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Identity Empowerment Through Clinical Sociology*

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ABSTRACT

Identity empowerment is defined as the deliberate enhancement of clients' awareness of their values and goals and of clients' expression of these values and goals in everyday behavior. Values are the deepest and broadest objectives or goals with which an individual can identify. Identity empowerment culminates in observable increases in clients' behavioral expressions of their values in social commitments. The process of clinical discussion and behavioral applications promotes clients' well-being and effectiveness by increasing the durability and flexibility of their bonds with significant others and by strengthening their motivations to accomplish meaningful goals in their lives.

Two case studies illustrate selected uses of clinical sociological theory. The cases suggest a number of unique contributions of sociological practice in crisis intervention and in the formulation of clients' options during periods of more gradual change.

Ten selected clinical sociological concepts bridge micro- and macrosociological structures and represent different levels of analysis. Each concept is a context or frame of reference for a particular aspect of identity empowerment and its concomitant changes in interpersonal behavior, group membership, and societal participation. Although it is frequently in crises that clients' awareness of their values and value negotiations with others is most dramatically heightened, these clinical concepts are a basis for therapeutically directed efforts to strengthen their self-understanding both during crises and in periods of gradual change.

*An earlier version of this paper was presented at the 1987 annual meeting of the District of Columbia Sociological Society.

This paper describes a series of clinical sociological concepts that are used for the purpose of expanding and deepening clients' self-perceptions and social functioning (Wentworth, 1980). Identity empowerment is defined as the deliberate enhancement of clients' awareness of their values and goals and clients' expression of these values and goals in their everyday behavior. Values are the deepest and broadest objectives or goals with which an individual can identify. Identity empowerment culminates in observable increases in clients' behavioral expressions of their values in social commitments.

Identity empowerment is an effective clinical outcome for therapists professionally committed to improving clients' quality of life (Stryker, 1968). Clinical intervention increases the probability of deliberate, self-conscious personal growth in the course of daily activities. Clinical sociologists may use the proposed concepts to strengthen clients' abilities to scrutinize, select, and apply their preferred values—such as honesty, justice, or equality—more directly in their own lives (Maslow, 1976). This heightened self-awareness enables clients to become increasingly autonomous in their everyday decision making (Babad, Birnbaum, & Benne, 1983). Identity empowerment enables clients to perceive themselves as active agents in society and thus affords them more expansive self-perceptions and world views.

Substantive sources used in the construction of the selected clinical sociological concepts are life history data from approximately five hundred individuals, in some cases representing several generations of a given family. The data were collected in both clinical (crisis interventions and sustained consultations) and research (volunteer interviews) settings. The author has been in private practice as a clinical sociologist since 1971 and served as a clinical sociologist in community mental health services from 1971–76. The life histories of individuals and families derive from varied social classes and ethnic groups but do not comprise a representative sample of the U.S. population. Clients and research subjects in the private setting were predominantly white, middle-class adults; those in the community mental health setting were predominantly non-white, lower-class adults. In both settings most clients and subjects were women.

Richly detailed life-history data from the clinical and research subjects reveal recurring patterns in decision making and other significant dimensions of interpersonal behavior. Major emotional events, such as deaths within the family or the loss of employment, are turning points in the lives of most people (Chess & Thomas, 1986). In dramatic transitions such as these, values and relationships frequently need to be reforged.

When clients' functioning effectiveness is diminished during major structural shifts in their lives, effective therapeutic intervention can enhance their coping mechanisms and precipitate significant positive changes in their lives (Hall, 1986a). Therapeutically directed identity empowerment increases clients'

personal autonomy by broadening their awareness of value choices. This process may also promote new and/or revised commitments to broad social groups or social movements (Glassner & Mayadas, 1986).

Clinical Sociology

Before discussing identity empowerment, it is useful to state some of the broad perspectives and concepts of clinical sociology. Existing knowledge in clinical sociology comprises varied frames of reference, principles, and strategies (Wirth, 1931; Lee, 1955; Glassner & Freedman, 1979; Straus, 1979; Swan, 1984). Reported findings from sociological practice substantiate, and to some extent explain, the influence of broad social structures on values, goals, and interpersonal behavior (Thomas, 1927; Mead, 1934; Gerth & Mills, 1953; Mills, 1959). Significant propositions derive from this discipline:

- Behavior is inextricably related to broad social structures, and individual freedom is most effectively increased by gaining a deeper and more accurate understanding of the interactive processes between self and society.
- Belief in the possibility of changing one's behavior is a necessary, but not sufficient, condition of increasing individual freedom.
- A redefinition of clients' personal problems in terms of social structures increases clients' options for the quantity and quality of their participation in society (Straus, 1984).
- Values exert a strong influence on individual decision making, as they are powerful social sources of motivation (Weber, 1964).
- Crises, conflicts, and discontent can become learning situations where clinicians effectively encourage clients to observe and focus on their own experiences, situations, and possibilities rather than on others' expectations and demands.
- Clinicians suggest how clients can use self-knowledge and information about their values and goals to make constructive changes in their lives. Clients strengthen their functioning in relation to others when they can articulate and act upon their preferred values in their day-to-day behavior.

Effective clinical intervention culminates in clients perceiving their interpersonal crises as turning points or transitions in their lives, which present opportunities for them to learn more effective ways to act in their own interests (Garfinkel, 1967).

Scope of Research

Identity empowerment is hypothesized to be one of the most effective clinical and social processes that increases the probabilities and possibilities of clients' well-being and levels of functioning. An empowered person makes meaningful commitments and undertakes effective goal-oriented activities.

The sociological concepts described below are distillations of accumulated life-history data. They are clinical tools or perspectives, as they broaden the series of contexts through which clients can define themselves, their situations, and their life chances.

The concepts are effective clinical strategies in that they suggest ever-expanding views of self within milieus and social structures. Adult growth, as well as growth in childhood, can be thought of as an opening up of the perceived and behavioral worlds people live in. Clinical discussion is one means to achieve this unfolding of being and behavior.

For clinical purposes, exchanges in social interaction (Goffman, 1959; Homans, 1961; Cooley, 1964; Berger & Luckmann, 1966; Blumer, 1969) are considered here as negotiations of values. This is an especially meaningful view as many people do not share the same values. When individuals trade values with each other (Pruitt, 1981), negotiating strategies and resulting patterns of behavior depend on the significance or emotional importance of the particular values to each person (Strauss, 1978). Differences in values are such a common occurrence, however, that many of our values are compromised in our negotiations with others. When people take a stand based on their values, others are forced to adapt or leave those relationships. Heightened self-awareness, together with general consistency in value commitments, comprise a client's strongest negotiating position and most meaningful social source of motivation (Hall, 1985).

Case Studies

Two case studies are used to illustrate applications of clinical sociological theory and therapeutic strategies. The descriptions of Janet and Peter demonstrate the usefulness of sociological practice in crisis intervention (Janet) and gradual change (Peter).

Janet

Janet, a forty-year-old white woman, sought therapeutic assistance after her husband of eighteen years abruptly left her. Marriage afforded

Janet upward social mobility: upon her husband's insistence, she gave up a career in personnel work to stay at home. As the primary caretaker of the couple's two children—a son and a daughter—it was difficult for Janet to sustain and pursue her own interests. She was ill prepared for the traumatic structural shift forced upon her by divorce.

Clinical support enabled Janet to perceive the marital break as an opportunity to scrutinize and articulate her own goals. Sociological concepts and clinical strategies enabled her to see how she had been trapped in her personal relationships and how she could broaden her contacts and deepen meaning in her life. Her self-awareness was heightened through clinical discussions of possibilities for her identity and value commitments.

Peter

Peter, a forty-five-year-old black man, sought therapeutic assistance to redirect his life during a period of disillusionment. He had been discontent in a social work career and frustrated in his marriage to a colleague. Peter was the first college-educated male in his family and felt a great deal of pressure to meet relatives' expectations of how a successful professional should live.

After several months of clinical work, Peter was able to see alternative directions for his life. He gradually extricated himself from the constant demands of his extended family and from the uncomfortable intensity of his marriage. He began to work in an administrative capacity and at the same time started to develop novel writing and journalist skills. Peter's family and wife disapproved of this change, but he persevered in his new life style. Peter's wife eventually left him, and he became successful in a writing career.

Therapeutically directed identity empowerment, as in the cases of Janet and Peter, enables clients to detach themselves from debilitating personal relationships by making commitments to new values and goals. To the extent that Janet and Peter strengthened their identities, they assumed more independent roles. Their changed commitments to religion and education and their increased social activity contributed to some extent toward broad structural changes, thereby increasing the long-run viability of social institutions such as churches, schools, and volunteer associations (Iutovich & Iutovich, 1987).

Janet also benefited from understanding the connection between her social class mobility and her marriage. This new view of herself freed her from the

debilitating effects of these traditional values. She was able to become more self-directed in her efforts to strengthen herself and to change her uncomfortable dependency on her former husband. Similarly, Peter's understanding of the link between his reference groups and his reactive behavior enabled him to alter his relationship dynamics. Viewing themselves as actors, and thinking from a broader perspective, allowed both Janet and Peter to more constructively consider their choices of values and goals. As their awareness of their preferred group affiliations broadened and deepened, they increasingly made decisions based on their own real interests rather than according to others' expectations.

Both Janet and Peter became more competent in their value negotiations with those closest to them through exercising increased deliberateness in their choices of material, nonmaterial, traditional, or modern values. Eventually, each of them became aware of, and were able to pursue, deep-seated career interests of their own. Values and their meanings motivate individuals for effective goal formulation and social action (Weber, 1950; Eisenstadt, 1968; Parsons, 1968), and both Janet and Peter increased their levels of life satisfaction by perceiving themselves and acting in broader social contexts.

Concepts and Contexts for Clinical Discussions

Identity empowerment is initiated by clinical discussions through which clients heighten their awareness of how values and goals influence their lives at varied levels of experience and interaction. Identity empowerment enhances clients' capacities to take value stands in their own interests in personal and public negotiations.

Janet began to claim her independence after she was able to delineate the most debilitating social influences in her life. Peter changed the direction of his life through a deeper understanding of the family and social pressures dominating him. Applications of the following clinical sociological concepts broadened their perspectives, enabling them to select their own more constructive values and goals and to act more effectively in relation to the social structures influencing their lives. Peter saw his interaction with his wife as negotiations of contradictory values; and his discussions and reflections in therapy strengthened the autonomy of his responses to her demands, ultimately bringing about for him a viable resolution of their differences.

Ten clinical sociological concepts bridge micro- and macrosociological structures and synthesize subjective and objective dimensions of social reality (Hall, 1981). These are central concepts of the discipline of sociology, which are defined selectively here with specific emphases for clinical applications. By using each concept as a context for, or a dimension of, their realities, clients

can scrutinize the impact of social structures and substantive forces upon their self-concepts and life experiences. Identity empowerment—the clarification of self—is a process through which clients strengthen their everyday negotiations of values.

Self

Self-awareness and self-knowledge are preconditions of identity empowerment and new patterns in clients' behavior. No significant improvement in clients' functioning effectiveness can occur without a thorough examination of their habitual patterns of interaction, particularly those with intimates and authority figures. The clinician assists clients in their analyses of these value negotiations. This critical process serves to uncover clients' deepest priorities and preferences. Clients' personal histories are thought of as outcomes of successful or failed expressions of integrity and compromises as well as evidence of impasses and conflicts in their value negotiations. Focus enables clients to decide which values they cherish most and which they want to claim as their own for future negotiations with others.

Although attitudes and behavior are directly related to micro- and macro-structures, few individuals have the requisite objectivity—or even the desire—to understand the strength of this connection (Hall, 1990). In this respect the clinician may have to make continuous and concerted efforts to enable clients to understand the varied dimensions of the social construction of themselves (Berger & Luckmann, 1966). Both Janet and Peter were able to become relatively detached from the crisis situation and conflicts that permeated their lives at the time of clinical intervention. They accomplished this loosening of their bonds with significant others by examining the values they cherished most as well as the ways in which they had sacrificed these values to those closest to them.

Dyad

Dyads are two-person, intrinsically unstable relationships. A dyad is the basic unit of analysis of exchange theory (Blau, 1967). Clinical examinations of the variety of "routinized" dyads in which clients participate are essential for delineating habitual behaviors, and this unit of analysis can be applied to social structures at different levels of organization. Clinical discussion focuses on patterns of superordination, subordination, symbiosis, and less extreme dependencies, in order to determine which patterns are the most characteristic and which carry the highest degree of emotional significance.

A close and continuous examination of the most intense dyads in Peter's family culminated in his ability to modify patterns of his participation in these

dyads. Encouragement and support in clinical discussions enabled Peter to express his preferred values more directly in these dyadic exchanges. His new behavior increased his functioning effectiveness and defined his identity more clearly and more meaningfully.

Janet's analysis of the patterns of overdependency on her former husband allowed her to articulate a direction of increased autonomy in her continuing exchanges with him. She came to realize that her divorce would necessitate a degree of emotional detachment from her habitual reactive and dependent behavior.

Triad

The most stable microstructure an individual participates in is a triad (Simmel, 1950; Wolff, 1950; Caplow, 1968). Participation in a triad is generally characterized by patterns of dyadic closeness or conflict with an outsider third party. The outsider position is preferred when the other two parties are in conflict rather than emotionally close. In all cases, however, the outsider has the most autonomy, and is thus the strongest functioning position (Bowen, 1978; Kerr & Bowen, 1988). As a triad cannot sustain balance through the protracted equal participation of all its members, the outsider is less restricted than the dyadic participants, who tend to interact in dependent patterns of sharing or conflict (Hall, 1989).

Dyadic interaction is intensified positively or negatively through the relative detachment of the third party. Autonomy from the emotional claims of members of dyads provides opportunities for empowering self through action and commitments that express clients' preferred values in broader social contexts. Identity empowerment also enables clients to stay in the outsider positions of their triads.

Peter was able to move into an outsider position of the triad with his parents. Autonomy and increased detachment from the emotional claims and demands of his parents provided him with opportunities to know and express himself through altered occupational commitments and leisure activities.

Janet negotiated a similar outside position in an emotionally charged triad by reactivating a previously dormant triad with her former husband and his mother. As her mother-in-law disapproved of her son's abandonment of Janet, Janet was able to distance herself more from her husband through staying out of the conflict between him and his mother.

Family

Traditional family relationships defined by kinship or contract are meaningful emotional bonds for many people. Alternative support groups may serve a

similar emotional function to that provided by families, and longstanding friendships are sometimes absorbed into family emotional systems. Family systems are relatively open or closed and include members of several generations (Bowen, 1978; Kerr & Bowen, 1988). A family is the most intensely dependent group to which an individual belongs.

As the family was highly valued by Janet, she had a great deal of difficulty in adjusting to the loss of her role as wife. When she defined herself more clearly, however, she empowered her identity as an autonomous person; and she was able to create more effective value negotiations with her family members, thereby sustaining these relationships through her divorce crisis.

Religion

Religion includes clients' most fundamental beliefs and assumptions about the supernatural and reality as well as conventional denominational or sectarian beliefs. Both everyday beliefs and organized traditional religious beliefs are tied to institutional structures (Berger & Luckmann, 1966). Traditional, modern, and secular beliefs exert strong influences on clients' perceptions of themselves, others, society, and the universe (Hall, 1986b).

Identity empowerment requires clients to examine their internalized religious beliefs and to make more deliberate choices to accept or discard specific religious beliefs. Both Janet and Peter were able to reevaluate and modify their traditional religious upbringing during the course of clinical discussions. New beliefs about self and others were formulated and embraced in this process as well as new religious commitments.

Definition of the Situation

Clients' definitions of their own life situations provide the crucial subjective link between their self-understanding and their perceptions of society. Subjective views of social reality are unavoidably formulated through significant values. Clinical sociologists can assist clients to redefine problematic aspects of their living conditions as opportunities for change.

To be sure, the process of redefining life situations is value laden. Clinicians encourage clients to select orienting values that expand their perceptions of their current situations, thereby facilitating changes in these conditions. Janet had to see herself as an individual, and Peter needed to define himself as a writer before either one of them could make effective changes in their behavior. Beliefs about the self and reality are influential motivating forces with significant social consequences (Thomas, 1931). Identity empowerment includes clients' self-conscious and deliberate redefinitions of the situations of their everyday lives.

Reference Group

Reference groups may be achieved or desired status groups, such as professional associations, or ascribed status groups defined by sex or ethnicity. Clients' behaviors are influenced by the intensity of their sense of belonging to groups that have specific meanings for them. It matters little whether clients actually belong to these groups or merely aspire to group membership. Janet aspired to have professional skills long before she was able to accomplish the educational requirements that would bring her closer to her goal. The values Janet sustained through her emotional identification with her professional reference group provided her with direction and purpose in all other actions she took towards her career goals.

Peter also benefited from an examination of his reference groups. He strengthened his identity by changing his affiliations with existing occupational and friendship groups, so that new reference groups served to further his objective of strengthening his writing skills.

Life-history data over long time periods, or during transitions in social mobility, show changing sequences of subjective and objective affiliations with reference groups (Merton & Kitt, 1969). Identity empowerment flows from clients' increased awareness of the influences of their commitments to valued reference groups.

Class

All micro- and macrosociological structures and processes are anchored in social classes. Social classes are socioeconomic strata or vested interest groups (Dahrendorf, 1959). Classes may also be based upon age, gender, race, and ethnicity (Hess, Markson, & Stein, 1988).

Classes are not formally organized, and have many members who are unaware of their class affiliation or class designation by others. Whether or not clients have previously considered their class memberships, clinical discussions should ideally reveal that class is a significant and consistent overt or covert influence on clients' behaviors.

The articulation of specific aspects of clients' social class memberships can have a strong impact on their behavior. Janet was unaware that her marriage represented upward class mobility to her and her family until she examined that possibility. Her increased objectivity about her class interests clarified how she saw herself in relation to social structures beyond her personal milieu (Mills, 1956). She was able to become more autonomous when she realized the strength of social class influences in her life.

Identity empowerment occurs most effectively when the impact of class is delineated and dealt with directly. Peter had to recognize the social class mobility expectations of his wife and family before he could move out of these influences and change his behavior. Identity empowerment through clients' deliberate selections of specific values as sources of their motivation frequently results in increased class mobility as well as increased autonomy.

Culture

Culture is made up of the plurality of society's majority and minority values. Mainstream values generally have a stronger influence on clients' behavior than do marginal values, even when clients are members of minority groups. Dominant cultural values are a significant social context through which clients can increase their understanding of their personal behavior and value negotiations. After Janet was able to see and think of herself as a traditional woman, she began to evaluate whether she wanted to limit her options in this way. By opening her consideration of values to include modern life styles such as having a career, she became increasingly autonomous in her behavior.

Culture can also be thought of as an infinite variety of value negotiations, which cumulatively shape shared concerns and public issues. In times of rapid social change, cultural values may become ambiguous, and individual and social action may be disoriented. Peter's ambivalence about a writing career reflected some of these contradictions. His stable job as a social worker was experienced by him as a narrowing of his options. Until therapy, his sporadic dream of being a writer had essentially threatened his conventional status and suggested a possible loss of self-esteem. However, clinical discussion neutralized the relatively dysfunctional behavior stemming from his temporarily weakened identity. His scrutiny of conditions and possibilities for a new, more fulfilling career in writing allowed him to surmount these cultural and personal ambiguities.

Society

Society is the most comprehensive social structure with which an individual identifies. The concept of society assumes specific images of history and evolution and related views of the universe (Teilhard de Chardin, 1965). Society suggests the broadest contexts of being.

A marked degree of correspondence between clients' perceptions of the universe and the world as it actually operates increases the effectiveness of their identities and behaviors. To some extent, both Janet and Peter were trapped in their personal milieus, unable to see broader social arenas. The identity empowerment process rested upon their abilities to articulate more meaningful and

representative views of themselves, the world, and the universe. Clinical discussions articulated broad contexts within which both Janet and Peter could view their lives.

The concept of society expands clients' awareness of possibilities for their identities. Placing the self in its broadest possible context increased the ability of both Janet and Peter to transcend the restrictive empirical realities of their life situations. They achieved greater self-knowledge and identity empowerment through applying these broad perspectives to their experiences.

Relative Degrees of Identity Empowerment

Summary profiles are used to describe life-history data from a variety of clinical and research subjects (Gerth & Mills, 1946; Rogers, 1969). These suggest some of the contrasts and similarities among the different degrees of identity empowerment—strong, intermediate, and weak identities.

Characteristics of the range of possibilities for identity empowerment, and possible results of clinical intervention through applications of the clinical sociological concepts, are reviewed. Arbitrarily selected types of identity are used to suggest significant dimensions and characteristics of different stages of empowerment.

Strong Identity

Strong identity results when clients define their own values and goals and the relationship of these to their emotional involvement with other individuals and groups. The therapeutic outcome of clinical work with Janet and Peter was that both were able to strengthen their identities in these respects. This change in functioning occurred when they analyzed their behaviors in terms of their value negotiations with others. Through this process they enhanced their awareness of more meaningful options. They became better able to express their own values in their lives and more adept at consolidating their energy and abilities. Clients with strong identity express purpose and direction in everyday activities. They maintain autonomy in value negotiations with others, refusing to undertake debilitating compromises.

Identity empowerment culminates in strong identity as clients move from perceiving themselves as victims of circumstances to becoming historical actors. Information about clients' families, religious affiliations, class, culture and society is used to define the context and substance of their values and circumstances. Their life situations and opportunities are envisioned constructively, and they seek membership in supportive or inspirational reference groups.

Clinical intervention achieves identity empowerment by revealing to clients their capacity to make meaningful links between their personal milieus and society. Identity is strengthened by this bridging of social structures, the active recognition of underlying connections between personal difficulties and social issues (Mills, 1959).

Intermediate Identity

Intermediate identity exists when clients are not consistently strong in their interactions and value negotiations with others. Both Janet and Peter went through a stage of intermediate identity in their clinical work. Presenting problems of dysfunctional characteristics frequently reemerge in new crises when clients have achieved only intermediate identities. However, more functionally efficient and personally rewarding behavior can be established through the direction, encouragement, and support of the clinician.

One characteristic of intermediate identity is the understanding of self in intellectual rather than emotional terms. It took Janet a long time to make a transition from intellectual to emotional understanding. She did not readily recognize the debilitating impact of her intense dependency on her former husband. Intermediate identity is a condition where clients are periodically victims of circumstances or historical actors. Past patterns of socialization remain dominant, and clients with an intermediate identity lack sufficient autonomy or conviction to redefine their life situations.

Intermediate identity can be strengthened, however, and this level of awareness and commitment is characterized by clients' abilities to define more meaningful goals for themselves. Clinicians' responsibilities include suggesting ways in which clients' decisions and behaviors would become increasingly intentional and effective. Therapists neutralize clients' isolation by encouraging them to choose more beneficial structures in which to interact. When Peter turned to writers for referential interaction, rather than to childhood friends, his sense of self was significantly strengthened as was his awareness of opportunities to exercise his creative talents.

Weak Identity

Even with therapeutic intervention, the probability of clients with weak identity becoming empowered is low, as their motivation to make changes in their lives is virtually nonexistent. Clinical data substantiate that clients must want to change their behavior before they can begin to implement changes in their lives. In some cases, however, weak identity may show progression to

intermediate and strong identity. If clients' awareness of their value choices increases through clinical discussions, their identities may be empowered. Clients with weak identity are typically pawns for others' dominance or victims of circumstances. Clients with weak identity are rarely in charge of their lives, as they allow others to make crucial decisions that override their own values and commitments.

Weak identity is observed most clearly when clients react to crisis conditions by being unable to cope or adapt. Most frequently, however, weak identity results from a lifetime of debilitating value negotiations. Clients of this sort evidence little or no sense of self or awareness of their own subordination or entrapment in the intensely dependent dyads and triads in their relationships.

Family influences and religious indoctrination may weaken identity. The internalization of conflicting values increases confusion and disorientation. As a result, clients tend to define reality and particular situations according to the terms of others' dominance. Clients with weak identity succumb to external family and religious influences, unable to see or think about the connections between the personal and public domains of their everyday behavior. Isolation from others or absorption into mass society are typical outcomes of weak identity.

Social influences need not limit the life chances of clients with weak identities. If clients become able to see the broader picture of their lives, they generally define themselves—as well as their private situations and their most significant relationships—more autonomously. Although Janet was overwhelmed by the interdependence complexities of her crisis situation, her identity was only temporarily weak, and she was gradually able to take charge of her life. Peter's preoccupation with others' expectations also weakened his identity temporarily. When he realized that he was more than the sum of his relatives' demands and expectations, he was able to lessen their influence in his life and move toward intermediate and strong identity.

Clinical Sociologist as Agent of Change

Therapists in crisis intervention work and extensive clinical consultations can significantly increase clients' awareness of their value choices and can empower their identities by using clinical sociological theory. As clients' perceptions of themselves and others are clarified and put in a broader context, their behavior is observably modified (Swan, 1988; Fein, 1988). Clients' patterns of interaction shift, and their relatedness with social structures becomes more autonomous and more flexible. These modifications enable clients to choose more meaningful roles for themselves (Zurcher, 1983).

Predictable qualities of change characterize identity empowerment. Empowerment includes some or all of the following characteristics:

- Clients become increasingly aware of the strengths and weaknesses of their personal and social past and present. Through this important substantive information about themselves, they gain an increased sense of purpose and direction for the future.
- Clinical examinations of clients' values in personal and social contexts enable them to more consciously determine goals for their lives.
- Clients increase their knowledge about options in their everyday behavior.
- Enhanced coping mechanisms and more effective conflict resolutions improve the quality of clients' social relationships over time. Short-term consequences, however, may be perceived as being less productive, as the direct result of identity empowerment necessarily entails some disruption of the status quo.
- Increased breadth and clarity in clients' views of society and the universe give rise to their articulation of new values and goals. These generate additional motivational power to attain or work toward them. When clients' attention shifts from personal troubles to social issues, the promise of sociology and clinical sociology is realized (Mills, 1959).

Realistic anticipation of the range of possibilities for identity changes increases probabilities for optimal therapeutic outcomes (Papp, 1983). Appreciation of the different stages of identity empowerment increases the likelihood that identity empowerment will occur. A clinical focus on identity empowerment is an effective substitute for tendencies toward professional preoccupations with diagnoses, problem conditions or intra-psychic phenomena (Bowen, 1978; Kerr & Bowen, 1988). Attention to the value components of clients' behavior increases their motivation for social action (Weber, 1964).

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