fabric as we go through the mending process (e.g., rest, exercise, diet, and physical checkup) and recommends crying as "an excellent needle and thread for mending tears." Brabant reassures us that anger is natural, and that what we do with it is what is important.

The analogy extends to methods or tools for mending. Threads and needles can include workshops, support groups, journalizing, scheduling time to talk with a friend, and professional help if needed. The author exhorts, "Do not let anyone, family or friends, pressure you into going to a program you do not want to attend." Because Westerners often overlook the restoring power of ceremonies and rituals, Brabant furnishes guidelines for creating beneficial observances or rites. The book wisely does not avoid more complicated situations (e.g., suicide, multiple deaths, death caused by the action of another, even miscarriage, stillbirth, and abortion). The author's discussion of *delayed grief* and *disenfranchised grief* (i.e., the denial by others of a person's right to feel grief) adds needed insight to bereaved persons who might be disregarded due to family or cultural norms. Brabant's analogy takes us beyond mending to embroidering new designs on fabric undergoing repair.

With valuable do's and don'ts, Chapter Ten directs itself to those who want to help the bereaved. The author reminds us that making someone feel better is not the goal; the helping person is there to affirm, not to fix. Practitioners will appreciate Brabant's suggestions for using the torn fabric analogy, which can be expanded for use with many types of losses and changes, such as with health, marriage, or career. The volume concludes with a highly useful listing of resources for bereaved persons and suggested readings and videos on grief and grief-related issues.

The author's experience and skill in dealing with grief and the grieving serve the reader well. Her approach allows grieving individuals the freedom to seek out their own methods of healing while providing important, balanced, and compassionate guidelines. Bereaved persons are likely to recognize themselves in Brabant's sensitive and practical text, and find new needles and threads to aid them in their mending process. With *Mending*, friends of the bereaved will gain needed direction and avoid common errors. For practitioners, this excellent slim volume provides useful information and insights that apply directly to practice.

REFERENCE

Kubler-Ross, Elisabeth. 1969. *On Death and Dying*. New York: Macmillan.

Understanding Writer's Block: A Therapist's Guide to Diagnosis and Treatment, by Martin Kantor. Westport, CN: Praeger, 1995. 195 pp. $55.00 cloth. ISBN 0-275-94905-2.

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The Center for Individual and Family Services
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In September 1996, while this book was being reviewed, an Associated Press news item regarding the prolific writer Iris Murdoch was released:

> At 77, after 26 novels, Dame Iris Murdoch has her first case of writer's block. `I'm in a very, very bad, quiet place,' she said . . . . `I feel as though maybe the whole thing has packed up.' Doctors have been unable to find a medical reason for the block, Dame Iris said. Murdoch began her string of novels in 1954 with *Under the Net.*

Twenty-six published novels, spanning forty-two years, without once experiencing writer's block! Twenty-six published novels, spanning forty-two years, without once experiencing writer's block, until now! Equally remarkable statements, it is the latter that might be of particular interest to Dr. Kantor, a psychiatrist.

In his book, the author uses "writer's block" and "creative block" interchangeably and broadly applied: "Block is a relatively common disorder that affects the genius and the merely talented alike: the composer and the assembly worker, the painter of canvases and the painter of houses" (p. 3). Most examples of "block" cited, however, are drawn from the lives of writers, musicians and artists.

In writing about block, the author posits ten categories of mental and physical disorders of origin: Affective Disorder, Anxiety/Phobic Disorder, Conversion Disorder, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Schizophrenic Disorder, Sexual Disorder/Paraphilia, Personality Disorder, Substance Use Disorder, and Organic Disorder. Separate chapters are devoted to each, within which there is much descriptive material that might interest the casual and clinical reader, alike. Indeed, a strength of the book is in the description of the interrelationship between manifestations of block and disorders of origin.

The author hopes that clinicians, better informed about the concept, dynamics and treatment of block, will prove more sensitive to its presence, thereby reducing the chance of it being missed during assessment or treatment. He states:

> Block can be covert/hidden because it is in its early, formative stages (preblock); because it is transient; because it is embedded in the art as distinct from in the artist; because it affects what we consider to be a

nonartistic skilled profession like law or business, or semiskilled profession like plumbing; because of poor insight on the part of the blocked artist, who might deliberately or unconsciously skew the history he or she gives the therapist away from block; because of poor insight on the part of the therapist trying to understand the artist; because it is acted-out interpersonally or professionally, say in derivativeness or plagiarism; and because it is not absolute, but relative (p. 117).

Undiagnosed, the presence of block might serve to prolong unnecessary suffering for the client, hindering or thwarting clinical efforts directed towards changing other aspects of functioning and life. The author notes that, professionally, some individuals who appear to be "misfits" might actually be blocked. Similarly, precipitous job quitting or changing of careers might indicate the presence of block.

At other times, what appears to be block might be otherwise: "Some artists think they are blocked when they are not . . . they are talented, but lazy" (p. 131). Sometimes it is a matter of unrealistically high self-expectations: "Even the most dedicated, talented, and hard-working artists should not expect themselves to work effectively nonstop. Creating is in general a discontinuous process" (p. 132). Hormonal imbalances or side-effects of medication might produce block-like symptoms, too.

The ten chapters on block and disorders of origin are four to eighteen pages in length, or a mean of about nine pages each. Some chapters seem spare. Given this, at least an already good working knowledge of essential psychopathology and its treatment is recommended for the clinical reader, even though the reading material itself is presented in a clear and straightforward style. Additional chapters are included on chronic, missed and false blocks, internal and external causes of block, and positive aspects of block.

With regard to the role of disorders of origin in manifestation of block, the author quotes Cancro (1985, p. 761) on the many block-like symptoms of depression: "Reduced capacity to experience pleasure (anhedonia), reduced interest in the environment (withdrawal), and reduced energy (anergia) . . . a loss of interest or pleasure in . . . [one's] usual activities." With anxiety, however, block might develop consequent to imaginary fears which become associated with the creative process: "Every creative act becomes an occasion for anxiety beyond what the actual circumstances warrant" (p. 45). Such might then progress into phobic-like avoidance. "The artist hesitates or refuses to venture out into the world of art just as the agoraphobic hesitates or refuses to venture out into the world of life" (p. 45). Then, too, block might result from anxiety induced by feelings of guilt originating in "existential conflicts, such as the one between writing something popular for money and something academic for glory" (p. 47).

Block manifested as avoidance might also be associated with a history of

trauma:

> In blockage due to Posttraumatic Stress Disorder creativity slows or stops
> because the *act* of creating or the personal or professional *consequences* of
> creating are in themselves newly traumatic, or they revive one or more old
> traumas. Both new and old traumas stop creativity because they are
> painful; they make the creator feel helpless and afraid (p. 73).

For others, however, past trauma might actually foster creativity:

> One artist said, in essence, `I will create something beautiful to undo the
> feeling that my life has been one ugly traumatic incident after another, and
> to leave something behind to deal with the sense of meaninglessness that
> as a consequence I feel about myself, and my existence (p. 76).

Similarly, some symptoms of schizophrenia might impact positively upon creativity:

> Thought content disorder such as paranoid and grandiose delusions can be
> inherently interesting. The thought process disorders of circumstantiality,
> tangentiality, and loosening of associations can facilitate the artistic
> development and elaboration of idea. Sometimes spillage of unconscious
> material looks like, and probably is, good poetry (p. 20).

Unfortunately, "for most schizophrenics, schizophrenia neither spares nor causes creativity. Instead, in most cases, schizophrenia causes the opposite of creativity: creative block" (p. 17).

Sometimes, a partial block might develop, an emotional or intellectual compromise that permits creative expression, albeit circumscribed. For example:

> In the field of psychology, personologists, from whom we would expect
> the most human of revelations, can often instead do no better than write
> works notably free of humanity -- turgid, cool scientific studies that view
> the individual not as a person but as a compilation of traits determined by
> answers to questionnaires (p. 92).

While the descriptive and diagnostic aspects of block were found informative, it seems that relatively less attention was given to its treatment. Basic, general treatment issues are presented, but a more detailed, dynamic presentation would have been appreciated. There is relatively little explication as to how the various types of block might be approached and treated differentially. For instance, in what substantively different way might the author conceptualize and work with a depressed client reporting block, than with a depressed client not reporting block? This reviewer would have welcomed the inclusion of a few, moderately long case studies, in elaborating upon a briefly outlined "new therapeutic approach (towards block)" proposed

by the author.

In outlining his "new therapeutic approach," the author encourages the clinician to adopt a warm, nurturing, sometimes "benign" attitude: "Blocked artists are really demoralized. They need to hear something good about themselves" (p. 167).

It is in the principles "Help the artist change his or her negative environment, when necessary" and "Teach the artist what he or she has to know to survive" that the author especially demonstrates his awareness of the crucial role social forces often play in block:

> Learning about why critics and audiences mistreat artists can help the artist cope. No therapist can emphasize enough how jealousy is the real reason audiences and critics put artists down . . . . So often critics devalue an artist's works as part of a process in which they are using the work as a stimulus for their own needs and fantasies (p. 172).

> Most discussions of creative block emphasize internal over external cause. In particular they let society, its audiences, and critics off the hook as potential sources for creative block. By ignoring society's contribution to blockage, they make things worse for the artist because, by blaming the artist entirely for block, they add the element of external criticism to the already heavy burden of internal guilt (p. 137).

> In artist abuse society mistreats its artists emotionally like some spouses mistreat their mates physically. Just as abused mates blame themselves for provoking their own abuse instead of blaming their mates for being abusive, artists, instead of blaming an unfriendly or openly hostile society, block, then blame themselves -- citing their laziness or lack of talent (p. 51).

The author proposes a well-recommended corrective: "Though no artist writes entirely without an audience and critics in mind, most should give up their more unrealistic expectations of love and admiration from strangers and settle for inner rewards" (p. 161).

REFERENCE

Cancro, Robert. 1985. "Overview of Affective Disorders." Pp. 760-763 in *Comprehensive Textbook of Psychiatry/IV*, edited by H. Kaplan and B. Sadock. Baltimore: Williams and Wilkins.

Autism and the Crisis of Meaning, by Alexander Durig. Albany, NY: State University of New York Press, 1996. 312 pp. $19.95 cloth. ISBN 0-7914-2814-1.
Barbara Flowers Cottrell
University of California, Riverside

In *Autism and the Crisis of Meaning*, Dr. Alexander Durig presents a fresh view not only of autism, but of the nature of meaningful perception itself. He insists that to better understand autism, we must first come to an understanding of how humans structure meaning in "normal" situations. This has long been the goal of many sociologists, particularly symbolic interactionists, but Durig suggests that these researchers make a fundamental assumption when they conduct their studies. They assume that meaningful symbols are what create meaningful perception. He argues that such logic is conceptually backwards. It is meaningful perception that precedes the use of meaningful symbols.

> We must see that the interpersonal framework depicts the construction of meaningful symbols, but the apparition and organization of meaningful perception itself must be seen as preceding or superseding the construction of symbols themselves .... Meaningful perception itself is a phenomenon that is neurologically endowed in humans and shaped specifically through symbolic interaction (p. 35).

In order to understand such "deviant" cases as autism, we must look behind social symbols and try to explore the order that supports them and structures their meaning. It is an approach that is reminiscent of Claude Lévi-Strauss and Roland Barthes, who both argued that burrowing beneath reality was the only way of uncovering the underlying logic of reality. Dr. Durig devotes much of his book to exploring the "deeper" strata of meaningful perception.

He contends that meaningful perception is built around three basic logical processes: 1) induction (making general conclusions from specific situations), 2) deduction (making specific conclusions from specific situations) and 3) abduction (reordering knowledge in the face of new, and often contradictory, knowledge). The successful integration of all three meaning structures is necessary if an individual is to be considered a "normal" member of society. However, he points out that not all people learn (or are able to learn) these processes as neatly as "normalcy" requires. Some may be more skilled at one form of logic than another, or may be incapable of mastering one of the three forms.

Such is the case with people with autism. Whether the cause is neurological or environmental (there is currently no known explanation for

autism), Durig argues that autistics lack inductive reasoning capacities. They are unable to smoothly move from one type of social situation to another because they are incapable of generalizing knowledge from one situation and applying it to a new situation. Consequently, new situations are terrifying for autistics since they have no way of constructing meaning, much less of maintaining a social self. When confronted with such a self-negating situation, they are likely to fall back into comforting routines, like rocking back and forth. It is through this repetitive, ritualized action that the self is rediscovered and reinforced. Durig's insight seems to be supported by the autobiography of autistic Donna Williams, *Nobody Nowhere*. In her book, Williams admits that patterns and continuity are extremely important to her because "things will stay the same long enough to grasp an undeniable guaranteed place within the complex situation around me" (Williams, as quoted in Durig, p. 87).

This lack of "normal" inductive reasoning may also lead to the sharpening of the other types of logic, much like losing one's sight may enhance the remaining senses. Durig reiterates the discovery of many researchers, that some autistics are "savants" who demonstrate incredible intellectual skills. But he points out that the form these abilities take (numerical calculation, the ability to build and rebuild objects of extraordinary detail) reflect the autistic's heavy reliance on deductive reasoning. The fact that only some autistics possess such "savant" characteristics leads Durig to a second important insight. He insists that autism should not be viewed in binary terms, but as part of a continuum. While some autistics may have the super-deductive capabilities that characterize a "savant," others possess ordinary deductive capabilities which, when coupled by a lack of induction, make them "average" autistics. This continuum of logical ability also opens up the possibility for cases of slight autism among people who "pass" as normal in society. The most fascinating part of Durig's book is his comparison between "classic" autistic behavior and the behavior of computer entrepreneur Bill Gates. The similarity between the two suggests that autism may be much more prevalent than previously suspected.

The latter part of the book is devoted to a broader discussion of the crisis of meaning. Durig recounts the history of knowledge and warns social scientists against the promotion of formal logic to the exclusion of other, more informal systems of knowledge. Durig argues that if we persist in this sort of limited reasoning, we create our own type of autism, which may be very difficult for us to control. It may also lead to a profound crisis of meaning if it is challenged by others. But the main utility of Durig's work lies in his re-conceptualization of autism. By viewing autism from a fresh perspective, he aids people who work (and live) with autistics. Durig suggests a number of ways to help autistics deal with their environment, including the use of videotapes and computer simulation to prepare them for new situations. By

using these technologies, autistics can repeat the experience many times, so that when they actually encounter the situation, they are prepared for it.

Very rarely does a book mix important theoretical issues with practical advice for helping people. *Autism and the Crisis of Meaning* is such a book.

Law in a Therapeutic Key, edited by David B. Wexler and Bruce J. Winick. Durham, NC: Carolina Academic Press, 1996. 1,012 pp. No price listed. ISBN 0-89089-988-6.
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Therapeutic jurisprudence is an interdisciplinary study of the role of law as a therapeutic agent. This analysis of the law proposes that legal rules, legal procedures and the roles of legal actors, including lawyers, judges and law enforcement agents, are social forces that often have a therapeutic or antitherapeutic effect on the individuals and ultimately the society they govern. Although, historically, the study of law has focused on rules of law, the rights of individuals and legal entities, and the consequences for violations of such rules and the infringement of such rights, this discipline challenges us to examine the interplay between such legal forces in an entirely different light.

The objective of therapeutic jurisprudence is that we increase our sensitivity to the therapeutic or antitherapeutic effects of our legal system and ask whether the law's antitherapeutic consequences can be reduced and its therapeutic consequences enhanced while upholding the integrity of due process and other values of justice that have evolved over the past centuries. Further, in addition to taking a somewhat retrospective look and analyzing the law that has already evolved, therapeutic jurisprudence proposes that we explore ways in which the knowledge, theories and insights of mental health and its related disciplines can help shape the future development of the law.

The authors are veritable pioneers in this remarkably new discipline. As stated in one of the book's articles (Ch. 28 by Finkelman and Grisso), therapeutic jurisprudence was first introduced by Wexler in a paper submitted in 1987 for a workshop sponsored by the National Institute of Mental Health. By 1991, two edited volumes on the topic, *Therapeutic Jurisprudence: The Law as a Therapeutic Agent* (David B. Wexler ed. 1990) and *Essays in Therapeutic Jurisprudence 9* (David B. Wexler & Bruce J. Winick eds. 1991) were published. Since then, therapeutic jurisprudence has influenced the thinking of an increasing number of scholars in both the legal and mental health fields.

Although one may logically surmise that therapeutic jurisprudence applies

exclusively to the study of mental health law, or may conceivably be extended to the study of law and psychology, through their book, the authors have amply demonstrated that it is not so limited. Rather, therapeutic jurisprudence is a conceptual framework which, in their words, "brings together a number of topics that have not generally been recognized as related." I strongly agree with this description, but would first like to take a step back and give an overview of the book and then delve into some of the many examples of this characterization.

Law in a Therapeutic Key is an exceptionally comprehensive collection of fifty articles, each a separate chapter in the book. The book is comprised of three parts. Part One focuses on the expanding legal breadth of therapeutic jurisprudence. Although the scholarship in this area was rooted in mental health law, it has since expanded to many other areas of law. Accordingly, Part One contains articles relating to the therapeutic perspective of mental health law in addition to a number of different and varied fields of law including, inter alia, domestic relations, disability, health, evidence, contract and personal injury and tort law. Part One closes with an interesting article comparing the therapeutic characteristics of arbitration, a widely utilized form of alternative dispute resolution ("ADR"), with those of psychological counseling. With twenty-seven chapters and 584 pages, Part One represents the lion's share of submissions. The focus of Part Two is quite different. This Part consists of essays on or about therapeutic jurisprudence rather than essays illustrating the use of therapeutic jurisprudence. Thus, Part Two is more of a critique of this approach to the law. Part Three contains eight chapters relating to the empirical work that has been performed to date in this field and offers an insight to the gap which exists between therapeutic jurisprudence as a theory and the empirical testing of the assumptions underlying the theory which have been introduced to the reader throughout the earlier chapters of the book.

I admit that, before reading Law in a Therapeutic Key, I was unaware that such a study of law existed. In class, I teach my students about two classic approaches to the study of law, or jurisprudence: the traditional approach and the environmental approach.[1] As an attorney trained in mediation, an alternate method of ADR whose practitioners include both mental health and legal professionals, I was intrigued by an analysis of law that is not only an entirely new approach to jurisprudence, but one which, at its core, combines both psychology and law in achieving its stated objective.

The approach is very interesting. For example, whereas an attorney is

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[1]The latter is also referred to as "sociological jurisprudence" with its emphasis on how social change is accomplished through use of the legal system.

trained to consider procedural due process as a Constitutional right mandating strict procedural safeguards to ensure the fairness of a governmental decision before an individual may be deprived of "life, liberty or property" (Fifth and Fourteenth Amendments to the U. S. Constitution), the therapeutic jurisprudence approach conceptualizes due process as giving people judicial procedures they will *perceive* as fair, thus influencing an individual's everyday behavior toward the law. As such, the focus turns to the procedure itself and the individual's participation therein, the amount of dignity with which the person is treated and the degree of trust placed in the authorities with whom he or she is dealing (Ch. 1 by T. Tyler). As another example, from a purely legal perspective, labeling an individual "incompetent" alters certain rights. In criminal proceedings, for example, an adjudication of incompetence will suspend the legal proceedings and will negate the requisite *mens rea*, or wrongful mental state, necessary for a finding of guilt. Similarly, one who is adjudicated incompetent is deemed not to have the requisite capacity to enter into legally binding contracts. The therapeutic jurisprudence approach examines what psychological effect such labeling is likely to have on the individual. It explores such issues as how such adjudication may contribute to a feeling of helplessness and what effect it is likely to have on the individual's motivation and mood (Ch. 2 by B. Winick).

Although the chapters relating to the two examples above directly relate to mental health law, most chapters relate to other areas of law. One chapter which dealt with domestic violence advocated the use of the principles of cognitive therapy in its approach to the legal handling of offenders. So, for example, given the general tendencies of domestic violence offenders to minimize the harm and severity of their attacks and to externalize blame and even deny their behavior, the use of plea-bargains in these cases is discouraged since it allows the offenders to escape responsibility for the actual crimes, thereby reinforcing their cognitive distortions (Ch. 13 by L. Simon). A particularly interesting application of the therapeutic jurisprudence approach related to actions in tort. It queried whether individuals experiencing transient situational stress should be subject to the same objective "reasonable man" standard as the general public in determining liability for negligence. The subsequent analysis took the reader on a roller coaster ride of conflicting considerations and policies before it came to a full stop, advocating a limited subjective standard of care for those who instituted treatment for their mental or emotional problem in good faith before the occurrence of their injury-producing conduct (Ch. 20 by D. Shuman). This conclusion, however, was then challenged in the following chapter which advocated a much narrower exception for nonliability (Ch. 21 by G. Morris).

I particularly enjoyed the chapter comparing the process of arbitration with that of psychological counseling (Ch. 25 by Abrams, Abrams and Nolan),

although I respectfully submit that a stronger comparison would have been between the process of counseling and that of mediation, which, unlike arbitration, is a method of ADR which is nonadversarial. A skilled mediator must be able to establish rapport and gain the trust of the participants as well as determine the nature of the underlying conflicts. The mediator's goal, unlike that of the arbitrator which is to objectively weigh the evidence and make a binding determination, is to help facilitate the parties' mutual agreement thus empowering the participants to actively resolve their dispute. Nevertheless, I found the juxtaposition of the process of a form of ADR and that of counseling quite unique and refreshing.

Although I did find certain concepts somewhat repetitive and some chapters held my attention less than others, in all, I feel that *Law in a Therapeutic Key* makes a significant contribution to the furtherance of this study of law. I have begun to incorporate some of its premises into my lectures and find that after reading this comprehensive work I have begun to view laws and procedures which I previously took for granted in a different light. I wish the authors much success in realizing their hope that *Law in a Therapeutic Key* "will stimulate thought, further scholarship and needed law reform."

Résumés en Français

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La Réconstruction sociale des émotions: apperçus des membres d'une communauté «12-démarches»

Sandra Coyle, Ph.D.

Commune parmi les plusieurs approches à l'étude des émotions qui sont en train d'émerger à travers les disciplines, est la proposition fondamentalle que les émotions "sont des propriétés émergentes des relations sociales et des procédés socioculturaux" (McCarthy 1994: 269). Compatible avec l'évaluation des idées chez Berger (1977), on considère que les émotions --leurs significations et leurs contreparties associées de comportment-- réussisent dans l'histoire par moyen de leur rapport aux procédés sociaux specifiques. Ainsi, comme observent Stearns et Stearns (1994), les emotions ont des histoires qui font partie de l'environnement socialisant de chaque individu. Les émotions, donc, sont des choses sociales qui sont apprises et peuvent être rapprises (McCarthy 1989).

Comme chez Power (1984), cet article posent les émotions comme des parties composantes essentielles du procédé de socialisation. Puis, il essai d'établir le rôle également essentiel des émotions dans le procédé de resocialisation--l'effort voulu de transformer la réalité subjective de quelqu'un (Berger et Luckmann 1996)--comme éprouvé parmi des membres d'un groupe «12-démarches» pour des Enfants Adultes des Alcooliques (EAA). Selon l'exemple de McCarty (1994), cette analyse procède d'un point de vue constructioniste informée par la théorie de culture. Ainsi, on croit que "les émotions sont les mieux comprises comme des objets d'inquête dans les

limites du domaine des formes et significations culturelles" (McCarthy 1994: 268). Le contexte de cette analyse est les domaines culturels contrastants d'une famille où il y a e l'alcoolisme d'un parent, et une communauté EAA. Le but en est double: d'abord, mieux comprendre comment la culture importe dans la manière dans laquelle les émotions sont "différenciées, socialisées et gouvernées socialement" (McCarthy 1994: 269); et puis, investiger le rapport entre l'experience émotionnelle d'un individu, la réalité subjective, et l'autoexpérience sousarcante.

Sur la reconstruction de la confiance: le temps, l'intention et le pardon

Linda R. Weber
Allison I. Carter

Le point central de cet article est les méchanismes qu'utilisent des gens ordinaires dans leur vie qoutidienne pour gouverner les relations qui ont compris des violations de confiance. Les violations de confiance fournissent le motif pour de puissantes expériences émotionnelles. Bien des relations se rétablissent après des violations de confiance majeures, tandis que dans une forme changée. Nos données, rassemblées de dix interviews en profondure, indiquent qu'à ces occasions où les individus ont jugé la relation digne d'être préservée, nos respondants et leurs violateurs ont participé dans un procédé de negotiation comprenant les éléments suivants: le passage du temps, l'évaluation de la gravité de la violation et l'intention de l'autre, la présentation d'une excuse, et le rendement du pardon. La confiance est une orientation au soi, à l'autre, et à la relation dont l'existence fournit le cadre pour la possibilité des expériences emotionnelles intenses telles que l'amour et la haine. Ces expériences fournissent une force motrice et un but pour la construction, le maintien, et la destruction des relations interpersonnelles qui comprennent la structure de la société.

La Sociologie clinique et le client individuel

Melvyn L. Fein, Ph.D.

La sociologie clinique a un rôle majeur, quoique l'on peut dire sous-apprécié, à jouer à aider des clients individuels. Les types de problèmes auxquels s'adressent les professionnels qui aident peuvent être classifiés dans quatre groupes principaux, c'est-à-dire les problèmes physiologiques, les problèmes moraux, les problèmes de vie, et les problèmes de rôle. On peut

mieux les traiter respectivement avec la médicine, des contrôls sociaux, la résolution des problèmes, et des solutions de résocialisation. La sociologie clinique peut contribuer à chacune de ces situations grâce à son expertise dans l'appui social, dans la socialisation, dans la compétence emotionnelle, et dans la compétence morale.

L'Organisme comme personne: des analogues pour l'intervention

John G. Bruhn, Ph.D

Essayer de comprendre un organisme comme s'il était une personne peut offrir des apperçus de comment les organismes grandissent, développent, prospèrent, chancellent, et régénèrent ou baissent. Plusieurs analogues sont offerts pour être utilisés comme supplément à la méthode d'attaque de l'expert en conseil en déterminant ce qui va et ce qui ne va pas dans un organisme tout en combinant une intervention convenable, s'il y en a besoin. L'auteur suggère qu'un sociologiste clinique joue un rôle dans la promotion de la santé d'un organisme et dans l'empêchement des problèmes, aussi bien que dans l'intervention pour résoudre des problèmes.

La Pensée et la pratique sociologiques humanisantes

Lynn M. Mulkey

Ce papier présente une application pratique de la sociologie. Il essaie de le faire comme un effort modeste à appercevoir les images variées de l'être humain et de la société. Il fournit, comme des interventions pour le traitement des crises individuelles et pour la vérification empirique, un ensemble de présuppositions sur les traits et les conséquences de la nature humaine sociale. La prépondérance des théories et des pratiques scientifiques sociales trouvées dans la littérature possèdent un communauté se rapportant à la définition et à la résolution des problèmes sociaux--le changement *horizontal*. Une théorie alternative et un ensemble de pratiques correspondant épousant un changement *vertical* concentrent moins sur le maintien et le contenu du «soi» social ou l'égo, et plus sur le procédé et les resultats de l'identification avec ce «soi». Cette insistence-ci est un version de l'humanisme clinique qui n'est pas trouvé dans le rhétorique qui consistue la pratique sociologique.

L'Intervention dans la salle de classe: un conte moral

Melodye Lehnerer

"Une analyse soignée de la relation entre l'instituteur et l'élève à n'importe quel niveau, au dedans de l'école ou au dehors, revèle son caractère fondamentalement narratif ... L'instituteur parle de la réalité comme si elle était immobile, statique, compartimentée, et capable d'être prédite ... La caractéristique saillante de l'éducation narrative, alors, c'est la sonorité des paroles, et non pas leur pouvoir transformateur" (Freire, 1984:54). Guidée par une dédication à l'exactitude de l'évaluation de Freire de la relation instituteur-élève, j'ai décidé de pratiquer une "pédagogie libératrice" dans ma salle de classe. Mon exposé de cette action montre que les élèves sont souvent peu receptifs à de telles stratégies pédagogiques. J'examine leur manque de réception, ce qui mène au fait rabaissant que l'intervention dans la salle de classe est un procédé fragile.

L'Enseignement à travers les bornes: des éducateurs américains et des femmes ultra-orthodoxes à Jérusalem

David W. Hartman, Betty J. Feir, and Avraham Schwartzbaum

Cet article décrit les efforts soutenus dans le développement et l'établissement d'un programme de maîtrise en sociologie clinique, à Jérusalem, pour des femmes Haredi. Le développement de ce programme d'éducation a évolué pendant une année, et a été implementé dans l'automne de 1994. Les difficultés dans le développement d'un programme pour un groupe culturel différent de celui de soi-même, plus de 10.000 miles loin de chez soi, et pour un but très spécifique, présentent des gageures spéciales. On examine aussi les raisons pour lesquelles il y a un besoin des femmes Haredi instruites dans les techniques de conseillement. On décrit ausse un projet de recherche développé pour en savoir plus des dynamiques sociaux et culturels des communautés spéciales où les étudiants habitent et travaillent.

Les Variables sociologiques qui affectent des issues cliniques: une comparaison des sites distantes de l'éducation graduée

Billy P. Blodgett
Ellen E. Whipple

Cette étude a examiné les differences entre des étudiants qui habitaient des régions urbaines et rurales pendant qu'ils étaient inscrits dans un cours gradué de méthodes de pratique enseigné à la télévision interactive à deux voies. On a administré à soixante-six étudiants un sondage qui a évalué des caractéristiques sociodémographiques, des topiques de pratique actuelle, des méthodes d'attaque de la pratique, et des questions de diversité. On a trouvé que les étudiants ruraux qui habitaient hors de campus habitaient des communautés bien plus petites que celles habitées par les étudiants universitaires urbains, et regardaient plusieurs questions cliniques comme ayant plus de pertinence à leur pratique à venir. En plus, les etudiants residents étaient bien plus jeunes que leurs contreparties rurales, plus diverses ethniquement, et mettaient plus d'importance à la pertinence du contenu des cours pour s'addresser à l'ethnicité, l'infirmité physique, et la religiosité. Des découverts qualitatifs ont révélé que le site universitaire appuyait le plus la privatisation. On a discuté l'applicabilité du contenu urbanisé des cours à travers ces sites ruraux, et on a fourni des implications pour la sociologie clinique.

Des Coeurs en feu: une exploration émotionnelle du monde émotionnel des pompiers.

S. Joseph Woodall, M.A.

La service d'incendie compte parmi les métiers les plus dangereux et les plus pleins de tension de la nation. Comme ouvriers de sauvetage à l'urgence, les pompiers sont souvent appelés à intervenit et à atténuer des circonstances tragiques et traumatiques. Dans un effort pour aider ces ouvriers d'urgence, plusieurs modèles de l'intervention contre le stress sont actuellement employés dans la service d'incendie contemporaine. Néanmoins, la plupart de ces modèles poèrent d'une perspective individuelle plutôt que d'employer des perspectives des systèmes sociologiques.

Cet essai présente des apperçus dans le monde émotionnel des pompiers, les types d'incidents qui tirent d'eux les émotions les plus intenses, et comment ils font face à, et gouvernent, ces émotions par moyen de l'utilisation des systèmes d'appui personnel, expérientiel, social et ouvrier. En

plus, cet article discute comment le sociologiste peur mieux se préparer à entrer utilement dans cette culture ouvrière, à calculer et à implémenter des interventions, et ce que ces interventions doivent souligner.

La Dissémination de la version administrative et l'explication des versions administrative et statistique de la Mésure Fédérale de l'Indigence.

Gordon M. Fisher

Cet article decrit comment l'auteur, un employé fédéral, dissémine et explique les critères de l'indigence (la version administrative des mésures fédérales contre l'indigence employés pour déterminer l'éligibilité à certaines programmes) et d'autres renseignements relatifs à l'indigence, en répondant à 1312 enquêtes publiques en 1996. L'article révise les programmes fédéraux et quelques activités non-fédérales qui emploient les critères de l'indigence; les catégories principales des gens qui font des inquêtes sur l'indigence; et quelques-unes des questions posées le plus fréquemment.

Une question fréquemment posée est "Comment la limite de l'indigence s'est-elle développée?"   L'auteur a préparé un calcul detaillé du développement et de l'histoire des seuils de l'indigence (la version originale de la mésure de l'indigence) aussi bien qu'une histoire des limites officieuses de l'indigence aux États-Unis entre 1904 et 1965; ces documents aont disséminés pour répondre aux inquêtes publiques sur ces sujets-là. L'article discute les conclusions au sujet du développement des limites de l'indigence aux États-Unis comme un procédé social.

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