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Society and Self: A Symbolic Interactionist Framework for Sociological Practice

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ABSTRACT

Interactionist concepts and explanations of human behavior prevalent among major psychological theory groups are traced in relationship to the symbolic interactionist principles of *emergence*, *voluntarism*, and *process*. I argue that most theory central to psychology is interactionist in nature; that central tenets of symbolic interactionism are woven throughout psychological theory; and that the same interactionist premises can equally form the foundation for clinical sociology as a form of sociological practice.

I saw sociology giving up by default a role in change efforts that necessitate the consideration of social systems. Social workers, psychologists, political scientists, gerontologists, criminologists, marriage and family counselors, to name a few, have eagerly gone where we have failed to tread. Practitioners in these fields, as social systems change agents, have carved a niche, often protecting themselves with licensing laws and other restrictions that make entry by sociologists difficult (Glass 1991, p.ix).

Since the late 1970s there has been a resurgence of clinical sociology, which emerged initially in the 1920s (Wirth 1931; Lennard and Bernstein 1969; Glassner and Freedman 1979; Bruhn and Rebach 1991), and an expansion of applied sociology (Olsen and Micklin 1981; Freeman *et al.* 1983; T. Sullivan

1992). Both clinical sociology and applied sociology qualify as variants of sociological practice, although emphases on research, application, and intervention fall variously along a continuum (Olsen 1987).¹ We have engaged in healthy debates within sociology as to the exact boundaries of practice—applied and clinical. Such debate will no doubt continue to force us to confront the usefulness of the sociological perspective in real world applications. However, we have failed to convince other disciplines, clients, funding agencies, or the intervention community that sociologists have a sound theoretical basis from which to practice.

My purpose here is to unpack the essential contributions of symbolic interactionist theory to practice, to show how interactionism and awareness of the social context have permeated psychological practice, and to argue that intervention grounded in interactionist theory has an integrity of its own. I explore some of the similarities between theories that inform psychological/social work/counseling interventions and the symbolic interactionism generally associated with sociology. Some practitioners may draw more heavily from exchange, conflict, functional, or other sociological perspectives—all of which are not only useful but crucial to well-informed sociological practice. I will examine other theoretical perspectives in a later article.

Sociological Invisibility

Reflecting what Glass (1991) calls “the invisibility of sociology,” many sociologists are reluctant to identify themselves as practitioners for fear of losing status within the discipline or of being challenged from outside the discipline. Many sociologists who apply sociological principles, methods, and perspectives to facilitate change encounter resistance, confusion, and lack of legitimacy. Practitioners in other fields and potential consumers/clients remain skeptical toward those who present themselves as sociological practitioners. The sociological establishment still overwhelmingly rewards scholarly-academic work rather than practice. Relative invisibility and professional impotence have serious implications for the ability of sociology to assert itself as a modern discipline in touch with and able to influence the significant issues of our times. This influences the professionalization of sociology and opportunities for consulting, career innovation, and advancement.

Even though it would make logical sense for those who study society (sociologists) to apply their knowledge toward the betterment of social health (as psychologists apply their knowledge toward the betterment of individual mental

health), enormous resistance against sociological practice emerged historically, both within the discipline and among psychologists and social workers who continue efforts to protect their professional turf.

Because of specialized training, historical accident, and systematic lobbying of insurance companies and state legislators (who license practitioners), psychologists, psychiatrists, social workers, counselors, and mental health workers lead the list of those who may legitimately intervene when the fragile linkages between self and society fray or when social organizations fail to operate effectively. They, rather than sociologists, are asked to evaluate and recommend changes in public policy and programs. Yet, sociological perspectives and methods have infused the work of practitioners outside the discipline. The underlying theoretical foundation of myriad therapeutic, counseling, intervention, and applied research approaches is quintessentially sociological and interactionist. Hybrid areas such as "political psychology" and "community psychiatry" use symbolic interactionist as well as macro-sociotheoretical perspectives to explain race riots, police-community conflict, neighborhood deterioration, gay-bashing, and so forth. Although much of this work is sociological, it is seldom labeled as such. In applied fields such as marketing and opinion research, social impact assessment, and program evaluation, those who have only minimal exposure to sociological perspectives and methods frankly utilize them without special training.

Although other professionals embrace the interactionist perspective as a valid platform from which to practice, our contributions to interactionism have not resulted in the same logic. Therein lies a central dilemma for sociology and its practice. The dilemma exists because of the intimate nature of the connection between the individual and the group. It remains because political boundaries and definitions of turf drawn up decades ago are relatively inelastic and concretized in social policy, licensing, and funding. It is problematic because psychological theory is defined as providing an adequate base for practice and legitimate application (with the insights of other disciplines providing icing on the cake), but the reverse for sociology is *not* true. This situation contributes to a continuing perception of sociology as non-utilitarian. Undergraduates see psychology or social work as majors leading to a career path in practice; the same perception does not generally hold for sociology as a major. The foundational force linking sociological theory and research to practice is not as obvious to students, other practitioners, the corporate world, or governments.

It is my task here to make this theoretical foundation more transparent and to legitimize its use as a springboard for sociological practice. As Bruhn and

Rebach (1991) argue, the crucial test of theory is its application. Recognizing and legitimizing our theoretical underpinnings can empower the discipline as well as individual sociological practitioners. I offer three major principles that help link interactionism and practice: 1) *the inseparability of society and self*; 2) *the psycho-social matrix of interaction*; and 3) *the legitimacy of the interactionist perspective as a basis for practice*.

PRINCIPLE 1: The Inseparability of Society and Self

Regardless of disciplinary boundaries and professional turf wars, the complicated interrelationships between society and self make it both theoretically and practically impossible to separate them. *The inseparability of society and self severely limits fruitful study of the individual outside the context of social interaction*. C. Wright Mills, in his distinction between “personal troubles” and “social issues,” drew our attention to the inherent connections between the two (1959). The school of sociology known as symbolic interactionism provides an integrated theory of human behavior that recognizes the interplay between individual and society. This perspective parallels and informs several interactionist schools in psychology. Symbolic interactionists who focus specifically on the articulation of personality systems and social systems have laid the groundwork for an integrative perspective (for example, Mead 1934, 1956; Sanford 1966; Shibutani 1961; Kaluger and Unkovic 1969; Spitzer 1969).

Textbooks persist in defining psychology as the study of the individual psyche and the individual in society, and sociology as the study of society and groups (and the individual in society). *Psyche* refers to the soul, mind, spirit, and intelligence—located within individual human beings. *Socius* pertains to society and social behavior—located in collections of human beings (families, groups, communities, and organizations). The cross-fire debate over the relationship between the individual (with all his or her unique qualities) and society (with its capacity for blueprinting that uniqueness) confuses our attempts to understand human behavior. Some disciplines, such as psychology and psychiatry, claim to focus on the individual, relegating cultural and societal forces to a nebulous “background.” Other disciplines, such as sociology and anthropology, have focused on patterns of social organization, reserving a largely undefined and strictly subordinate place for individual differences or intrapsychic processes. Yet, it is existence *with* others that makes us human.

The attempt to separate individual from societal factors has been a thankless and largely fruitless task—often done in the name of maintaining the “pure”

perspective of one discipline or another. Yet, the attempt to find theoretically viable links has proved equally elusive. Introductory sections of textbooks often draw the lines between disciplines sharply, but in practice they become blurred and can inhibit the creative study of human behavior. The trend of meshing disciplines may be a reflection of this problem. We have witnessed the birth of such fields as social anthropology, social psychiatry, political anthropology, interpersonal psychiatry, community psychology, and of course, social psychology. Although the latter represents an attempt to blend two perspectives, this hybrid field also tends to bifurcate along the lines of a sociological and a psychological branch—often manifested by departmental location of social psychology courses.

Disciplinary lines become even more problematic when it comes to deciding who is best equipped to help people cope with the daily exigencies of being human, which almost always means being in groups. The attempt to draw clear disciplinary lines in theory and research has been more illusion than reality. Allegedly, psychologists do certain kinds of research, emphasizing the individual, the internal, and the motivational—sociologists do other kinds of research, emphasizing the social, the external, and the structural. In reality, the paradigms and explanatory models of both disciplines have crossed over these false boundaries.

Sociological ideas have informed—or run parallel to—much of the most important theory generated by psychologists. The source of this phenomenon lies in the nature of human beings. In order to understand and counsel with an individual, even the best therapist must have some sense of the client's early socialization, community, values, beliefs, role definitions, status, and aspirations. Conversely, to understand and work effectively with a group, one must have some notion of what makes specific individuals tick, and more broadly, of the basic "psychological forces" lying behind any human behavior.

Because human beings are complex, it is sheer folly to argue that we can draw clear disciplinary lines. Psychology *emphasizes* the intrapersonal, but in modern practice a social context clearly frames that emphasis. Sociology *emphasizes* the interpersonal, the group, the communal, and the societal, but recent forays into the sociology of emotions suggest our need to probe more deeply into intrapsychic phenomena. Regardless of discipline, we cannot isolate such problems as depression, addiction, family conflict, or homelessness as *either* individual *or* social events. We don intellectual blinders when we argue that *only* those trained in one perspective or the other can alleviate complex problems. Bauman, Stein, and Ireys (1991) offer an alternative model that stresses neither discipline at the expense of the other. They define an "effective intervention" as a "blend of theory,

implementation, and context" that occurs at the intersection of discipline boundaries: "True innovation occurs at the place where different disciplines and world views meet" (p. 249). We must discard old images and stereotypes if this conception of theory and intervention is to prevail.

Unfortunately, the tendency to dichotomize in theory has spilled over into assumptions about practice and has fostered psychology-based intervention and inhibited sociology-based intervention. Sociologists have heard for several decades that their concepts and theories have little or no direct relevance to understanding individuals or even small groups. Although we may contribute understanding, others have not defined this understanding as a springboard for systematic efforts to change individuals, families, communities, or organizations. Such efforts fall strictly into the province of clinical psychology or social work. Yet, during the 1920s and 1930s sociologists served as respected and integral *activist-interventionist* members of child guidance clinics and juvenile delinquency intervention teams. For an analysis of how this position eroded, see Fritz (1989). Psychologists and social workers have staked out the territory of the individual and—paradoxically—the couple, the family, even the community. The National Association of Social Workers' definition of psychotherapy suggests how broadly they define this territory:

Psychotherapy . . . is the use of psychosocial and social methods . . . to modify internal and external conditions that affect individuals, families, groups, or communities with respect to their behavior, emotions, and thinking, and their intrapersonal and interpersonal processes. (Freedman 1982, p. 44)

Sociologists might contribute to understanding large-scale organizations or societal level groupings, but resistance meets the idea that we carry the conceptual tools to "modify internal and external conditions that affect individuals, families, groups, or communities"; that is, to engage in intervention and change activities.

In the next section, I will show that even the most internal/intrapsychic schools of psychological or psychoanalytical thought—which undergird counseling, social work, counseling, and organizational development—make frequent, indeed critical, forays out of the individual/affective realm into the realm of social pressures and contexts. I will also argue that symbolic interactionism constitutes a logical and fertile ground from which we can conduct sociologically oriented practice.

PRINCIPLE 2: The Psycho-Social Matrix of Interactionism

The psycho-social matrix of interactionism derives from the fact that even psychological schools of thought have failed to explicate individual pathology without reference to social interaction. This matrix permeates psychologically oriented practice, but clearly parallels and derives influence from sociological perspectives. Symbolic interactionists contend that both individual “human nature and the social order are products of communication” (Shibutani 1961, p. 2). This contention provides a promising model for interdisciplinary conceptualization and clinical practice. It rests on three symbolic interactionist premises that throw into relief the interplay between the intrapersonal and the interpersonal:

Emergence refers to the essential distinction between humans and all other forms of life (Stryker 1959). That distinction, which lies primarily in our capacity for speech and language, enables us to think, communicate, coordinate, and interact with others as social animals. Language facilitates the unfolding of culture and the process of socialization, allowing people “to understand one another, to have behavioral expectations of one another, and consequently to orient their own behavior to that of others” (Hall 1973, p. 37).

Process means that activity and change are the normal course of events for humans, rather than equilibrium, stasis, or structure (Blumer 1962). This premise, in opposition to the deterministic assumptions about human nature that characterized early psychology, emanates from the writings of James (1892), Dewey (1922), and Mead (1934). Process “characterizes all aspects of human behavior including consciousness, thought, selfhood, activity, interaction, and society as being dynamic and continuously in flux” (Hall 1973, p. 38). Process is central to the symbolic interactionist view of group behavior as the product of “joint action” created through negotiation between individuals.

Voluntarism means that people, as the basic units of analysis, are actors rather than reactors. In Blumer’s terminology, the interpretation of meaning for both internal and external objects is “self-indication,” a process through which a person “notes, interprets, and assesses things with which he has to deal in order to act” (1972, pp. 134–44). Through self-indication, the person is “creator” of his or her own world, discovering as well as learning, inventing as well as responding. The person is “not simply seen as a responder to or a vehicle for biological impulses *and/or* social demands, but rather as the possessor of selfhood who . . . creates objects, designates meanings, charts courses of action, interprets situations, and controls his field” (Hall 1973).

Symbolic interactionism, then, focuses on how humans handle and fashion their world, including their interpersonal relationships. If we apply these three central premises—emergence, process, and voluntarism—to the social symptom of homelessness, for example, we see a logical basis for sociologically grounded intervention: The individual creates through interaction with others a course of action that yields a unique identity in flux. Intervention may disturb or redirect the course of action and, thus, the person's identity. With these premises in view, let us turn to a selective and retrospective discussion of some early and influential 20th-century psychological theories in order to demystify their explanatory power.

Interactionism in Psychology and Psychiatry

A close relationship exists between symbolic interactionism and psychological/psychoanalytic traditions. Although Sigmund Freud did not always make social contexts explicit, external forces are omnipresent in his writing, especially in *Civilization and Its Discontents* (1961 [1930]), *Totem and Taboo* (1950 [1913]), and *Group Psychology and the Analysis of the Ego* (1975 [1921]). In *Group Psychology*, Freud defines psychoanalysis as "social psychology" and declares that individual psychology is rarely in a position to disregard the relationship of the individual to others.

Even Freud's most intrapsychic of models relates the dynamics of self to the social order. Values, ideals, and moral codes transmit through primary socializing agents, manifested in the superego. His theory of the unconscious casts the *id* into the role of seeking gratification through the "pleasure principle." A person tends to seek pleasure and avoid pain according to definitions superimposed from birth by parents and educators and later internalized as his or her *superego* (Freud 1955). The theory involves an important voluntaristic element, however, in that *id* does not instinctively rule the personality, nor does *superego* arbitrarily restrict it: *ego* seeks to reduce tension between *id* and *superego* through the "reality principle."

Freud acknowledged the importance of significant others who, through social interaction, assist *ego* in gradually dropping the *id*'s elementary narcissism and replacing it with the ability to love others and respect oneself (process and emergence) (see Sanford 1963, p. 80). As Brown points out, Freud's belief that the physico-chemical "interacted with an environment the most significant part of which was other human beings" tempered his psychological determinism (1961,

p. 11). The parallel concept in sociological symbolic interactionism is self-concept, which develops through interpersonal relations (compare Cooley's "looking glass self" and Mead's I/me). Freud's model is strikingly similar to Mead's description of the process whereby a child's "I" gradually incorporates the values and attitudes of community ("the generalized other") into a more adult and responsible "me" (Mead 1956). Mead's intertwined concepts of play, the game, and the other lead us to a deeper understanding of how the unique individual gradually comes to internalize social norms, develop shared meanings with others in a team effort, and ultimately to take the role of the other.

Freud referred to psychoanalytic therapy as the "talking cure"—with a decided emphasis on meaning and communication (emergence). It was also voluntaristic in intent: The patient could achieve a "cure" by doing most of the work. This method seems commonplace now, but in Freud's time it stood in stark historical contrast to the typical treatments of prayer, isolation, medical remedies, forcible restraint, and quackery. Significantly, Freud would not accept psychotics as patients because they could not relate (communicate) to the analyst on the basis of shared meanings.

Karen Horney also became known for her conviction that the patient could take a large responsibility toward self-analysis, underscoring the voluntaristic nature of her view of neurosis. Horney found the antecedents of disorder in social situations, especially interpersonal relationships in the family, and viewed neurosis as a disturbance in one's interpersonal orientation, including attitudes toward others. She argued that neurosis is relative, varying in definition by culture, class, and gender—a very sociological insight in itself: "Neurotic responses are first of all deviations from the usual patterns of behavior appropriate to a given culture at a given point in time. They are both culturally determined and culturally relative" (Ford and Urban 1965, p. 493). Her scheme clearly encompasses interactionist concerns with shared meaning, as well as with voluntarism.

The ego-analysts, who also extended and diverged from Freud's ideas (for example, Erikson 1968), emphasized normality, health, and day-to-day experiences as crucial to understanding the person. They offered a constructive, voluntaristic interpretation of human motivations that defined people as actively seeking interaction with situational events in their "social milieu." The person not only reacts to, but seeks engagement *with* the social and physical world; the interactionist position on voluntarism and negotiation of identities and joint actions parallels this analysis. Each person develops adaptations that are useful in handling the social and situational environment.

Alfred Adler, who made an open and relatively clean break from orthodox Freudian analytical theory, represents a further move toward an interactionist

position. Adler acknowledged the impact of events and relationships external to the individual, but insisted that "objective reality" is observable to therapist or researcher only through the subjective report or "fictions" of the individual. Adler recommended that the therapist use "empathic understanding"—trying to see actor from actor's point of view (1931, p. 72). This is similar to "subjective interpretation" (Weber) which, as Alfred Schutz points out, is an attempt to understand "the actor's action from his, the actor's point of view" (1963, p. 245). Adler felt that **how** a person interprets and evaluates experience is more important than the experience *per se*. A social context of "interlocking" relations embeds the individual from birth onward. This is clearly in keeping with the interactionist insistence on respecting the real world of the person and on interpreting reality only through the eyes of the observed. It is also reminiscent of Cooley's notion of "definition of the situation."

According to Adler, each person develops his or her own "style of life," fixed by age five, and relatively unchanging over the person's lifetime. Adler believed that no one can live effectively in isolation from others; individual psychology became very much a social psychology. The person's responses to interpersonal situations were paramount. One of the basic responses of a normal person, said Adler, was social interest, the absence of which would indicate pathology. Finally, in enumerating "safeguarding tendencies" that protect an individual's evaluation of self as superior, Adler included two major orientations toward others—aggression and seeking distance. In his theory of the inferiority complex, he carried his stress on meaning and definition to a conclusion paralleled by the sociological concept of relative deprivation.

Third Force or humanistic psychology (exemplified by the work of Rogers 1961, 1963) distinctly concerns itself not only with the inner workings of an individual's psyche, but also with the symbolic meanings attached to inner images, and to one's capacity to relate effectively with others. Like Adler a phenomenologist and a firm believer in the goal-directed capacities of humans, Carl Rogers views the individual as a purposive organism capable of "free and undistorted awareness." His theory is clearly interactionist and voluntaristic. Rogers assumes that individuals are inherently capable of differentiating between effective and desirable, and ineffective and undesirable responses: ". . . experiences are being accurately symbolized and continually and freshly valued in terms of the satisfactions organismically experienced" (Rogers 1963, p. 210). This passage is reminiscent of Blumer's self-indication and interpretation of meanings. The cue to differentiation for Rogers is the full range of affective responses that permit the person to evaluate each experience or interaction and

eventually to form purposive behavior (Blumer's "line of action"). Events become symbolized through images and language ("self-experience"), which in turn feed into the "concept of self"—patterns of thought about the self and about the relationship of self to others. In growing up, the child experiences parental anger or disapproval as a negative affect, love and approval as a positive experience. He or she develops a "need for positive regard," which also stems from evaluations by others that have direct consequences for the child's interpersonal relationships. Behavior disorder results from conflicting or negative messages from the crucially important others who thus produce in the person a negative self-evaluation (and pathology).

Existential psychology takes the themes of phenomenology (subjective experience of the individual) and the importance of social interaction to perhaps their logical conclusion: **We simply cannot understand the individual outside the context of his or her social environment.** Neither psychological nor sociological (nor any) theories of behavior are totally accurate because they do damage to the inner, personal character of a person's immediate experience by fragmenting it (a view that is central to symbolic interactionism). The person always exists within a context, and derives a sense of being through relations with other people, objects, and situations. "Authentic being" consists of sharing one's subjective world with that of others, and vice versa. Illness consists of "nonbeing" or "nothingness" and a sense of isolation from others. A person's behavior is the product of self awareness and "habitual ways and intents of relating with and to situations, objects, and people" (Ford and Urban 1965, p. 449; compare May 1958, pp. 61–66).

The work of Harry Stack Sullivan (1953) is fundamentally an interactionist statement. Sullivan refuses to conceive of the individual *in vacuo*. People make other people sick; people are necessary to make them well again. Interpersonal transactions both produce and alleviate emotional disorders; his emphasis is not on individual behavior so much as on "interpersonal transactions." Like Freud, Sullivan defines the therapeutic relationship in terms of interactions between client and therapist, referring to the latter as a **participant observer** (a term prominent in sociological methodology, of course).

Sullivan speaks of "dynamisms"—learned, habitual patterns of response surrounding human interaction—and of the "self-system" of behaviors acquired in interpersonal relationships that serve to avoid or minimize anxiety. These behaviors become patterned or systematized for each individual. The self-system, which eventually comes to protect the person's self-esteem, Sullivan feels is a pattern universally found in normal as well as disordered individuals. The

person's "orientation to living," he says, is a critical development during the "juvenile era—the actual time for becoming social" (1953, p. 227). Intimacy and loneliness characterize pre-adolescence. During early adolescence the development of sexual interest in the opposite sex is an important shift in interaction patterns. Similarly, Sullivan defines personality as the "relatively enduring pattern of recurring interpersonal relationships characteristic of the human life" (1953, pp. 110–11).

Learning theory and behavioral psychology, with their currently fashionable application as behavior modification, deal with the impact on the individual of rewards and punishments that emanate from external sources, usually human. Behaviorism deals with interaction between self and other in a predominantly mechanistic (action-reaction) model, rather than in voluntaristic terms.

We have seen how psychological theory views internal pressures as emanating from the biological nature of humans, but also from a person's relationship to others. Both the internally produced (drives, instincts, physical needs) and the externally produced (needs for intimacy, security, status, approval) are salient features of human behavior. Furthermore, we can see from this cursory examination the recurrent suggestion that humans appear to develop patterns of interaction with others that are internally as well as interpersonally meaningful. These patterns carry explanatory power greater than that achieved by intrapsychic or physiological phenomena alone. Interactionist assumptions and ideas infuse the framework for psychologically grounded practice. They also provide a basis for sociologically grounded practice.

PRINCIPLE 3: Legitimacy of the Interactive Perspective as a Basis for Practice

The third principle underscores *the legitimacy of the interactive perspective as a foundation for sociological practice*. As we have seen, interactionist threads in psychology point to the futility of trying to separate individual from societal forces in explaining human behavior. However, sociological models of interaction have tended to overemphasize socialization and internalization of social norms, at the expense of incorporating personality and other differences into social theories (Ellis 1971, pp. 692–703; Wrong 1964, pp. 112–22).

Historically, psychological theorists recognized the social context of human pathology and health, but their direction of treatment emphasized the individual end of the individual-social dimension. Although the symbolic interactionist principles of emergence, process, and voluntarism figure prominently in their works (albeit not labeled as such), narrowly individualistic therapies emphasize

ing intrapsychic dynamics were adopted by behaviorists, social workers, and psychotherapists. The most significant exception is family systems therapy, which emerged in the late 1960s and 1970s and focused on interaction patterns among family members. For example, Watzlawick (1990) rejects the traditional psychodynamic approach of seeking causal explanations of personal disorder in traumatic childhood events. He emphasizes uncovering patterns of interaction, conflicting definitions of the situation, and lack of shared perceptions. Therapy is an activity that helps clients develop harmonious constructions of reality. This is certainly a contemporary version of symbolic interactionism.

Equally, sociological practitioners place individual problems and symptoms firmly within a social and interactive context. We offer a broad interactionist understanding that contributes to breakthroughs in the treatment of individuals, small groups, or families. We work on organizational or community issues by carefully applying research findings, theories, and concepts to a level of social order that we still understand as a product of individual interactions. Both micro- and macro-level interventions become more powerful when we resist psychologizing or treating the unit of analysis *in vacuo*.

The Challenge to Sociological Practice

The challenge to sociological practice is to ferret out the best of sociological theory—from whatever perspective—and systematically show how we can translate our insights and predictions into application in the real world of individuals, families, gangs, corporations, groups, and communities. Rebach suggests that sociological intervention

. . . helps client systems change networks, add roles, strengthen relationships, deal with interactional difficulty and with socially constructed reality . . . intervention plans include establishing structures that prevent regression and facilitate continued adaptation and change as needed by the social system. (1991, p. 63)

For example, role theory provides a vital connecting link between the structural level of society (the nomothetic) and the personal level (the idiographic); it is one rich source of insights. Levinson specifies the “personal role-definition” (variation in style of performance of roles) as a phenomenon that represents the integration of the psyche and the socius. As such, personal role definition is an aspect of personality and represents the individual’s attempt to

structure social reality (1964, p. 292). Fein (1990, 1991) sees personal unhappiness as problems in roles: Fix badly constructed or dysfunctional roles and help people change them through social support, socialization, and resocialization.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*-1987 defines personality traits and personality disorders:

Personality traits are enduring patterns of perceiving, relating to, and thinking about the environment and oneself, exhibited in a wide range of social and personal contexts. It is only when **personality traits** are inflexible and maladaptive and cause either significant impairment in social or occupational functioning or subjective stress that they constitute **Personality Disorders**.

Fein makes the point that roles created through interaction may be faulty and result in interpersonal disturbances. The DSM mentions but does not fully explore the interpersonal and social context of roles.

Sociologically speaking, two or more persons in focused interaction constitute a group. Concepts such as definition of the situation, self-fulfilling prophecy, and marginality also furnish intelligible links between individual and society. They go a long way in helping us to fathom the underlying causes of conflicts for and among individuals in families, work groups, communities, and bureaucracies. It is appropriate to return to the NASW definition of psychotherapy referred to earlier: "[Psychotherapy is] . . . the use of psychosocial and social methods . . . to modify internal and external conditions that affect individuals, families, groups, or communities with respect to their behaviors, emotions, and thinking, and their intrapersonal and interpersonal processes." Practice for sociologists lies in intervention in problems relating to **interpersonal processes** as they appear in **patterned interaction** among individuals in **groups** of all sizes and types. The primary goal of such intervention is to modify **interpersonal behavior** and to ameliorate the negative impacts of **external conditions** that affect interpersonal processes.

What are "psychosocial and social methods"? Are they beyond the realm of sociological practice? Are they limited to Freudian, Jungian, Adlerian, Ericksonian, or other "psychological" therapies? Or can sociologists engage in intervention for positive social change with methods derived from our own perspective? Although sociologists may often utilize practice *skills and techniques* developed by social workers and psychologists, we have developed many of our own. For example, community analysis and organization (Alinsky 1941), the focused interview

(Merton, Fisk, and Kendall 1956), social analysis (Jaques 1982), and participatory research (Stoecker and Beckwith 1992), just to name a few, were crafted from the breadth and scope of the sociological perspective. In turn, we have influenced techniques used by other disciplines.

Seem (1991) says there are skills most closely identified with applied sociology (e.g., applied research, theory construction, and curriculum design) and skills most closely identified with clinical sociology (e.g., counseling, problem solving, and practical teaching). While this division within sociological practice is irrefutable, there are nonetheless central sociological practice skills such as “community organization (mobilizing), planning, problem solving, qualitative and quantitative research, applied research, statistics, program administration, leadership, program evaluation, marketing, public speaking, clinical intervention in social, political, and psychological systems, small group communication skills, political analysis and coalition building, self-clarification, ethical decision making, consultation, mediation, applied demography, theory construction (inductive and deductive), theoretical application and intervention, interviewing, counseling, brokering, formal writing, grant writing, critical thinking, empathy, and networking . . .” (pp. 64–67). Bruhn and Rebach (1991) list roles sociologists can play: Organizational consultant/organizational development; social impact assessment; community organization; mediation/conflict resolution; program development/program evaluation; counselor/sociotherapy; teacher/trainer; broker; advocate; and group facilitator.

Can sociotherapy, facilitated group interaction, community action, network analysis, organizational analysis, social impact assessment, program evaluation and development, and conflict resolution—just to mention a few methods utilized by sociologists—constitute an equally legitimate practice? Logically, there is no reason why they cannot. For example, Wenner (1991) discusses his role as a sociologist in the Department of Agriculture as “identifying measures to avoid or reduce unwanted social and economic effects of agency programs” and “designing and initiating a training program in social impact analysis” (p. 4). The specific skills or techniques used in sociological intervention draw from a variety of helping and action frameworks and are still being expanded. The important distinction for clinical sociology is that it constitutes the “application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in communities” (Glassner and Freedman 1979, p. 5).

The meaning attached to interaction by all participants is a key both to intrapersonal motivational impetus and consequences for group members. Meaning should form a touchstone to which the clinical sociologist will return again

and again in working with clients. The regularized, typical patterns of group structure, norms, and stages of development—theoretical and empirical exploration of which is a rich part of the sociological tradition—can provide a platform from which the sociologist analyzes and interprets interpersonal conflict, power and leadership struggles, isolation and alienation of individuals within subgroups, and role problems. Finally, we should cast in a new interventional light the vast sociological literature on cultural and ethnic differences (and their impact on individual behavior), socialization (and its failures), and the formation of identity, the self, and self-concept.

The act of applying sociology involves commitment and passion, risk and excitement. Monti, in his recounting of Frederick Thrasher's important early work on gangs in Chicago, underscores the "sense of urgency that drove Thrasher to ask not just interesting questions, but important questions. . . . It is only by doing something with our work, and not merely doing the work itself, that we are likely to learn what is important and what is not" (p. 38). In his re-interpretation of Weber's "Science as a Vocation," Lechner writes in "Sociology as a Vocation" that "we can find meaning in sociology as a profession and a passion, as a virtue and a vocation. To argue that we can is not to imply that we always do; just as Weber did not claim that all scholarship was in fact illuminating. . . ." (p. 47).

Olsen (1987, p. 3) defined applied sociology as "**the processes of applying sociological knowledge and techniques to understanding and dealing with social issues and problems.**" Because the process of applying sociology "**brings scholarship and practice together into a more integrated endeavor in which both kinds of sociological work are highly interrelated and interdependent,**" it unifies sociology into a single profession (p. 5). Olsen's definitions exclude clinical practice and define activities such as social impact assessment and program evaluation as applied rather than clinical sociology.

The purpose of the best sociology is to understand people as people, not as isolated psyches tangled in their internal webs, nor as social beings caught in the morass of their cultures. As sociology matures, it must meet the challenge of showing how sociological theory is not only relevant to, but essential for the most effective intervention in the lives of real people. That other disciplines have relied on interactionist interpretations of human behavior should be a lesson to sociologists as well. *The strength of sociology is that we also have developed broad social structural theories that enable us to approach problems of human interaction through multiple levels of analysis.* Indeed, we have a rich and legitimate theoretical source for sociological practice and application.

NOTES

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1. In a survey of over 700 sociological practitioners, Ruggiero and Weston (1991, p. 62) found seven principal objectives that define practice: "social problem solving, research problem solving, social change, client-centered work/research, intervention, problem analysis/exploration, [and] person problem solving." Clark (1986, p.1) defines clinical sociology as "the application of a sociological perspective to the analysis and design of intervention for positive social change at any level of social organization."

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