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Contents

Preface

We are very pleased to bring you Volume 17 of the *Clinical Sociology Review* (CSR). The first volume of the CSR was published in 1982 and Volume 16 was published in 1998. The original sponsor, the Clinical Sociology Association, decided to expand the scope of the organization and the CSR became part of a journal with a different name. Many colleagues thought it was time to reinvent the original journal. We hope you enjoyed reading the first 16 volumes of the CSR by visiting the Wayne State University website at https://digitalcommons.wayne.edu/csr/ and that you look forward to reading the new issues.

There have been considerable developments in the field of clinical sociology in many countries since the first known use of the term in Spain by a surgeon named Rubio y Gali in 1899. We felt it was time to share the local, national, and international contributions by publishing an open-access journal in several languages. The articles in the new CSR, published by the University of Johannesburg Press, will appear in French, English or Spanish but the reader will have an immediate translation available in the other two languages.

Clinical sociology is a creative, humanistic, rights-based and interdisciplinary specialization that seeks to improve life situations for individuals and groups in a wide variety of settings. Clinical sociologists work independently and with client systems (individuals or groups assisted by a clinical sociologist or an intervention team) to assess situations and/or avoid, reduce, or solve problems through a combination of analysis and intervention. *Clinical analysis* is the critical assessment of beliefs, policies, or practices, with an interest in improving a situation. *Intervention* is based on continuing analysis; it is the creation of new systems as well as the change of existing systems and can include a focus on prevention or promotion (e.g., preventing sexual harassment or promoting healthy communities).

Clinical sociology (analysis and intervention) and applied sociology (research for practical purposes) are the two specialization areas in sociological practice. Sociological practitioners can have skills in both areas, but usually choose to characterize their main work as applied or clinical based on their main contributions. Clinical sociology and

applied sociology at times are referred to as sociological practice or by other names (e.g., engaged public sociology, problem-solving sociology, translational sociology, counseling sociology). All these interests fit under one of the two general forms of practice or are a combination of clinical and applied. Sometimes the use of special terms is because there is a limited focus (e.g., excluding business) or an interest in calling attention to a special area of clinical and/or applied sociology such as counseling, organizational development, health practices or criminology. It should be noted that in some countries, sociologists are more familiar with the term applied and will list clinical under the broad heading of applied sociology even though some clinical sociologists do not do research and there is no special term for applied researchers who do not do intervention work.

This issue of the CSR, like our other issues, will have a *History* section to make sure that information is available about the many who have contributed to the field in different countries. In this issue, the *History* section has an article about the contributions of activist scholar-practitioners in the United States and South Africa. The *Articles* section in this issue contains three contributions by well-known clinical sociologists in France, Canada, and the United States.

The *Resources* section provides a list of basic publications about clinical sociology from many countries and relevant websites.

We hope you enjoy this issue. Because of the translation feature that is made possible through the University of Johannesburg, we look forward to clinical sociologists across the world being more easily able to discuss the work of their colleagues in other countries.

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Activist Scholar-Practitioners in the United States and South Africa

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Abstract

This article discusses the lives and impact of leading activists whose work is highlighted in the histories of clinical sociology in the United States and South Africa. The four scholar-practitioners from the United States discussed here are Jane Addams, W.E.B. Du Bois, Charles Gomillion and James Laue. The South African clinical sociologists whose lives are profiled are Harold Wolpe and H.W. van der Merwe. Based on the career experiences of these six individuals, concluding comments are made about five topics in relation to activism: employment, sufficient time for effective activism, handling criticism, reasons for becoming strong activists, and factors that may discourage activism.

Key words: Jane Addams, W.E.B. Du Bois, Charles Gomillion, James Laue, Harold Wolpe, H.W. van der Merwe, clinical sociology

1. Introduction

This article discusses the lives and impact of some of the activists whose work is highlighted in the histories of clinical sociology in the United States and South Africa (Fritz, 2021b, pp. 35-55) as follows:

Clinical sociology is a creative, humanistic, rights-based and interdisciplinary specialization that seeks to improve life situations for individuals and groups in a wide variety of settings. Clinical analysis is the critical assessment of beliefs, policies, or practices, with an interest in improving the situation. Intervention is based on continuing analysis; it is the creation of new systems as well as the change of existing systems and can include a focus on prevention or promotion (e.g., preventing sexual harassment or promoting healthy communities) ...

Clinical sociologists lead or assist with change efforts. They often work with client systems… to assess situations and avoid, reduce, or solve problems through a combination of analysis and intervention.

The clinical sociology specialization is as old as the field of sociology and its roots are found in many parts of the world. Clinical sociology is often traced back to the work of the Arab scholar and statesperson Abd-al Rahman ibn Khaldun (1332-1406) and the first known use of the term "clinical sociology" was in Spain in 1899 by a surgeon named Rubio y Gali.

Clinical sociological work is done at all levels of intervention (e.g., individual, small group, organization, neighborhood, community, national, global). It may be initiated by clinical sociologists (without having specific clients) or requested by clients (e.g., individuals, civil society organizations, governments, businesses). The assessment and intervention work is usually conducted in a very collaborative/ participatory way. A common thread in the work of clinical sociologists is that they want to improve the life circumstances of all.

While clinical sociology has developed in a number of countries (e.g., France, Canada, Japan, South Africa, Uruguay, Spain, Columbia, Brazil, United States), this article focuses on the work of selected sociological activists in two countries – the United States (U.S.) and South Africa. The histories of clinical sociology in these two countries can include a discussion of many different kinds of practitioners (e.g., counselors, organizational development specialists, consultants, policy analysts, elected officials, forensic sociologists, translational sociologists in health), but has emphasized the problem-solving work of leading activists.

2. Activism

Activism is often defined as an attempt to promote, stop, direct, or intervene in reform efforts (for instance, social, political, environmental, or economic initiatives) with the idea of improving a situation. As one might expect, there are gradations in these efforts that might go from something rather minimal (telling a friend you object to something) to something more substantial such as giving

testimony in support of a change effort[1] or to full-time activity such as building and leading a social movement.

There can, of course, be differences about what someone thinks improves a situation. Will the activity improve a situation for all, or does it give an advantage to a certain group of people? For instance, if a person keeps a group of citizens who are entitled to vote from being able to do that, this activism might not be the kind that someone else might want to think of as improving a situation for all.

Clinical sociology does involve activism in all its gradations. However, it is basic that clinical sociologists work toward improving the situation for everyone… not giving an advantage to certain people over others. There were, for instance, sociologists in South Africa who contributed to building the apartheid system. They were activists, but they certainly were not working on something that improved South Africa for everyone, and they are not considered to be clinical sociologists.

There is a great deal written about the history of clinical sociology in the United States (e.g., Fritz 2021b) as well as in other countries (e.g., Fritz 2021). Some of the central figures in those countries have been activists either in and/or outside of the discipline's academic setting. Some clear examples of activism – particularly outside of academia – come from the United States and South Africa.

In the following pages, the stories of selected activists are provided. They were leaders who were working to improve the local, national and/or international world for all of us.[2] The information and analysis provided here is based on information collected over the last 50 years from archives across the United States and the archive at the Liliesleaf Museum in South Africa. It also is based on literature reviews and interviews with a few of those who are discussed here

1 For instance, Larry Nichols (2019) describes sociologist Louisa Pinkham Holt's important "expert testimony in the landmark racial desegregation case of Brown v. Topeka Board of Education." In this case, the U.S. Supreme Court ruled that U.S. state laws establishing racial segregation in public schools were unconstitutional even if the segregated schools were equal in terms of quality.

2 The term "clinical sociology" was only used in a limited way in the United States beginning in the late 1920s. The term "clinical sociology," therefore, was not used by some of the early leaders in the U.S. to describe their work.

(Charles Gomillion and James Laue), relatives (those related to Charles Gomillion, James Laue, and Harold Wolpe) and professional associates (those who worked with Charles Gomillion, James Laue, and H.W. van der Merwe).

3. Activist Clinical Sociologists in the United States

Sociology in the U.S. emerged as a discipline during the Progressive Era, a period that dates from about the mid-1890s through 1916. It was a time when the nation was struggling with issues of democracy, capitalism, and social justice; it was a period of reform as well as one in which corporate capitalism emerged (Sklar, 1988). There was rural and urban poverty, a growing need for economic security, women were still without the vote, and there were lynchings. At the turn of the twentieth century, frustration led to public protests and the development of public interest groups and reform organizations (Clemens, 1997; Sanders, 1999). In this climate, it is not surprising that many of the early sociologists were scholar-practitioners interested in reducing or solving the pressing social problems that confronted their communities.

As sociology was developing as a field in the 1900s, the U.S. became involved in two world wars and experienced a deep economic depression, a period of anti-Communist fear, a period of strong anti-war sentiment about the war in Vietnam and very strong civil rights activity. As the field of sociology developed during the 1900s, there still were those drawn to sociology because of humanist and practice (clinical and/or applied) traditions or possibilities, but increasingly the field was characterized as scientific and the humanist and practice traditions were given little emphasis.

In the following pages, five stories are provided about a few of the scholar-practitioners in the United States who are highlighted in the history of clinical sociology. They were activists who worked to improve life for all of us.

Jane Addams[3] (1860-1935), the first woman from the U.S. to win a Nobel Peace Prize (1931), is remembered as a clinical sociologist, social

3 This section is based on "Jane Addams and Hull-House" (Fritz 2022).

worker, feminist, community organizer, philosopher, peace activist, public intellectual, and urban reformer (Fritz, 1991, 2005, 2022). She was one of the most influential women in U.S. history (Lewis, 2012, p. 1).

In 1889, three years before the Department of Sociology was founded at the University of Chicago, Addams and Ellen Gates Starr established a settlement house in the decaying Hull Mansion in Chicago, Illinois. Hull-House, as it came to be called, was, according to Addams (2008, p. 83) in 1910, "an experimental effort to aid in the solution of the social and industrial problems which are engendered by the modern conditions of life in a great city." Hull-House was a center for activities for the ethnically diverse, impoverished immigrants in the Nineteenth Ward of Chicago, Illinois. Hull-House fostered democracy through, for instance, interaction between its residents and others from the community; learning between those from different ethnic backgrounds about each other as well as learning how to succeed in the U.S.

Hull-House gave its residents, most of whom were privileged, educated young women, contact with the real life of the majority of the Chicago population.[4] Hull-House operated a day nursery, hosted meetings of four women's unions, established a labor museum, ran a coffee house and held economic conferences bringing together business owners and workers. The Working People's Social Science Club held weekly meetings, and a college extension program offered evening courses for neighborhood residents. Some University of Chicago courses were held there, and the Chicago Public Library had a branch reading room on the premises.

Jane Addams was not just a leader in the U.S. settlement movement; she also was a leader in the movements to promote peace, child welfare, women's suffrage, improved housing, education, juvenile justice, labor relations, civil liberties, and political reform. She was, for instance, a co-founder of the American Civil Liberties Union (ACLU); the National Association for the Advancement of Colored People (NAACP) and the National Child Labor Committee; president of the National Conference of Charities and Corrections; and vice-president

4 Hamington (2018) identified the group as a "pragmatist feminist think tank."

of the National American Woman Suffrage Association. Nearly every major reform proposal in Chicago, Illinois (1895-1930) had Jane Addams' name attached in some way. Her involvement in major issues – such as factory inspection, child labor laws, improvements in welfare procedures, recognition of labor unions, compulsory school attendance and labor disputes – earned her national prominence.

During the founding years of sociology in the United States (1892-1920), Jane Addams was the "foremost female sociologist" in the country, and she has been referred to as "a virtual adjunct professor in sociology at Chicago" (Deegan 1981, pp. 18-19). She was the author of many books including *Democracy and Social Ethics* (1902), *Newer Ideals of Peace* (1907), *The Spirit of Youth and the City Streets* (1909), *Twenty Years at Hull-House* (1910), *Peace and Bread in Time of War* (1922) and *The Second Twenty Years at Hull-House* (1930). In 1895, *Hull-House Maps and Papers*, by the Residents of Hull-House (2007), was published. This book dealt with topics such as tenement conditions, sweatshops, and child labor; it was the first systematic attempt to describe immigrant communities in a U.S. city. It has been referred to as "the single most important work by American women social scientists before 1900" (Sklar, 1998, p. 127).

Addams' later years were devoted to global peace activities. Her pacifism emerged in part through her work at Hull-House, where she saw that people from many kinds of backgrounds could live and work together. In 1914, at the outbreak of World War I, Addams opposed the war and, in 1915, helped organize and became head of the Women's Peace Party (U.S.) and then the Women's International League for Peace and Freedom. In 1915, she also was chosen to head the National Peace Federation and presided over the International Congress of Women at the Hague. Addams was one of five women elected at the Congress to meet with the heads of all European governments to see if they would be interested in ending the war through mediation (Opdycke, 2012, p. 180). Addams' "fundamental plan for peace... was not to focus on treaties and armies but to fight poverty and inequality and discrimination" (Opdycke 2012, p. 210) so that war would not be viewed as necessary or acceptable.

While Addams was seen in other countries as an important leader working for peace, after the U.S. joined the war in 1917, many in the U.S. repeatedly criticized her and some thought she was a traitor. It was only in the 1930s that she was once again generally seen in the U.S. as an important public citizen, and she began to receive many awards, including the Nobel Peace Prize.

W.E.B. Du Bois[5] (1868-1963) made major contributions to the development of the U.S. through his popular and scientific publications and organizational efforts. We would now say he did this as both a clinical and applied sociologist. He was a founder and general secretary of the Niagara Movement, an early advocate of women's rights, a founder of the National Association for the Advancement of Colored People (NAACP), and, from 1910 to 1934, the internationally known editor of the NAACP's *The Crisis*.

Du Bois's (1944) autobiographical essay, "My Evolving Program for Negro Freedom," was written when he was in his mid-70s. It provides some information about his direct connections to sociology (e.g., his academic work at Harvard, studies with Schmoller and Weber, offer to teach sociology at Wilberforce, development of the Atlanta Conferences and research in Philadelphia). Du Bois (1944) recalled that, when he was in his 40s, he "followed the path of sociology as an inseparable part of social reform, and social uplift as a method of scientific investigation." He said he was changing his attitude about the social sciences. He thought there "could be no ... rift between theory and practice, between pure and applied science."

Du Bois (1944) discussed the times when urgent action was imperative:

> I faced situations that called—shrieked—for action, even before any detailed, scientific study could possibly be prepared.... I saw before me a problem that could not and would not await the last word of science, but demanded immediate action to prevent social death. I was continually the surgeon probing blindly, yet with what knowledge and skill I could muster,

5 This section is based on the profile of W.E.B. Du Bois in "The History of Clinical Sociology in the United States" (Fritz 2021b, 40-42).

> for unknown ill, bound to be fatal if I hesitated, but possibly effective, if I persisted.

Du Bois engaged in numerous important activities that are not very well known. In 1900, for example, he unsuccessfully challenged the Southern Railway systems for denying him, on racial grounds, a sleeping berth and petitioned the Georgia state legislature regarding cuts in funds for public schools for black children. In 1917, he was in the front ranks of an NAACP-organized march in New York City to protest lynching. That same year, he collected testimony from survivors of an East St. Louis massacre of people who were black. In 1918, Du Bois helped organize the Negro Cooperative Guild to study and coordinate black-run cooperatives, and in 1919 he organized and was elected executive secretary of the first Pan-African Congress. In the 1920s, Du Bois was a founder of the Harlem Renaissance and, in 1950, Du Bois was the Progressive Party candidate for the U.S. Senate from the state of New York.

Du Bois repeatedly tried to bring about a more just society. In the course of doing this, he put new initiatives in place and did not hesitate to criticize individuals or programs when he felt the criticism was warranted. At times, he was at odds with Booker T. Washington, the NAACP, Marcus Garvey, the Community Party of the United States of America, and the trustees of Atlanta University. In 1918, the Department of Justice warned him that he risked prosecution for his criticism of racism in the U.S. armed services.

In 1951, when Du Bois was 83, he was indicted by the U.S. Government, accused of being an unregistered, foreign agent, and in 1952 the federal government arbitrarily refused to issue him a passport. The last two matters were resolved, eventually, but not without restriction, pain, and, finally, a change of citizenship. At the age of 93, in 1961, Du Bois left the United States to work in Ghana, a country where he received "worshipful, esteemed status" (Horne 1986), and was given citizenship and a passport. He went there to undertake a major project, the *Encyclopedia Africana*, but he also left the United States because he was completely frustrated. In 1963, Du Bois died in Ghana, a country where he was honored both in life and in death.

There was a period in the U.S. when some sociologists wrote that Du Bois left the field of sociology just because he left an academic position to take up the work with the NAACP (Fritz 1990). Now it is not unusual for sociologists to talk with pride about Du Boisian sociology.

Charles Goode Gomillion[6] (1900–1995) was born in Johnston, a small town in rural South Carolina (Fritz 1988). His father, a custodian, was illiterate, and his mother could barely read and write. At the age of 16, with only 26 months of formal education, Gomillion left home to live and attend high school some 40 miles away at Paine College, in Augusta, Georgia. Paine, an historically black college, provided secondary education at that time, in addition to college classes.

After graduating from Paine, Gomillion took a teaching position with the high school program at Tuskegee Institute (now Tuskegee University) in Tuskegee, Alabama. Tuskegee also was a high school and college for African American students and had an all-African American faculty and administration. During his affiliation with Tuskegee, Gomillion also took graduate courses at Fisk University and then received a Ph.D. in sociology from Ohio State University when he was 59 years old.

Gomillion was a sociology professor at Tuskegee and served, at various times, as Dean of the Division of Social Sciences, Dean of Students, Chair of the Division of Social Sciences and Dean of the College of Arts and Sciences. While Gomillion is remembered by some for his years of work at the university, he is remembered in the city of Tuskegee and nationally for his involvement in the civil rights struggle.

Gomillion was the forceful, patient president of the Tuskegee Civic Association (TCA) from 1941 to 1945, 1951 to 1968 and again in 1970. As TCA president, Gomillion and the community organization began to challenge the voting barriers facing African American residents by the city of Tuskegee and the larger county (Macon). The struggle was long and difficult; numerous legal actions had to be initiated.

A boycott of Tuskegee's white-owned businesses began in the early 1950s. The Tuskegee boycott (known locally as the trade-with-

6 This section is based on "The History of Clinical Sociology: Charles Gomillion, Educator-Community Activist" (Fritz 1988).

your-friends campaign) was officially endorsed by TCA in 1957 and lasted two more years. It was so effective that half of the white-owned businesses were gone by the spring of 1958 and sales were down 45–60% for those businesses that survived. As a result, white resistance finally started to diminish, voter registration of African Americans began to take place and the courts started to be responsive.

Gomillion won his most impressive legal victory (Gomillion v. Lightfoot) in the U.S. Supreme Court in 1960 (Taper 2003). Gomillion's successful suit stopped the local gerrymandering which had kept all but about 10 African Americans from voting in the city of Tuskegee's elections. According to the attorney for the Tuskegee Civic Association (Guzman 1984, p. xi):

> the Gomillion case is one of the landmark cases of the century. It opened the door for the redistricting and reapportioning of various legislative bodies from city hall to the U.S. capitol and also laid the foundation for the concept of 'one-(person)-one-vote.'

Gomillion was well aware that his actions on behalf of the community could be problematic for his employer, Tuskegee. He told the president of Tuskegee that he would resign if any of his activities presented any difficulty for the institution. Gomillion was never asked to resign.

Gomillion described his life's work as that of an educator and community activist. He wanted his students and colleagues to understand the importance of using their gift – their education – to improve the conditions of society. Dr. Gomillion's work received many awards, but his first award from a sociology association came from other clinical sociologists in 1988 (Fritz 1988). The award was presented by someone who asked to do this because he was very familiar with Gomillion's important civil rights work; the presenter was James Laue.

James (Jim) Laue[7] (1937–1993) completed his undergraduate degree in sociology at the University of Wisconsin and then completed his master's and doctoral degrees in sociology at Harvard University.

7 This discussion is based on the profile of Jim Laue that appeared in "The History of Clinical Sociology in the United States" (Fritz 2021b, pp. 44-45).

While at Harvard, Laue studied race relations as well as the sociology of religion, and he became increasingly involved in civil rights work. He participated in "lunch counter sit-ins and church 'kneel-ins' and interact(ed) with SCLC and SNCC members" (Nandi, n.d.).[8] Laue's Ph.D. dissertation was entitled "Direct Action and Desegregation: Toward a Theory of the Rationalization of Protest."

In 1965, Laue was the Assistant Director for Community Analysis for the U.S. government's Community Relations Service (CRS). The CRS was the "first congressional effort to establish a federal agency to assist communities to restore or maintain racial peace" (Community Relations Service 1994, pp.1–2). The CRS was established in 1964 under the U.S. Department of Commerce (because of the number of disputes involving public accommodations); the CRS was transferred to the U.S. Department of Justice in 1966. According to Laue's colleagues, Laue had a major role in the design of CRS's conciliation and mediation frameworks (Potapchuk 2020; Levine 2005, p. 44).

In 1968, Laue was in Memphis, Tennessee "on assignment with the Community Relations Service of the U.S. Department of Justice" because of "racial tension swirling around the sanitation workers' strike, mass marches and scattered violence" (Laue 1993). Laue (1993) heard what sounded like "a cherry bomb" and left his room, room 308, at the Lorraine Motel and found civil rights leader Dr. Martin Luther King, Jr. lying on the motel's balcony just outside of King's room, room 306 (Nandi, n.d.). Ralph Abernathy, in his autobiography, was describing Jim Laue when he wrote that there was a white man on the balcony after King was shot who was "frightened enough to be crawling on his hands and knees but brave enough to bring a blanket to spread over Martin" (Hampson 2018, p. 3).

After leaving CRS in 1969, Laue was affiliated with the Laboratory of Community Psychiatry at Harvard's Medical School for two years. Then, from 1971 to 1987, Laue was a Vice Chancellor at Washington University in St. Louis and then Director of the Center for Metropolitan Studies at the University of Missouri - St Louis. Beginning in 1986, Laue was affiliated with George Mason University where he was the

8 The initials refer to two civil rights organizations, the Southern Christian Leadership Conference and the Student Nonviolent Coordinating Committee.

first Lynch Professor of Conflict Analysis and Resolution and also had a senior affiliation with the Conflict Clinic, Inc, a non-profit dispute-resolution organization.

Laue's activities included the following: vice chair of a bipartisan commission that led to the establishment of the U.S. Institute for Peace; mediator of many civil rights disputes (e.g., Selma, Alabama in the 1960s and Northern Ireland in the 1990s); assisted with the development of former U.S. President Jimmy Carter's conflict resolution program; and first chair of the National Peace Institute Foundation. Laue, with the support of the Kettering Foundation in Ohio, also was the lead mediator/facilitator working on developing "a shared commitment to deal with the chief problems and/or opportunities" (Kunde 1997) in Gary, Indiana. Gary's eight-month process (a Negotiated Investment Strategy) involved stakeholders from all levels of government and the community.

Laue "helped to establish the field of conflict resolution as a distinct academic discipline" in which he "combin(ed) social theory and practical problem-solving into a new practice of clinical sociology" (George Mason University Special Collections, n.d.). Ron Kraybill (2002, p. 33) also noted Laue's pivotal role in the development of mediation in the United States and said he was one of the two godfathers of mediation in the country. Bill Potapchuk (2020), executive director of the Community Building Institute, thinks what was particularly special about Laue's work was that "he married dispute resolution with a social justice framework."

4. Clinical Sociology Activists in South Africa

South Africa has experienced very difficult times for very long periods. Some of its complex history – much of it focusing on the European "invaders" (Thompson. 2014) – is provided here.

The Cape area was colonized by the Dutch (beginning in 1652) and then the area went back and forth between the British and the Dutch. The British were again in control of the Cape Colony in 1806. From 1816-1828, there was "warfare among Africans throughout much of southeastern Africa (Thompson 2014, p. xx). And then the British defeated the Xhosa twice (1834-1835, 1846-1847) and, in 1879, they

defeated the Zulu. There were two wars – Boers v. British – in the 1800s. The second war (1899-1902)[9] "brought about massive devastation, social dislocation, and impoverishment of both the Afrikaner (Boer)[10] and black African population (Uys 2021, p. 109). In 1910, the Union of South Africa was formed from four colonies under the control of the British Empire and, in 1913, the Natives Land Act required segregation of land based on race.

In 1948, the Afrikaner National Party, which promoted Afrikaner nationalism, came to power. This government adopted the policy of apartheid (this means separateness in Afrikaans) and, in the next years, the African National Congress (the ANC)[11] and other groups protested apartheid, a system of institutionalized racial segregation. In 1960, the Sharpeville Massacre occurred following a large demonstration against "pass laws,"[12] an internal passport system that restricted the movement of people who were black, Indian and colored.

The Republic of South Africa, formed in 1961, was just a continuation of the 1948 rule of the National Party. This white Afrikaner government – now independent of Britain – was another phase of harsh control. In 1955, the Congress of the People adopted a Freedom Charter and, in 1956, more than 250 members of the Congress Alliance were charged with treason. In 1961 an armed branch of the ANC was formed to fight against apartheid, and, in 1962, Nelson Mandela and others were arrested and jailed. Mandela was then imprisoned for 27 years and became an international symbol for the fight against apartheid. Mandela was released in 1990, won a Nobel Peace Prize in 1993, and was elected President in 1994, the year apartheid was fully repealed.

South African sociology is part of this history. It began with the founding of the Association for the Advancement of Science in South Africa in 1903 (Uys 2021, p. 110). At the first annual congress a paper on the sociology of August Comte introduced several ideas that were

9 Thompson (2010, p. xxi) refers to this as the "War between the Whites."

10 Afrikaners means Africans in Dutch. Afrikaners are South Africans who descended from predominantly Dutch settlers. The Dutch emigrants first arrived at the Cape of Good Hope. Afrikaners are also known as Boers. Boer is the Dutch word for farmer.

11 The ANC was formed in 1912.

12 The first internal pass law was put in place in 1797 to keep people who were black from entering the Cape colony.

discussed at subsequent conferences, and this led to the establishment of the discipline of sociology at universities. The first university courses in sociology were in social anthropology departments at the University of South Africa in 1919 and the University of Cape Town in 1926.

South African sociology began by trying to find solutions to pressing social problems. Sociology was thought to be important for the training of social workers and so a number of departments of sociology and social work were established in the 1930s. The ties between sociology and social work diminished in the 1950s and 1960s and, by the end of the 1960s, sociology was offered in separate departments.

Sociology was connected by some of the sociologists to the prevailing government policies and certain attitudes in the country. For instance, "a number of South African sociologists, particularly those connected to Afrikaans-medium universities, became actively involved in research focused on the successful implementation of apartheid policies" (Uys 2021, pp. 112-113). Geoffrey Cronje, the first professor of sociology at the University of Pretoria, "produced four publications (between 1945 and 1948) in which he provided a justification for the South African government's apartheid policies" (Uys 2021, p. 113). And the first sociology organization, the South African Sociological Association (SASA), began in the late 1960s with a clause that restricted the membership to only those who were white. The clause was removed only in 1977.

There were activist sociologists who did not go along with the repressive and discriminatory actions of the government and other organizations. For instance, three of the drafters of the South African Sociological Association's constitution withdrew from the organization in opposition to the racial membership clause; sociologists Fatima Meer and Jack Simons were banned; sociologist Herbert Vilakazi was deported; and there were "vocal opponents of apartheid (who came) from the black campuses where some faced expulsions and deportations…" (Hindson 1989, p. 71). The history of clinical sociology in South Africa has included discussions of some of the social justice work in the discipline and the country. Two of these scholar-practitioners are profiled here.

Harold Wolpe[13] (1926-1996) was born in 1926 in Johannesburg, South Africa to a Jewish couple from Lithuania. Wolpe graduated with a Bachelor of Arts (BA) in Social Studies in 1949 and a law degree in 1952 from the University of the Witwatersrand (Wits) in Johannesburg. At Wits, he was President of the Student Representative Council and a "leading activist" (Bernstein, 1996) in the National Union of South African Students. Former South African President Nelson Mandela, in his autobiography, mentioned, while he was a student at Wits, the influence on him of intense discussions with Wolpe and other leftist students who were involved in the liberation struggle (Mandela, 1994).

In the 1950s and 1960s, Wolpe represented anti-apartheid activists/political detainees in court; he also helped the South African Communist Party (SACP) and the African National Congress (ANC) plan actions against the government. ANC activists were arrested on July 11, 1963 after police raided the Liliesleaf Farm in Rivonia (near Johannesburg), the secret headquarters of the Liberation Movement and the High Command of the military wing of the ANC. Wolpe was arrested "days after the Rivonia Raid" (Bundy 1996).[14]

Wolpe and three others escaped from a Johannesburg jail by bribing an 18-year-old guard and this led to one of South Africa's largest manhunts, "a drama that commanded headlines around the world" (Bundy 1996). Wolpe and one of the other escapees hid in safe houses until they were finally taken, in the trunk of a car, to Swaziland (now eSwatini). Wolpe and the other escapee, dressed as priests, were flown to Bechuanaland (now Botswana). From there they flew to Tanzania and then made their way to England.

Wolpe was officially allowed to establish himself in England in September 1963 and lived there with his wife, sociologist AnnMarie Wolpe, and their three children – Peta, Tessa, and Nicholas (Nic). Wolpe did not enjoy working in law and so he became a Nuffield Foundation Sociological Scholar at the London School of Economics in 1964–65 before joining the University of Bradford and North London

13 This section is based on the profile of Harold Wolpe in "Harold Wolpe, the Freedom Charter and Educational Transformation" (Fritz 2020a, pp. 271-279).

14 According to Wolpe's son (Nic Wolpe, 2017, 2018), Harold Wolpe was a commander in the ANC's military wing but, at the time, this was a secret he kept from his family.

Polytechnic (now the University of North London). After that, Wolpe was a faculty member in sociology (1972–1991) and chair of the Department of Sociology (1983–1986) at the University of Essex.

When Wolpe was in England, he published one of his best-known articles – "Capitalism and Cheap Labour Power in South Africa: From Segregation to Apartheid" – in a 1972 issue of *Economy and Society*. Wolpe challenged the widely held opinion that apartheid is little more than segregation under a new name. Bernstein (1996) wrote that Wolpe "(re)inserted class analysis at the core of the national democratic revolution." Bernstein also declared the article was "the most path breaking theoretical statement in South African Marxism in the apartheid period."

Wolpe was a longstanding member of the South African Communist Party (SACP) and the African National Congress (ANC). After Wolpe arrived in England, some have indicated (e.g., Friedman 2014, p. 43) that Wolpe's contribution to the left's fight against apartheid was intellectual/theoretical – a contribution most of the ANC and SACP leaders "seemed to find of little value." While most of the leaders were focused on practical decisions, Wolpe provided theoretical work to assess and improve practice. As O'Meara (1997) has noted, "for Harold, theory was always connected to, and ultimately about, practice."

During his later years, Wolpe was concerned with the development of educational policy for a democratic South Africa. Bernstein (1996) wrote that Wolpe's work "registered the impact and aftermath of the student-led Soweto Uprising of 1976."

Wolpe was a member of the ANC's London Education Committee and its National Education Council. He was involved in the intense discussions about the ANC's Solomon Mahlangu Freedom College in Morogoro, Tanzania, where many of the student activists had resumed their schooling after fleeing South Africa because of the Soweto Uprising. At the University of Essex, Wolpe established a project on Research in Education in South Africa and was an editor of two books of papers on educational reform after apartheid. In 1977, Wolpe spent his sabbatical in the Law Faculty of the University of Dar es Salaam in Tanzania.

Harold Wolpe and AnnMarie Wolpe had to deal with a number of profound personal concerns (A. Wolpe 1994, pp. 272–276, 13) during their time in England. For instance, in 1963–1964, the children could not immediately join the parents in London. It took a month to obtain state permission for the two older children (five and six years old) to come to London; the baby, Nicholas, was very ill and could not join them for five months. And AnnMarie's brother, James (Jimmy) Kantor, a lawyer, had been arrested and tried as part of the Rivonia trial. Jimmy was acquitted, but "always felt betrayed by Harold and AnnMarie." Jimmy had a "massive heart attack" and died at the age of 47. According to Bishop (2018):

> Police released (Jimmy) Kantor but made sure they ruined his business and he went to an early grave bitter with the family and its political connections.

According to AnnMarie Wolpe (1994, pp. 272–276), her mother "never reconciled to (Jimmy's) untimely death; she fell ill and lost all her faculties." Because AnnMarie was not given "safe passage" to visit her mother in South Africa, she never saw her mother after she became sick. And all three children were affected by their early experiences. Harold and AnnMarie (A. Wolpe 2017) found the children's statements about their early lives in England to be "spine-tingling and very sad" as the children were at times angry, didn't feel safe and didn't think they had normal lives because of the political involvement.

After living in England for more than 25 years, Wolpe left the University of Essex in 1990 and, with his wife AnnMarie, returned to South Africa. Wolpe became the Director of the Education Policy Unit (EPU) at the University of the Western Cape in Cape Town and chair of the forum which coordinated the work of five such EPUs at the national level.

AnnMarie Wolpe (1994, p. 277) indicated, after returning to South Africa, that she and her husband thought there was a "resistance to utilize to the full the abilities and capacities of returning exiles – except, of course, for those who fitted full-time into existing ANC structures." Sociologist Eddie Webster (Friedman 2011) indicated that Wolpe experienced "marginalization" from the Communist Party,

and was hurt that the Party did not even invite his participation in the local branch.

Harold Wolpe passed away on January 19, 1996 at the age of 70. According to Colin Bundy (1996), then a vice-rector at the University of the Western Cape, "Harold Wolpe was one of those rare academics who give intellectuals a good name." And at the inaugural conference of the Harold Wolpe Memorial Trust held at the University of the Western Cape in 1997, Dan O'Meara, of the Department of Political Science at the University of Quebec, Canada, said:

> Harold Wolpe's work and actions played a fundamental role in revolutionizing the way in which social scientists and activists in the struggle against apartheid understood both the workings of South African society and the appropriate ways to change it … Harold was without any doubt whatsoever one of the architects of 'the new South Africa'. His work quite literally reshaped the way in which vast numbers of people saw apartheid South Africa, and in doing so, made a huge contribution to doing away with it.

Hendrick Willem (H.W.) van der Merwe[15] (1929–2001) was a Quaker, and he described himself as a "scholar practitioner" (van der Merwe, 1989, pp. 35–45) who specialized in peacebuilding (including peacemaking). According to Vasu Gounden (2013, p. 159), the founder and executive director of the African Centre for the Constructive Resolution of Disputes (ACCORD), van der Merwe "can be considered one of the founding fathers of the conflict resolution field in South Africa."

Van der Merwe came from a conservative, rural background. He spoke Afrikaans and was raised as a Calvinist, a member of the Dutch Reformed Church. Along life's way, he became a Quaker and an African. Van der Merwe (2000) described the beginning of his transition:

> I have not yet explained the transforming moment when I became aware of my own deep prejudice and underwent the fundamental change … My belief in the superiority of white people and moral rightness of the apartheid

15 This section is based on the profile in "H.W. van der Merwe: Peacebuilder" (Fritz, 2020). Van der Merwe's colleague Andries Odendaal (2018b) reminds us, van der Merwe was "always" called H.W. His initials "when pronounced in Afrikaans, sound like 'Harvey' to English ears" (Roos-Muller & Muller 2014, p.1).

> policy had remained firm during my teenage years, but various experiences … led me to question my commitment to the political ideology and religion of my people …

Van der Merwe (2000, p. 31) wrote about a discussion with an older half-brother, Jacobus Hugo (Jaco), who was "an academic with progressive views, an agnostic and not a member of the Dutch Reformed Church." Jaco referred to a black woman using a respectful word in Afrikaans rather than a derogatory term. H.W. tried to correct his brother twice … and both times his brother repeated the respectful term. H.W said this was the beginning of the "new vision [that] dawned" on him. He said, until then, he "was an Afrikaner" but as he began to "identify with black people as fellow countrymen," he had become an African.

Van der Merwe's (2000) first university degrees were from Stellenbosch University, located outside of Cape Town in South Africa. His Bachelor of Arts (BA) was in in "sociology, philosophy and psychology"; he then earned an honors degree in sociology and graduated cum laude in 1956 (van der Merwe 2000, p. 24). Van der Merwe (2000, p. 25) also received a Master of Arts in sociology from Stellenbosch in 1957. Van der Merwe's (2000, p. 24, 42) thesis "concerned social stratification among colored people" in Stellenbosch. After leaving Stellenbosch, he became a teaching assistant at the University of California – Los Angeles (UCLA) in the United States. He completed his Ph.D. in sociology at UCLA in 1963; his dissertation topic was about the leadership of a community in Saskatchewan, Canada (van der Merwe 2000, pp. 32–33, 36).

In 1963, when van der Merwe (2000, p. 139) was returning to South Africa from the United States, he stopped in London. While there, he visited both the South African Embassy and the office of the ANC and that visit is described in the first part of van der Merwe's 1997 "Facilitation between the Apartheid Establishment and the African National Congress in Exile" (Botes 2013, p. 11).

Beginning in July of 1963, van der Merwe was a lecturer in sociology and then a senior lecturer and department head at Rhodes University in Grahamstown, South Africa. From 1968 until 1982, he was the Director of the Centre for Intergroup Studies at the University of Cape Town.

During that time the Centre "played a pioneering role not only in using, but justifying dialogue, facilitation and mediation as mechanisms to address conflict" (Odendaal 2013, pp. 151–152). Van der Merwe's work was based on "sociological and political theory, but also in religious thought and practice" (Odendaal 2013, p. 152). Odendaal (2013, p. 152) thought that van der Merwe's "grounding of the integrity of mediation in religious faith was … highly relevant in the context of the time."

Van der Merwe led the Centre during "the period in South African history when the struggle for the liberation of the black people of South Africa from colonialism and apartheid reached its climax" (Odendaal 2013, pp. 151–152). Van der Merwe was a peacebuilder in the 1970s and 1980s when ideas such as negotiation and conflict resolution were very unpopular in South Africa (Odendaal 2013, p. 1). As Odendaal noted (2013, p. 1), "the then South African government and the liberation movements both shared a common distrust of 'mediators' or 'peacemakers.'" The government banned liberation movements and even contacting these groups "was not only illegal, it was treason" (Odendaal 2013, p. 1).

Van der Merwe had ongoing relationships with both Nelson Mandela and Winnie Mandela. According to Jannie Botes (2013, p. 9):

> … In 1981, HW and his wife, Marietjie, met with Winnie Mandela who was living under house arrest in Brandfort, in the Orange Free State. This initiative later led to HW's visit to Nelson Mandela in jail, their later friendship, and HW's role in acting as a 'guardian' to two of the Mandela daughters and a granddaughter at the request of Mandela.

In 1984, van der Merwe (2000, pp. 140–145) arranged for the first meetings between government supporters and the African National Congress in exile in Lukasa, Zambia, breaking a long deadlock and influencing public opinion (e.g., Kriesberg 2001, n.p.). And, by the mid-1980s, van der Merwe (e.g., 1983, 1986, 1988, 1989, 1991[16]) was publishing a great deal about conflict intervention in South Africa.[17]

16 The 1991 publication, co-authored by Andries Odendaal, was published in the ninth volume of the *Clinical Sociology Review*.

17 For instance, van der Merwe discussed "the uses of facilitation (mainly of communications), mediation and negotiation" (Curle 1989, p. xiii) in his *Pursuing*

At times van der Merwe was an activist,[18] and other times he was the impartial, professional peacebuilder. He purposely brought together faculty members from "conservative Afrikaans and liberal English universities" for research meetings, organized "national and international workshops that brought together political adversaries who had never met before" and helped move the national sociology organization to become one that did not restrict membership only to white sociologists (van der Merwe 2000, pp. 42–43). In 1988, the South African Association for Conflict Intervention (SAACI) was established and van der Merwe (2000, pp. 104–105) became its president.

Roos-Muller and Muller (2014) have noted, as a peacemaker, that HW "... sometimes walked a lonely and criticized pathway when he spoke to those who loathed each other ... HW was the pathfinder, the first of his generation to walk the talk of that form of peacemaking." Odendaal (2013, pp. 1–2) thought "possibly (Van der Merwe's) greatest contribution to the field of mediation in South Africa was the manner in which (he) established, in the face of this large distaste for mediation, its validity and integrity". Van der Merwe's courage during South Africa's transition from apartheid has been noted by many of those who had personal knowledge of his work.

5. Comments

There are a number of topics connected to activism that one might consider discussing based on the brief profiles of the careers of these six activist clinical sociologists in the United States and South Africa. The ones chosen for discussion here are employment, sufficient time for one's activism, handling criticism, reasons why some people are activists, and why some people are discouraged from being activists.

Employment. Those who are employed by organizations are often concerned that their brand of activism might be limited or not

Justice and Peace in South Africa (1989).

18 According to Ampie Muller (2013), van der Merwe's colleague and friend, "It is important to note that H.W. never saw himself as an activist and that many of the more progressive groups criticized him for that... A fundamental understanding of the meaning and importance of the concept of the 'middle ground' only became apparent after some of them attended our training courses".

appreciated by their employers. Even if the activist effort is about respecting human rights or moving social justice issues forward for all, that effort may – for historical, political, time or financial reasons – not be appreciated. For instance, W.E.B. Du Bois decided not to pursue employment with one university because he thought this could put limitations on his work. Charles Gomillion often was concerned that his efforts to obtain full voting rights for African Americans might affect the prospects of Tuskegee and so he told the head of Tuskegee that he would offer to resign if that ever was the case. No head of the institution ever asked for his resignation.

Sufficient Time for Activism. Effective activism requires time. Those who worked for certain employers, such as universities, might feel that they did not have enough time or impact if they stayed with that organization. Du Bois, for instance, thought the situation facing African Americans screamed for immediate attention; he left a university to work full-time as an activist and scholar. Because of this, some sociologists said he had left sociology.

Criticism. Activists need to be able to handle criticism. Jane Addams, for example, had people who strongly disliked her because she thought the US should not be involved in World War I. Instead of seeing her as a pacifist, some accused her of being a communist or traitor. In 1920, while still facing criticism, she helped found the American Civil Liberties Union. Gomillion always worried that he might get angry at people if he was in challenging situations. He tried to avoid those kinds of encounters. And W.E.B. Du Bois's *Black Reconstruction* was published in 1935. As Martha Jones (2022) has noted, the book was "published against a backdrop of violence and segregation (and was) met with a vitriolic reception. White writers leveled sharp-tongued critiques." Du Bois did not hesitate to criticize individuals or programs.

Becoming an Activist. It is interesting to think about reasons why some people become strong activists, while others do not. It may be that living during difficult times; experiencing or seeing unfair treatment, and/or seeing resistance to difficulties/unfair treatment all are contributing factors. Other factors might include having a network of like-minded activists, willingness to accept negative consequences, thinking that one can avoid negative consequences, admiration from

others for one's actions and/or growing up with or being attracted by those with social justice principles (such as Quaker beliefs about individual conscience, equality, and community service). For instance, Jane Addams' father was a Quaker and H.W. van der Merwe became a Quaker.

Factors that Discourage Activism. These factors can include a lack of knowledge about or insufficient interest in social justice issues: a lack of adequate finances to allow time for activism; fear of not being appreciated (not being promoted or losing one's job)[19] or the concerns of family members. (When one discusses the concerns of family members, it is useful to remember the attitudes of Harold Wolpe's children and brother-in-law as well as the fact that Wolpe's wife could not return to South Africa to see her dying mother. Charles Gomillion's first wife wanted a divorce because she said he wasn't enough fun.). Another factor that might need to be considered by a professor at a university is one's discipline. The discipline of sociology, for instance, has not emphasized (or in some cases not even included) the history and current status of sociological practice or highlighted the activism of some of its prominent historical figures. Also, the emphasis on sociology as a "neutral/objective" science may be so strong that one may think there is little or no room for the consideration of taking part or leading strong change initiatives.

6. Conclusion

The emphasis on sociology as a "neutral/objective" science is often stated in sociology texts and articles. For instance, a recent article by Bradley Campbell (2021, p.355) notes:

> If sociology is the science of social life, its aim is to *describe and explain* the social world. This is very different from social justice activism and other efforts to *evaluate and reform* the social world. Sociology and social justice are different enterprises…"

19 In contemporary times in the U.S., employee evaluations may be a factor in understanding why strong activism by an individual might not take place. It may be that the evaluation of sociology professors for retention or tenure as well as for post-tenure reviews, do not give credit for sociological practice much less working as an activist on important change initiatives.

Social justice activism is an important part of the long history of sociology. Not only have the activist scholar-practitioners discussed here helped shape the clinical sociology specialization, they also helped their countries understand the central importance of obtaining inclusion, equality, justice and, when there have been disputes or conflicts, the necessity of obtaining a peace that is just. Sociology has at least three historical threads – science, humanities, and practice; sociologists may be involved in one or more of these areas. Evaluation and reform of the social world are part of the history of sociology.

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Les fondements théoriques de l'intervention socioclinique dans les organisations

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"We cannot solve problems with the thinking that created them".
Albert Einstein[1]

Résumé

La sociologie clinique propose une démarche en rupture avec les paradigmes issus des sciences de l'ingénieur et de la gestion. L'approche clinique est critique face aux approches normatives, quantitatives, prescriptives dominées par la rationalité instrumentale et la marchandisation des relations humaines. Elle s'intéresse au singulier, à la subjectivité, au vécu, au sensible, avec un souci d'associer les personnes concernés à la compréhension des problèmes, de les impliquer comme sujets dans l'élaboration des réponses qu'ils apportent individuellement et collectivement aux contradictions qui les traversent. Elle ne cherche pas à modéliser le réel mais à s'immerger dans le vécu, au plus près des situations concrètes, de la réalité du travail, de l'appréhension subjective des problèmes rencontrés. Elle s'inscrit dans un système social complexe. Le changement ne se prescrit pas, il se construit dans un processus qui implique, activement ou passivement, l'ensemble des personnes concernées.

Face aux mutations actuelles dans le monde économique et social, la sociologie clinique propose une approche en rupture avec celles des consultants actuellement dominants sur le marché du conseil comme Accenture, Ernst and Young, Deloitte, Pricewaterhousecooper, Boston Consulting Group, KPMG, Cap Gemini... Ces cabinets proposent des « solutions » pensées à partir des paradigmes issus des sciences de l'ingénieur et de la gestion. Leurs approches sont construites à partir de référents objectivistes, fonctionnalistes, utilitaristes et positivistes, parfaitement en phase avec les formations des dirigeants de la plupart

1 *« On ne peut résoudre un problème avec les modes de pensée qui l'ont engendré »*

des entreprises et des institutions qui font appel à eux. Il en va de même dans le domaine social confronté à de nouvelles normes gestionnaires basées sur des données probantes (*Evidence Based Practise*) issues du monde anglo-saxon (Ponnou et Niewiadomski, 2020). La tension est forte entre, d'une part, les interventions inscrites dans les paradigmes de l'évaluation performative, du capitalisme cognitif, de l'idéologie managériale et, de l'autre, celles qui s'inspirent d'une démarche clinique.

L'approche clinique est radicalement critique face à ces approches normatives, quantitatives, prescriptives dominées par la rationalité instrumentale et la marchandisation des relations humaines. Elle s'intéresse avant tout au singulier, à la subjectivité, au vécu, au sensible, avec un souci éthique. Elle a pour objectif d'associer les acteurs concernés à la compréhension des problèmes, de les impliquer comme sujets dans l'élaboration des réponses qu'ils apportent individuellement et collectivement aux contradictions qui les traversent.

1. Les conflits vécus comme analyseurs des contradictions

L'intervention socioclinique ne cherche pas à modéliser le réel mais à s'immerger dans le vécu, au plus près des situations concrètes, de la réalité du travail, de l'appréhension subjective des problèmes rencontrés. Le sensible, l'éprouvé, la subjectivité sont des registres qui caractérisent l'essence même de l'humanité. L'humain ne peut se réduire à un instrument, un facteur, un objet ou une ressource. D'où l'erreur radicale des approches rationnelles, linéaires et utilitaristes qui tentent d'appréhender les conflits comme un dysfonctionnement à régler, l'organisation comme une machine à réparer, l'humain comme un organe à soigner ou une ressource à optimiser. L'homme considéré comme un moyen perd sa dignité et sa capacité d'advenir comme un être autonome en capacité de maîtriser son destin.

Les conflits sont au cœur du fonctionnement psychique, des relations humaines, de la vie sociale. La vie humaine est faite d'imprévus, de drames, de folies, de catastrophes, de crises, de contradictions, de paradoxes, mais aussi de raison, de créativité,

d'innovation, de solidarité et d'intelligence collective. L'*homo sapiens* et *l'homo démens* coexistent. Ils sont indissociables. On ne peut les concevoir de façon séparée. C'est dire que les phénomènes sociaux ne sont pas des choses. Les paradigmes des sciences exactes ne sont pas pertinents pour analyser les relations entre l'être de l'homme et l'être de la société.

La demande d'intervention, qu'elle vienne d'une organisation, d'une institution, d'un groupe social, est toujours sous-tendue par une situation conflictuelle. Par exemple, la tension entre une logique économique centrée sur l'optimisation des résultats financiers et une logique sociale attentive aux besoins des travailleurs. Cette tension contradictoire est normale, inévitable. Elle illustre l'existence d'intérêts contradictoires, de préoccupations différentes et parfois dissonantes, de situations conflictuelles que l'organisation doit gérer, au mieux. C'est dire que l'analyse de ces conflits est un moyen privilégié pour les comprendre et tenter de les apaiser. L'intervention doit favoriser l'expression de ces tensions plutôt que de les neutraliser, en ouvrant un espace transitionnel entre le jeu et la réalité (Winnicott, 1975), entre l'imaginaire et le réel, espace dans lequel les acteurs sociaux expriment la violence, les tensions, les enjeux de pouvoir.

L'intervention en sociologie clinique s'inscrit dans la filiation des recherches actions. Elle répond à la demande de personnes et de groupes confrontés à des dilemmes conflictuels qui les mettent en difficulté. Elle s'adresse à des sujets décidés à devenir producteur de l'histoire dont ils sont le produit. L'ensemble des individus concernés ne sont pas les « objets » de l'intervention, mais des contributeurs actifs qui participent à en construire les différentes phases. Les changements à l'œuvre sont dans la démarche elle-même et pas seulement dans les effets a posteriori. Elle ne procède pas de l'ordre de la démonstration et de la prescription mais de l'approche compréhensive. Elle est attentive à éviter la culture de l'urgence en organisant des temporalités respectueuses de la santé physiques et psychique des personnes.

2. Une démarche progressive et générative : le résultat est dans le processus

Le changement ne se prescrit pas, il se construit dans un processus qui implique, (activement et/ou passivement) l'ensemble des niveaux hiérarchiques concernés. L'intervention consiste à proposer un cadre qui accompagne cette construction progressive et cumulative. Elle est porteuse de changement à tous les moments de son déroulement, dès le traitement de la demande, puis dans la négociation de la commande, la mise en œuvre des différentes étapes, jusqu'à la restitution et l'évaluation finale.

La procédure des appels d'offre impose d'annoncer, avant même l'intervention, les effets de l'intervention et de s'engager sur des résultats tangibles. L'approche solution est un piège. La culture des résultats, en vogue dans les organisations acquises à l'idéologie managériale, impose un cadre de pensée et d'action entièrement déterminés par l'attente de solutions tangibles mesurées à partir d'indicateurs précis, traductibles en termes financiers. L'exigence qui impose de définir les effets en amont du processus d'intervention est d'autant plus pernicieuse que ces résultats dépendent autant de l'intervenant que du commanditaire, en particulier de la façon dont ce dernier va appliquer les préconisations produites par l'intervention. Bien souvent, faute de moyens, de disponibilité, de volonté, le commanditaire renonce à mettre en œuvre des changements auxquels il aspire. Il affirme une volonté de changement à condition que celui-ci ne vienne pas trop bousculer ses façons de faire et de penser.

Il y a là une attitude qui n'est paradoxale qu'en apparence. Les dirigeant.e.s n'ont plus le temps de penser le travail, de se consacrer à créer les organisations nécessaires pour réaliser leurs projets. La plupart du temps, ce travail est délégué à des consultants. Ils ou elles réfléchissent par procuration en payant des personnes pour penser ces questions à leur place tout en conservant le pouvoir de décision. Pris dans l'urgence et l'opératoire, ils n'ont pas le recul pour penser ce qu'ils font. Ils font appel à des tiers extérieurs pour les aider à penser mais récuse toute approche qui remettrait en question les paradigmes de leur propre façon de penser et d'agir. Ils ont souvent des « solutions » dans la tête qu'ils souhaitent conforter. L'appel à des consultants externes

permet une analyse des problèmes sans risque pour les dirigeants qui gardent toute latitude pour reprendre ce qui les arrange et rejeter ce qui les dérange. Ils attendent alors des intervenants qu'ils légitiment les décisions qu'ils souhaitent prendre, parfois même qu'ils ont déjà prises. L'intervention débouche rarement sur des changements significatifs non voulus au départ par les décideurs.

La démarche clinique propose d'affronter ces impasses et ces pièges par une démarche progressive, générative et catalytique.

La première étape consiste à définir un cadre favorisant l'implication progressive des acteurs concernés dans un processus d'analyse et de changement. Elle s'accompagne d'un travail sur les représentations du problème à traiter. Il s'agit d'entendre la demande initiale dans les termes posés par le commanditaire pour la reformuler dans un langage qui favorise l'enclenchement d'un processus réflexif partagé. La démarche de co-construction conduit à élaborer un diagnostic avec l'ensemble des acteurs concernés en explorant les causes, en favorisant le repérage des logiques qui provoquent les oppositions, en organisant la confrontation de points de vue contradictoires. Ces espaces de réflexivité collective changent les façons de voir, permet de mieux comprendre les raisons d'agir des différents acteurs sociaux impliqués dans l'organisation. Il s'agit de les aider à se dégager progressivement des habitus incorporés, des normes intériorisées, des schémas mentaux qui fonctionnent habituellement sur un mode quasi mécanique.

Tout changement véritable nécessite une phase régressive. Il faut dans un premier temps déconstruire les manières de penser et de faire pour pouvoir en élaborer de nouvelles. La régression est un passage nécessaire pour progresser. Ce mouvement dialectique est difficile à comprendre pour tous ceux qui ont reçu une formation d'ingénieur ou de gestionnaire. Ils conçoivent le progrès comme une avancée dans une démarche linéaire. L'idée qu'il convient de remettre en question ses propres façons de penser pour trouver des solutions est d'abord perçue comme une perte de temps. La programmation rationnelle qui fonde l'approche solution est parfaitement étrangère à l'idée que le changement doit d'abord passer par une phase régressive. La démarche

clinique défend l'idée que la régression est une étape inévitable pour sortir de la répétition et faire émerger d'autres possibles.

La conception générative de l'action consiste à penser le changement dans une dynamique de réintégration permanente des expériences et des prises de consciences que la démarche engendre. On ne peut donc définir celle-ci a priori puisque chaque étape s'enrichit d'éléments nouveaux qui n'étaient pas présents et prévisibles au départ. La démarche elle-même est productrice de savoirs nouveaux, qui conduisent à reconsidérer les étapes suivantes. Cette dynamique enclenche des modifications progressives, par l'intégration d'éléments nouveaux. Elle génère de nouveaux comportements, des nouvelles pistes d'action innovantes qui conduisent à reconsidérer les choix de départ.

La progressivité, la générativité et la réintégration au fil de l'eau des analyses produites dans la démarche d'intervention ont pour conséquence d'établir un va-et-vient permanent entre la réflexion et l'action. Le diagnostic n'est plus un préalable qui débouche sur des préconisations et des applications concrètes. Il est intégré dans une dynamique interactive entre l'analyse des conflits et la résolution des problèmes au plus près du travail réel. Il ne s'agit plus d'adapter celui-ci aux prescriptions venues d'ailleurs, mais d'ajuster celles-ci aux nécessités du terrain.

En définitive, le processus lui-même est déjà facteur de changement.

Dans le champ de la psychothérapie, les cliniciens évoquent l'idée que la thérapie est contenue dans le diagnostic. L'intervention en sociologie clinique reprend à son compte cette idée. La co-construction du diagnostic avec les acteurs concernés change leur vision des problèmes et leur façon de faire, participant par là même à la résolution du problème initial. Il y a là une rupture radicale face à la démarche d'expertise. La logique actuelle des appels d'offre oblige à préciser les résultats attendus et les effets concrets. Elle empêche de comprendre en profondeur les causses des problèmes. Comment répondre à des questions précises sur les résultats attendus alors que les effets sont, pour une part, imprévisibles ? Comme si l'on demandait à un artiste de définir son œuvre avant de l'avoir achevée ou à un chercheur de donner les résultats de son travail avant de l'avoir accompli. Dans toute

intervention les résultats dépendent en grande partie de l'implication de ceux avec qui elle est menée.

Ces incertitudes peuvent alimenter l'anxiété des commanditaires qui souhaitent maitriser l'incertitude et contrôler les processus de décision. D'où leur préférence pour les consultants qui confortent leurs *a priori*, qui sont ancrés dans des certitudes, qui affirment posséder les preuves de leur efficacité. Le doute, l'incertitude, la pensée critique sont difficiles à admettre dans un monde qui se veut rationnel et conquérant. Et pourtant, les crises sociales, sanitaires, financières et climatiques engendrent du désordre, de l'imprévisible, de l'inédit. Il ne sert à rien de se rassurer à bon compte. Accepter l'incertitude est une nécessité pour comprendre les contradictions de nos sociétés hypermodernes. À l'intervenant de trouver la bonne posture entre la prise en compte de ces incertitudes et les réassurances attendues par le commanditaire qui cherche à maitriser l'avenir.

Favoriser le point de vue du sujet

Dans la pratique médicale expérimentale comme dans la psychiatrie dominée par le modèle DSM[2], le malade est l'objet d'un traitement. Le médecin est en position d'expert qui décide du chemin pour guérir le patient. Seul le médecin est habilité à tenir un discours de vérité sur « la maladie », donc sur le traitement adéquat. La culture de l'ingénierie se construit sur le même modèle : l'ingénieur est un expert habitué à résoudre les problèmes comme le mathématicien résout une équation. Il peut dire si le résultat est juste ou faux, bon ou mauvais. Il connaît les différentes étapes par lesquelles il faut passer pour l'obtenir. Il peut retrouver la solution et reproduire son cheminement, toutes choses égales par ailleurs. Il peut donc programmer à l'avance les éléments nécessaires pour résoudre le problème.

La démarche clinique propose de rompre avec cette posture d'expertise. Une anecdote racontée par Freud illustre avec humour ce changement radical. (Freud, Breuer, 1895) Il s'agit du traitement d'une de ses patientes, Mme Emmy von N., qu'il traite sous hypnose. Hypnose

2 *Diagnostic and Statistical Manual ou Mental Disordres,* Manuel diagnostique et statistique des troubles mentaux de l'Association Américaine de Psychiatrie qui propose un classement des maladies mentales et des traitements appropriés.

pour « la forcer », écrit Freud, à renoncer à ses phobies et à lui « enlever de la tête » ses angoisses. Il impose à Emmy d'avoir ses règles tous les 28 jours alors qu'elle les a tous les 15 jours. Cette démarche volontaire rencontre des résistances de la part de sa patiente. L'interdiction générale d'avoir des symptômes n'a pas les résultats escomptés. Emmy a toujours ses phobies. Elle résiste au traitement imposé par le grand professeur ! Freud exprime sa contrariété face à une patiente aussi rétive qui non seulement ne suit pas ses prescriptions mais lui fait cette demande incroyable pour l'époque : « mais docteur, écoutez-moi ! ». Il renonce alors à sa position de médecin et d'expert pour écouter le récit de sa patiente, ce qu'elle comprend des origines de ses symptômes. Elle évoque alors la mort de son mari, sa culpabilité de ne l'avoir pas soigné correctement, sa haine vis-à-vis de son enfant quel rend responsable du fait qu'elle n'ait pas pu s'occuper de son époux... Emmy force Freud à changer de posture. Ce n'est plus le savoir du médecin qui structure la relation au patient, mais l'écoute qui met le patient en situation de produire du sens sur ses conflits. On pourrait dire qu'Emmy invente la démarche clinique. Le médecin n'est plus l'expert qui sait et impose un traitement au patient, mais un interlocuteur auquel la patiente raconte sa propre vision de ses conflits, de leur source. Ce n'est plus lui qui pose le diagnostic et prescrit le remède. La patiente s'est appropriée le traitement pour le conduire à sa façon. Emmy demande d'être reconnue comme sujet, comme une personne ayant un point de vue sur sa maladie et sur la façon de la traiter.

Il y a là un renversement de perspective qui conduit à poser comme élément central du processus de guérison le sens que le malade donne à ses symptômes. Ceux-ci sont l'expression de conflits dont il convient de retrouver la cause. Le symptôme n'est pas seulement un problème qu'il faut éliminer, mais le signe d'un conflit qu'il faut comprendre. Le travail thérapeutique consiste à rechercher les sources des conflits vécus par le patient dans une investigation menée de concert entre le patient et son médecin. La démarche met en place un cadre qui favorise une collaboration entre les deux protagonistes, une co-construction de l'analyse, sachant que c'est l'analyse elle-même qui devient facteur de changement. Le diagnostic ainsi élaboré est alors l'élément majeur du processus de changement.

La sociologie clinique s'inspire de la clinique psychanalytique pour déloger l'intervenant de sa position d'expert et construire un cadre dans lequel les acteurs impliqués dans l'intervention collaborent à l'analyse des conflits qu'ils rencontrent. Mais, à la différence de la psychothérapie ou de la psychanalyse, elle développe une clinique de situations sociales, dans une démarche collective centrée sur des conflits sociopsychiques (Gaulejac, 2020). La démarche favorise l'expression individuelle et collective, verbale et non verbale, des conflits rencontrés dans des situations familiales, sociales, institutionnelles. Elle propose la mise en place de groupes d'implication et de recherche dans lesquels les participants peuvent travailler à la fois sur le registre personnel et le registre collectif.

Cette démarche se heurte à des résistances dans un monde dominé par la causalité linéaire, la culture du résultat, la volonté de maîtrise de l'incertitude. Un monde plus habitué à ordonner qu'à écouter, à décider qu'à prendre en compte le point de vue des autres, à imposer ses convictions qu'à susciter le débat, à prescrire plutôt qu'à faire confiance au gens du terrain. Les salariés sont soumis à un contrat de subordination par leurs employeurs (Linhart, 2021). Ils sont considérés et traités comme des agents, parfois des acteurs, rarement comme des sujets à part entière. Lorsqu'on leur demande d'exercer leur autonomie, il s'agit d'une autonomie contrôlée qui doit aller dans le sens des attentes de l'organisation et contribuer à remplir les objectifs fixés.

L'intervention socioclinique a pour objectif d'aider l'ensemble des participants à advenir comme sujet à toutes les étapes du processus, de la demande jusqu'à la restitution finale. Cette mobilisation subjective se décline dans les registres de la sensibilité, de la mentalisation et de l'activité.

Le sujet sensible a besoin de retrouver une cohérence entre ce qu'il éprouve, ce qu'il dit et ce qu'il fait. Le dispositif d'intervention favorise l'expression de sentiments qui sont le plus souvent réprimés, inhibés. L'écoute sensible permet un recentrement sur soi-même, ses désirs, ses émotions, ses aspirations, ses conflits. Elle clarifie ce qui vient de l'intériorité et ce qui vient de l'extériorité, en particulier dans le plaisir et la souffrance au travail. Elle désamorce les tabous qui inhibent les

capacités d'expressions verbales et non verbales, les mécanismes de défenses et les conduites adaptatives mis en œuvre pour supporter les humiliations, les réifications et les violences symboliques si fréquentes dans le monde du travail. Ainsi, elle favorise les mécanismes de dégagement par rapport au repli sur soi, à la dénégation et au clivage qui sont les réactions défensives les plus répandues dans les organisations paradoxantes (Gaulejac, Hanique, 2015).

Le sujet réflexif mobilise ses « connaissances ordinaires » de l'organisation et du travail dans ses dimensions existentielles et professionnelles. Ces savoirs sont évidemment précieux. Ils vont nourrir la co-construction d'un premier diagnostic. Le vécu des salariés va nourrir les premières hypothèses élaborées sur le « système d'organisation ». La prise en compte de la parole du sujet est un élément déterminant pour enclencher les étapes suivantes. C'est elle qui permet d'instaurer la confiance et de restaurer l'estime de soi. D'autant plus lorsque les salariés ont eu le sentiment d'avoir été instrumentalisés par l'organisation. La mobilisation des capacités réflexives des acteurs est un atout maître pour passer du diagnostic aux préconisations, de la réflexion à l'action.

Le sujet acteur trouve du sens dans l'activité concrète, là où il peut investir ses savoirs faire, ses compétences, ses habiletés physiques et intellectuelles. Là où la mobilisation corporelle, mentale et psychique lui apporte un sentiment de bien-être dans l'accomplissement de ses tâches. Le travailleur s'épanouit dans le travail réel, à condition qu'il puisse le mener à sa manière, « à sa main » comme disent les travailleurs manuels. Si l'action est commanditée de l'extérieur par des prescriptions modélisantes, il perd une partie de sa créativité, de ses compétences et de son autonomie. L'instrumentalisation est une cause majeure de mal être au travail et de perte d'estime de soi. Reprendre la maitrise des actions que l'on mène est alors un gage de retour au bien-être et de restauration de la confiance en soi.

Advenir comme sujet, c'est conquérir une autonomie, s'autoriser à penser et à agir par soi-même en refusant d'être gouverné de l'extérieur (hétéronomie), c'est lutter contre toutes les formes d'assujettissement qui limitent le projet d'être.

Le récit de Freud illustre les différentes étapes qui instaurent un processus clinique. La genèse part d'une initiative d'Emmy qui demande d'être écoutée. L'acceptation par Freud de cette demande, la reconnaissance de sa légitimité, renversent la nature de leur relation. Emmy n'est plus seulement l'objet d'un traitement mené par un médecin, elle se pose comme sujet de son traitement, elle ouvre la possibilité d'une réciprocité dans son rapport à Freud, lequel accepte à son tour de la considérer comme un sujet. Les enjeux de transfert et de contre-transfert deviennent l'élément central du processus thérapeutique. Ils vont alors s'engager dans la construction d'une relation itérative, relation qui devient l'élément déterminant du traitement. L'élimination des différents symptômes n'est plus la préoccupation première, elle arrive de surcroit. L'essentiel se noue et se joue dans la mise en œuvre d'une démarche de changement pour mieux comprendre les enjeux, les résistances, les désirs et les chemins possibles pour les réaliser.

L'intervention en sociologie clinique n'a pas d'objectif thérapeutique mais procède d'une démarche équivalente. L'intervenant n'a aucun pouvoir direct, ni sur les acteurs, ni sur le système. Son seul pouvoir est d'établir une relation de confiance qui conduit ses interlocuteurs à changer leur façon de penser et d'agir. La relation qui s'établit est aussi une relation transférentielle. Mais, à la différence de la cure psychanalytique, elle n'est pas « le moteur » du processus. Il ne s'agit donc pas de la mettre en analyse, mais uniquement de s'appuyer dessus pour favoriser l'implication consentie dans la démarche d'intervention. L'essentiel est d'établir un cadre au sein duquel les acteurs concernés investissent leurs capacités d'analyse et d'action pour résoudre les problèmes auxquels ils sont confrontés dans leur travail.

La cause des problèmes n'est pas recherchée dans le « mauvais » comportement des personnes mais dans les déterminants qui produisent ces comportements. Les conduites individuelles et collectives des individus sont des réponses à des situations sociales. Ce n'est pas la vie personnelle qui est ici mise en question, mais l'activité dans l'organisation du travail. Les interlocuteurs privilégiés sont, en conséquence, les sujets de cette activité, ceux qui la mettent en œuvre. La démarche consiste à considérer ces derniers non pas comme des

agents chargés d'exécuter une tâche prescrite, mais comme des sujets mettant en œuvre toutes leurs capacités pour effectuer leur travail, le mieux possible. L'intervention consiste alors à les accompagner dans leur tâche, à les écouter pour comprendre avec eux tous les problèmes qui les mettent en difficulté, tous les obstacles qui les empêchent de bien travailler, tous les conflits qu'ils rencontrent. C'est le sujet face au travail qui est mobilisé.

La mobilisation de la réflexivité doit entrer en cohérence avec la mobilisation de la subjectivité. L'objectif opératoire d'amélioration de l'efficience, que le commanditaire attend légitimement, passe par le développement de la réflexion collective sur l'amélioration de l'organisation du travail. Il s'agit de mobiliser l'intelligence groupale pour concilier les exigences des différentes parties prenantes. Ce n'est plus tant le rôle fonctionnel de chacun qui est sollicité, que sa place comme sujet dans une collectivité humaine qui cherche à construire un destin collectif et une œuvre commune. Chacun est alors traité comme un semblable, dont la contribution est tout aussi nécessaire, quel que soit son statut, sa fonction ou son niveau hiérarchique.

Retrouver le sens de l'action collective

Le sens renvoie à deux registres complémentaires, celui des significations et celui des orientations.

Du côté des **significations,** la démarche d'intervention remet de la compréhension et de la valeur (symbolisation) dans l'activité. Elle doit permettre à l'ensemble des personnes concernées de sortir du clivage entre ce qu'elles souhaiteraient réaliser, en conformité avec leurs valeurs, leurs idéaux, et ce qu'elles doivent faire pour respecter les prescriptions, les objectifs, les critères formels d'évaluation. L'écart entre le travail prescrit et le travail réel est alors moins vécu dans le registre de la plainte et de l'impuissance que comme une contradiction qu'il faut reconnaître pour la transformer en mobilisant les autres collègues de travail. Les tensions se déplacent alors du registre psychologique (sentiment de ne pas être à la hauteur des attentes, culpabilité de ne pas remplir les objectifs, honte d'avoir des résultats négatifs, …) au registre de l'organisation (adapter les objectifs demandés aux moyens nécessaires pour les atteindre, inscrire les

processus d'évaluation dans la réalité du travail, définir la performance comme le résultat d'un travail collectif, favoriser la création d'espaces de réflexion et de délibération au sein de l'organisation, ...) Ce n'est plus l'agent qui se sent coupable ou impuissant, c'est l'organisation qui est mise au travail pour réduire les tensions, pour trouver les bonnes médiations face aux contradictions qui génèrent les conflits.

Du côté des **orientations**, la démarche doit permettre de remettre du collectif face à l'ensemble des processus d'individualisation ; de prendre de la distance par rapport aux effets négatifs de la mobilisation psychique ; de retrouver des raisons de réinvestir la coopération ; de développer des solidarités ; de restaurer les enveloppes groupales qui offrent une ère de protection entre l'individu et l'organisation. La compétition généralisée, peut parfois être facteur d'émulation. Elle est aussi facteur d'insécurité. Elle exacerbe la lutte des places. Elle met l'ensemble de l'organisation sous tension avec les effets délétères mieux repérés aujourd'hui sous le terme ambigu de RPS (risques psychosociaux). En définitive, c'est dans l'action collective que les travailleurs retrouvent le goût du travail. C'est là aussi qu'ils peuvent réaliser leurs aspirations émancipatrices contre toutes les formes d'assujettissement. Le collectif de travail est un élément essentiel pour se sentir en sécurité, développer des dynamiques collectives de réflexion et d'action.

Le sujet social retrouve des capacités d'action dans des actions collectives de coopération et de solidarité. Non plus comme individu-ressource, au service de la logique financière mais comme individu-acteur, au service de toutes les personnes impliquées dans le système de production. On sait l'importance des collectifs de métier qui servent d'amortisseurs face aux tensions inévitables dans le travail. Une des causes majeures de la souffrance au travail est le délitement des collectifs traditionnels qui permettaient de socialiser les échecs et les réussites, les questions et les doutes, les plaisirs et les souffrances. L'individualisation et la compétition interne ont des effets dévastateurs : repli sur soi, dépression, vulnérabilité psychique, épuisement professionnel, sentiment de harcèlement... Impliqué dans l'action collective, le sujet peut se recentrer sur l'essentiel, retrouver l'estime de soi en réalisant un travail « bien fait ».

La démarche d'intervention cherche à mobiliser des groupes pour redonner de la vie et de la vigueur aux collectifs de travail. Ces collectifs sont essentiels pour favoriser une reviviscence du « travail organisationnel ». Celui-ci consiste à produire des organisations qui soient un support effectif de productivité économique et sociale. La démarche d'intervention remet la gestion au service du « bien travailler ensemble », redonne au management son rôle premier : trouver les bonnes médiations face aux tensions qui inhibent la mobilisation individuelle et collective pour produire une œuvre commune. Elle puise sa force et sa pertinence dans cette mutation de l'individu-agent à l'individu sujet. Quand on a goûté le plaisir de l'autonomie, il est difficile de revenir en arrière (Gaulejac, 2009). Et c'est là que s'enracine la reconnaissance (versus gratitude) vis à vis de ceux qui vous ont accompagné sur ce chemin. L'intervenant trouve là des alliés précieux. Ces alliances offrent des opportunités inattendues, des terrains et des marges de manœuvres qu'il ne soupçonnait pas au départ.

Au départ, l'intervenant répond à un commanditaire qui lui permet d'exercer son métier et d'avoir un contrat. Une fois le processus enclenché, il travaille aussi pour des sujets qui sont les destinataires effectifs de la démarche. Il n'y a là ni duplicité, ni détournement d'objet. Le commanditaire est lui-même l'agent d'un système qui le dépasse largement. Il ne s'agit donc pas de le trahir, mais de lui proposer de développer une méta communication, pour mieux comprendre en quoi il est le produit d'un système dont il cherche à devenir le sujet.

La complexité comme guide de l'intervention

L'intervention s'inscrit dans un système social complexe. Comme système complexe, les organisations relient des éléments hétérogènes issus de registres habituellement conçus comme séparés : économique, juridique, financier, idéologique, technique et psychologique. Il convient donc d'analyser chacun de ces registres et la façon dont ils sont connectés les uns avec les autres. L'analyse systémique est ici bien utile. Rappelons la définition de l'auteur de la théorie générale des systèmes : « Un système est un ensemble d'éléments reliés entre eux de façon telle que la modification d'un élément, produit une modification

en chaîne des autres éléments de telle façon que c'est le système tout entier qui s'en trouve modifié.» (Van Bertalanffy, 1967).

La définition de Van Bertalanffy nous invite à combiner trois niveaux d'analyse :

- l'analyse de chacun des éléments qui compose le système, de son rôle, de ses caractéristiques propres, de la spécificité de son action dans le système
- l'analyse des relations, des interactions, des influences réciproques, des effets de *feed-back* entre les différents éléments qui le compose.
- l'analyse du système proprement dit, comme un ensemble qui intègre ces différents éléments, les modifient, sachant qu'il est à la fois le produit et le producteur de leurs interactions.

L'organisation est à la fois produite et productrice : « En produisant des choses et des services, l'entreprise, en même temps, s'autoproduit. Cela veut dire qu'elle produit tous les éléments nécessaires à sa propre survie et à sa propre organisation. En organisant la production d'objets et de services, elle s'auto-organise, s'auto-entretient, si nécessaire s'auto-répare, et si les choses vont bien, s'auto-développe en développant sa production » (Morin, 1990). L'organisation est un système de production qui produit de l'organisation pour pouvoir produire. Cette production est le résultat de milliers d'interactions quotidiennes entre les individus et les groupes qui la composent. Par ailleurs, l'organisation obéit à une logique d'autoreproduction : elle produit les individus et les groupes dont elle a besoin pour assurer sa propre reproduction. Cette capacité d'autoproduction donne à l'intervenant un pouvoir d'agir sur les processus d'auto-engendrement. Il lui faut proposer un cadre qui favorise une implication collective dans ces processus par une réflexion partagée. Comment, à partir de ces hypothèses, appréhender le rapport individu / organisation ?

Edgar Morin suggère quelques propositions :

Le tout est dans la partie. La partie est dans le tout (l'effet ADN).

Comme dans la chaine d'ADN, chaque élément de l'organisation contient des informations sur la totalité du système. Une intervention

locale a donc des effets sur l'ensemble. Vouloir transformer « la totalité » est une illusion qui condamne à l'impuissance. L'idée qu'une modification d'un élément du système peut avoir des répercussions sur l'ensemble permet, tout en limitant ses ambitions, de produire des effets au-delà de son périmètre d'intervention.

Chaque situation contient la totalité du système (effet hologramme).

Chaque membre de l'organisation à toute l'organisation dans la tête. C'est dire qu'il a une représentation de l'ensemble, quel que soit par ailleurs sa connaissance effective de chaque partie. Une action partielle ne change pas seulement quelques éléments du système mais a des répercussions sur l'ensemble. Agir sur la partie, c'est agir sur le tout. Les théories des catastrophes montrent comment, un battement d'aile de papillon peut entraîner un ouragan à l'autre bout de la planète. Il en va de même pour le changement organisationnel. Les effets d'une intervention ne peuvent être programmés à l'avance parce qu'ils sont, pour une part, imprévisibles. Mais surtout parce que les effets en cascade qu'elle engendre ne peuvent être décrits a priori. Nous savons qu'ils existent, mais l'intervenant ne peut les décrire de prime abord dans leur totalité.

Chaque élément est le produit d'une multiplicité de causes qu'on ne peut jamais réduire à un aspect (pluralisme causal).

L'action sur tel ou tel élément favorise des réactions en chaine qui ont un impact sur le système lui-même. Un changement des représentations n'entraîne pas mécaniquement un changement de la réalité mais, et ce n'est pas négligeable, elle change notre rapport à cette réalité. Par exemple, la prise de conscience de la gravitation, n'empêche pas les objets de tomber. La connaissance de la loi de la gravitation permet de construire des avions, des fusées, des navettes spatiales, donc de prendre en compte la gravitation non plus comme un déterminisme implacable et subi, mais comme un élément avec lequel il convient de composer. L'homme sort alors de son impuissance par la connaissance des processus qui vont lui permettre de penser et d'agir différemment.

Chaque élément est à la fois produit et producteur (causalité récursive)

La récursivité consiste à considérer le produit comme un élément producteur de ce qui l'a produit. Toute organisation est à la fois le résultat d'une production humaine et un élément central de la production des individus qui contribuent à la produire. Il existe une réciprocité des influences entre les différents éléments qui composent l'organisation. Il ne sert à rien de planifier l'intervention comme un processus linéaire. Il est plus dynamique de saisir les éléments sur lesquels on peut agir, sachant que l'action aura un effet rétroactif et récursif sur ceux qui contribuent à le produire. L'intervenant n'est souvent consulté que sur des points spécifiques dans des périmètres circonscrits. Pour autant le diagnostic le conduit à repérer que certaines causes du problème pour lequel ont fait appel à lui sont en partie à l'extérieur de ce périmètre. Cette observation ne doit pas le conduire à l'impuissance mais à plus de discernement : analyser, avec les acteurs concernés, les point sur lesquels une action immédiate est possible et ceux qui nécessitent une implication d'autres éléments du système global.

Les processus à l'œuvre sont à la fois complémentaires, contradictoires et antagonistes

L'organisation tente de combiner différentes logiques plus ou moins compatibles : financières, économiques, techniques, commerciales, logistiques, informatiques, administratives, juridiques, etc. Ces logiques sont inscrites dans l'organisation sous formes de départements, de services, de compétences professionnelles, d'outils de gestions et de communication que chacun développe, bousculant ainsi la cohérence nécessaire pour que l'ensemble puisse fonctionner. La mission première du management devrait être de renforcer les complémentarités, favoriser la médiation des contradictions, éviter que les antagonismes ne se traduisent en conflits violents ou bloquants.

L'appel à des consultants externes est souvent lié à l'incapacité de remettre de l'ordre face au risque de chaos. Le paradoxe est à son comble : face à une complexité croissante, la demande de rationalisation, de normalisation, de modélisation s'accroit. Alors même que c'est l'accentuation du décalage entre la prescription et la réalité qui pose

problème. Marie-Anne Dujarier évoque à ce propos l*e management désincarné* plus soucieux de produire des référentiels, des normes, des procédures, des *process* que d'aller au plus près du travail réel et de résoudre les problèmes concrets (Dujarier, 2015). Entre l'univers des procédures qui complexifie le fonctionnement des structures sociales et l'univers de la vie sociale qui se produit et reproduit dans la quotidienneté des activités concrètes, les contradictions s'amplifient de façon exponentielle.

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Le changement ne se prescrit pas, il se construit dans un processus qui implique, activement ou passivement, l'ensemble des personnes concernées. Dans ce processus, la collaboration est le fruit d'une démarche collective qui mobilise l'intelligence de chacun pour repenser l'organisation. L'intervention socioclinique favorise une confrontation des lectures produites par les différents membres d'une organisation sur la nature de ces conflits. Non pas dans l'affrontement des points de vue, mais dans la compréhension de la façon dont ces visions différentes se sont construites. La démarche consiste, par exemple, à montrer comment les différences de sens sont le produit des appartenances professionnelles de chacun et des logiques d'action quelles sous-tendent.

La complexité exige de modifier les modes de pensée qui génèrent les problèmes que l'on cherche à résoudre. Elle remet en question la pensée linéaire, prescriptive, normative et positiviste. Elle réinterroge les paradigmes qui fondent les sciences de la gestion et les pratiques de management. Elle cultive une démarche systémique, dialectique, compréhensive et critique. L'intervention consiste à co-construire des espaces de réflexion et de délibération favorisant une collaboration confiante entre l'ensemble des travailleurs concernés pour penser et agir autrement. L'intervention conduit les agents à penser la complexité des situations dans lesquelles ils travaillent et à retrouver des capacités individuelles et collectives pour les faire évoluer.

Cette démarche se heurte à bien des résistences de la part de décideurs préoccupés avant tout par la rentabilité financière. L'idéologie managériale qui domine, actuellement bien des organisations, considère les individus comme une ressource et non comme un sujet. La

culture de l'urgence et l'impératif du juste à temps laissent peu de place à la réflexion collective. La logique du profit impose des impératifs de productivité peu propices à l'écoute, l'attention à la santé psychique et physique des travailleurs, ou encore à des considérations écologiques. Pour autant, les choses sont en train de changer. Il devient insensé de penser le progrès et la croissance indépendamment de la santé des travailleurs et du sort de la planète. On ne peut continuer à considérer notre monde comme un décor, un stock de ressources dans lequel on peut puiser sans compter, une donnée acquise une fois pour toute. Le système capitaliste est de plus en plus redevable de l'exploitation sans limite des ressources naturelles. Certains parlent à ce propos de « crime contre l'humanité ». La prise de conscience de notre communauté de destin terrestre, la préservation de notre Terre-patrie (Morin, Kern, 1993) et le souci de permettre à chaque homme d'advenir en tant que sujet, Sont des préoccupations partagées dans toutes les sphères de la société. La démarche d'intervention socioclinique s'inscrit dans cette perspective d'avenir. Il s'agit, en définitive, de réenchanter un monde qui semble courir à sa perte.

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A Clinical Sociologist's Journey as Children's Rights Advocate

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Abstract

Career decisions are not randomly made; they are the result of personal experiences that drive our motivations and interests. Many of these occur when we are children, which is defined by the United Nations as any time before age 18. This article considers the importance of the social construction of children's lives and the importance of autobiographical memory in understanding our professional choices. It chronicles some of the journey and insights behind one scholar's drive to promote the issue of children's human rights and its relationship to clinical sociological policy and practice. The use of a clinical sociological approach could reduce harm and improve benefits to children, families, and society.

Keywords: clinical sociology, children, human rights, childhood, youth, transformation

Few people announce in high school that "I want to be a clinical sociologist when I grow up". This is a profession that many people don't know about. I did not know of the field, yet fate groomed me for it. Becoming a clinical sociologist has helped me to make sense of the world and find my place in it in a way that few other professions allow.

1. Clinical Sociology as a Human Rights Framework

Clinical sociology "is a creative, humanistic, rights-based, and multidisciplinary specialization that seeks to improve life situations for individuals and groups in a wide variety of settings" (Fritz 2020, p. 4), such as the small group, local, national, and international levels. Clinical sociology's integrative framework and approaches are used by scholars, policymakers, and others to problem-solve in many different fields such as immigration, housing, health, education, safety, and

counselling. Clinical analysis allows for the critical assessment of beliefs, policies, or practices with an interest in improving a situation. Intervention is based on continuing analysis; it is the creation of new systems as well as the change of existing systems (Fritz 2020, p. 4) and includes an emphasis on prevention. A clinical sociological approach allows professionals to assess situations and prevent, reduce, or solve problems through a combination of analysis and intervention. It includes both macro and micro forces in a way that shows their inter-linkage. This approach has been very useful to me, since my work has spanned all of these levels, fields, and approaches. Clinical sociology has provided me a way that integrates them and helps me to make sense of the interface between my personal experiences and professional interests. This is something that compartmentalized disciplines do not allow.

Children's human rights are an area of study that fits perfectly into a clinical sociological framework. Child rights as a field concerns global, national, community, and family levels of both policy and intervention. The UN Convention on the Rights of the Child focuses on issues of provision, protection, and participation (Office of the High Commissioner of Human Rights 1989). A clinical sociological perspective views children's lives as dynamic; its open-systems approach sees complex systems as interrelated. For instance, children's lives are simultaneously impacted by the operation of economic, education, health, transportation, recreation, religious, gender, racial, and political institutions. A change in one influences the other. A child rights perspective recognizes young people as human beings with agency who both act and are impacted here-and-now, as well as human becomings whose future life trajectories are shaped by the opportunities and challenges afforded them when they are young (James and Prout 1997).

I did not realize that children's rights had always been a driving theme in my work until one day when I paused to reflect upon the trajectory of my career. Almost everything I had done from graduate school forward pertained to children's issues in one form or another. It took a while for me to see how all the puzzle pieces hooked together. When analyzed in their totality, a clear picture emerged. I had labeled

myself as a pediatric sociologist long before it was ever identified as a field; I founded the Center for Childhood and Youth Studies at Salem State University; I am the US child rights policy chair for the Hope for Children CRC Policy Center in Cyprus; I used a Whiting Foundation fellowship to visit child rights scholars in Europe; I have developed dozens of courses and conferences around the issue of children's wellbeing; I was a visiting professor in the Department of Pediatrics at Michigan State University; I was a National Institute of Mental Health Post-Doctoral Research Fellow to study child maltreatment; I have worked with a variety of science and educational organizations; I work with congresspeople to develop bills establishing children's commissions; I work with communities to conduct strategic planning; and I have been on boards ranging from juvenile justice and parole to state and national homelessness coalitions. I work with the courts as a Guardian ad Litem in divorce cases. I made an award-winning film on child homelessness for a Ben & Jerry festival; I am the author of 15 books and many chapters and articles about child wellbeing issues. The list of my child-oriented accomplishments has become lengthy. I have become an international expert in children's human rights. The question that stared me straight in the eye was – why?

Why have I spent my career dedicated to trying to understand children's lives, their rights, and helping communities to honor young people? During my graduate school years, I was encouraged not to pursue the sociological study of children. If I was interested in them, faculty members asked, in a condescending tone, why didn't I become a teacher or social worker? As a sociologist, I believe there is a status hierarchy with fields like criminology, race, gender studies, or political sociology at the top. Children are low on that list. Likewise, historically there has been little discussion about human rights as a discipline within the field even though it is obviously relevant. Unlike the rest of the United Nations member countries that have ratified the Convention on the Rights of the Child, the United States has not, and the fact that children could be entitled to human rights was never mentioned in my community or in my classes.

Figuring out why I would "waste my time" on children took me some time to unpack. It required years of therapy, Buddhist training,

patient friends, loving animals, planting flowers, and quiet moments of reflection. It was confusing because I was fortunate to have many resources as a child that fostered my agency and resilience, but segments of my rights were violated and, as a result, I replicated family and community patterns that resulted in my making poor choices and bad decisions. I grappled with conflicting messages, denied reality, and paid a heavy price in preventable sadness and suffering. It was slow to dawn on me that my professional interest in understanding children's lives was driven by my personal experiences, both good and bad.

2. Framing Children's Social Construction of Reality

How we decide to put together certain pieces of lives is an academic exercise in and of itself. Episodic memories, like the personal ones I will share in this article, are important because they contain emotional triggers that become meaningful in the way we perceive ourselves and the world. Emotions are powerful forces for sealing experiences into memory. Important parts of our life stories are memories of emotionally intense experiences. Together, as we assess them, we are engaging in autobiographical memory analysis (Legg 2004; Munoz 2015; Psychology Today 2021; Schacter and Addis 2007).

To briefly contextualize this process, when individuals reflect on their pasts, they reflect on who they are, their relationships, goals, motivations, and career development. Memory is regarded as fundamental to our development of a sense of self, who we have been in the past, how we and our life have changed, and what our future could be like. Our past, present, and future are intimately linked by our memories. Scientists report that the same episodic memory brain processes used to remember the past also help individuals to plan for the future and imagine different possible scenarios (Legg 2004; Munoz 2015; Schacter and Addis 2007). The hippocampus operates to help us perceive our visual worlds, do language processing, and has the ability to integrate or "bind" different elements into a whole that seems sensible to us. Episodic memory is thus a constructive process; although memories may seem like recordings of the past, they are actually reconstructed from constituent details every time we retrieve them.

Autobiographical memory aids us by allowing us to mentally try out different strategies and work through potential outcomes; simulation can increase coping and decrease concerns about upcoming events. Memory is thought to be critical for our sense of who we are – in the past, present and the future. It holds important knowledge about our lives and our personal attributes and traits. It allows us to time-travel and to remember how things were, and to consider how the same situation could be differently transformed by shifting a few of the variables.

It is curious that sad, bad, mad, frustrating, embarrassing, and confusing memories get pulled up in our memories faster than sweet, happy, loving ones. Use of functional magnetic resonance imaging (fMRI) devices have shown negative events stimulate activity in emotion-processing regions of the brain, such as the orbitofrontal cortex and the amygdala. The more these emotional centers are activated by an event, the more likely an individual is to remember specific details linked to the emotional aspect of the event, like being hit or yelled at, while less likely to remember more mundane details like a street address or what Grandma gave you for your sweet-sixteen birthday (Kensinger 2007; Warner 2007). Developmentally, it is hypothesized that remembering unpleasant emotions may be hard-wired into people for survival; it's better to be aware that someone could be coming to hurt you than to remember the pink rose hedge you enjoyed looking at on your walk (Caren 2018).

I find this memory research to be very helpful in my work as a children's rights scholar. When I can relate emotionally to past experiences that I found wonderful or horrid, then I can sort out the independent, intervening, and dependent variables associated with them. Seeking to figure out what the factors were that led to positive outcomes, or negative ones, is essential when studying how the multiple levels of interventions supported by clinical sociology can be developed. Given the escalating rates of child trauma, most trauma that children experience occurs because adults, organizations, social systems, and governments don't defend children's rights. Parents probably never had a course in human rights or were taught what rights were or how to act upon them. The United States is the only

member country of the United Nations who has refused to ratify the international children's human rights treaty, which is apparent in the lack of funding for children's health, education, and protection programs (Mehta 2015; Lesley 2022).

Our cultures and backgrounds, over which children have zero control, influence the shape of our lives. Where and how we grow up sets the stage for how we view ourselves and the world (James and Prout 1997). For instance, I grew up during the 1960s in Southern Indiana. I am the product of Western European lineage and was raised in a Christian household. My father[1], a veteran, was a car mechanic and wrecker-driver during my early years, who built a motel and later became the mayor of our city. He was an example of The American Dream. My farm-girl mother wanted to go to college, but her family was too poor to send all their five children and my mom was the one they didn't help to gain a trade. She became a stay-at-home wife because dad thought working women were an embarrassment because it meant their husbands didn't take good enough care of them.

As a child, I was well cared for. I had my own room in a nice house, I was properly clothed, had plenty to eat, books to read, and pets and toys with which to play. Family members visited regularly, and there was an extended social support network. I was protected from many of the bad things of life and encouraged to be educated and make a positive difference in the world. On the surface, I had an ideal childhood. Except surface images don't always convey the entire picture of how a child perceives their world.

Community climate and family norms shape children's lives. Conservative moral values and traditional gender roles of the day were to be strictly observed in my home. Organizations impact children's lives. For me, it was family, school, and church. Communities create a climate in which children grow up, and mine was in a working-class town that fed people's aspirations to become important. It was a time of social upheaval, the fight for women's and civil rights, and it seemed like the country was in transformation to President Kennedy and President Johnson's vision for a great society that cared about

1 People mentioned in this article have been given pseudonyms; the relationships I mention are however accurate.

justice and for each other. We are products of our time, and mine was filled with issues of equality, justice, and human rights.

The parenting philosophy of the day when I grew up took more of a "children should be seen and not heard" and "only speak when spoken to" approach. I know I was loved, but perhaps not in the ways that would have served me best, according to parenting research of today. Working-class parents of the 1960s had a utilitarian parenting style. In many ways, children were treated like pets, expected to "be good", stay clean, follow rules, sit quietly, not misbehave or bark requests, and "stay out of our hair", as my mom put it. Children could be rewarded when good or hit and yelled at when "bad" – whatever being bad meant at that moment. Being cuddled and coddled was not part of the plan.

It is curious how singular incidents can have lifelong impacts (Kensinger 2009; Kettlewell et al. 2020; Tyng et al. 2017). A singular adverse experience can impact a child, but accumulated assaults increase the probability of negative outcomes, as described in ACES, or Adverse Child Experiences Studies (Centers for Disease Control 2022). Aaron Antonovsky (1987; 1993) perceived children's daily life as constantly changing, or a heterostatic rather than a homeostatic state. Children are challenged to develop a sense of coherence as they manage the chaos and find strategies and resources available to cope with the changes in everyday life. His six C model included complexity, conflict, chaos, coherence, coercion, and civility, which could be applied by social organizations and institutions to help children manage daily challenges. I think that children's lives are terribly complex and confusing. They are regularly coerced, exposed to chaos and conflict that they don't know how to manage. They long for adults to exhibit civil behavior to help them develop a sense of coherence about themselves and their place in the world.

Without supports and buffers, episodic experiences can trigger children's vulnerabilities and become wedged into parts of their persona. For instance, Mrs. Ely, at church, said I shouldn't be in the junior choir if I couldn't open my mouth more, a silly condemnation which resulted to this day in my not wanting to sing in front of people. Sixteen-year-old Colin wasn't athletic but worked hard to become the

first male cheerleader in the high school, yet the woman in charge of cheer at the school refused to put the yearbook photo of the squad with his photo in it, which terminated his interest in participating in team sports. Cousin Timmy was put at the "dumb kids table" in elementary school, where he colored all day because his learning disability was more than the teacher wanted to bother addressing – a course of action that led to his career being the guy who carries your sofa up to the third-floor apartment. When the school bus driver's bus mirror hit immigrant Cameron as he rode by on a skateboard, the boy died and the school didn't hold any organized response to his death, despite the fact that they had closed the entire school so students could go to the funeral when Biff, a popular sports-jock, had died of cancer a short time before. There was the evening when teenage Joe was driving home from work and got pulled over by the police and thrown onto the ground because of mistaken identity. And when 15-year-old Louisa went on a for-profit honor society trip to another country, her counselor bought alcohol for the under-age youth and had sex with some of her classmates; when her family confronted the director about these improprieties for minors, they were threatened with a lawsuit for even questioning their practices. These actions may be regarded as inconsequential to the adults who did them, but they occurred in contexts in which children had no counter to the adult's narrative. All of them were negatively impacted when children had no competing narrative or supports to cling to. Parent and adult rights always seem to trump those of children (Grady 2022; Graff 2021; Harris and Alter 2022; Lesley 2021).

In considering the social construction of my life, the hodge-podge set of my experiences, when taken in their totality, showcase certain themes that have been instrumental in my quest for children's human rights advocacy. A major one is that children are objects of violence. A second theme is on children's experience of marginalization, particularly around issues of gender, race, and social class. The third theme concerns the replication of one's childhood and my decision to change it. The fourth points to the systematic oppression of children that continues today and why clinical sociology is important in facilitating the defense of children's human rights.

3. Violence

I am an ardent non-violence advocate and fight for peace and justice whenever I can. Violence was a pervasive part of my childhood and impacted me for my entire life. I did not experience violence like children in war-torn areas, and I was never taken to the hospital for broken bones, and I am sure there are those who would say that I was never abused. But outside observer determinations are different from how a child may experience their treatment. Violence takes different forms, some which are often discounted as unimportant, like bullying or verbal abuse. Even witnessing violence of others sends children the message that they too could become victims at any time. Many children are the direct recipient of physical or sexual violence. Any of these forms of violence can start when we are babies and continue forward. It is no wonder that my work in human rights has focused on child abuse prevention, trauma, gun control, and both clinical and community interventions. My trying to prevent other children from such exposures is a logical response to my experiences.

Let me provide some examples. In hindsight, elementary school was a time for learning that both classmates and adults make fun of children; like sharks that smell blood, they go for the vulnerable. Wetting your pants, having a lisp, not knowing letters, having the wrong clothes, eating certain foods – anything could make you a target for bullying. When I ask my students today why they are slow to respond when I ask them questions, they report that their reticence began in primary school; it's better to not look up or get called on by the teacher because the penalties are intense for not knowing the answer, saying the wrong thing, or saying something the wrong way.

Getting hit was common where I grew up on the Mason-Dixon line, so much so that many folks thought that children sometimes "deserve a good whacking" and that doling it out is not a big deal. This often occurs in religiously conservative areas where there is a "spare the rod and spoil the child" belief. The pervasive attitude was that parents who hit their children should never be arrested or go to court; when parents punished their children, they may be seen as good disciplinarians, and other people were to "keep their nose out of it" because children were regarded as parental property to do with as parents chose.

I was spanked, pinched, had my hair pulled, hit with the flyswatter (my mom's weapon of choice) and threatened with "or else" regularly for things I did not even know were inappropriate. I did not like any of this but assumed it was normal. It was only decades later that I learned that many children were never hit. My mom was the punisher; evidently, when my brother was a baby, my dad hit him so hard that my mom said that she would leave him if he ever did that again. Dad checked out. He did not lay a hand on me – until the day I crossed some invisible line I did not know existed and recall with horror as my dad took off his belt to beat me because I wanted to go out with friends. He had also checked out of attending my birthday parties, school functions, when I was in the school play, and so on.

Second grade reinforced the notion that physical violence was an expected part of life and that children better be good or something bad could happen. It was common practice for classmates who lived nearby to walk home for lunch – something that would be forbidden in most communities today. One boy, Ralphy, lived nearby but instead of going home, he regularly walked a block to the corner store where he bought chips, Hostess cupcakes with the white squiggle on top, and red-pop soda for lunch. Other classmates did as well; I remember envying them because I could never go there at lunch because the teacher knew I lived too far away. We were in the middle of math instruction with Mrs. Moss when Ralphy's mother pounded loudly on the door. Turning, we saw a woman with mussy hair, wild eyes, wearing a pink housecoat, carrying a rifle that she pointed at our teacher. "Why'd you let Ralph walk to the store?!" she screamed. The woman was swearing at our sweet teacher. As second graders who had not even learned how to write our names in cursive yet, we were bug-eyed and scared. Mrs. Moss kept her voice soft and low and tried to reason with the emotionally dysregulated woman as her embarrassed son wriggled past to go for help. Walking slowly towards the woman, the teacher wrestled the rifle away from her. Overnight rules changed. Nobody was ever allowed to go home for lunch again.

Third grade was even more memorable. When our teacher Mrs. Burd brought her son, Billy Burd, to class to show us how to do art, he made fun of my picture in front of the class. I used the "wrong" colors and

didn't stay exactly in the lines. That singular moment dashed my hopes of being an artist, even though I had spent hours enjoying coloring for years before. On another day, when school pictures came back, I gave mine back to Mrs. Burd, saying that she had given me someone else's picture. I could not possibly have looked like that ugly, fat girl with zits on her chin. "Of course it's you", I remember her smirking.

It was the year that Jimmy, an introverted, tall, lanky boy with sunken cheeks, asked Mrs. Burd if he could go inside during recess because he "had to pee". She refused his request three times, and in desperation he went over to the white ceramic drinking fountain on the side of the wall and relieved himself, turning the silver handle to wash urine down. A tattle-tale girl ran to the teacher, who reported the incident to the principal, Mr. Froggiet. It wasn't long after we came in from recess that the principal came to the door swinging a paddle in his hand. "Jimmy, come here," he boomed. Jimmy, being no fool, understood the severity of the situation and curled his ankles around the metal legs of his wooden chair as he gripped the sides of his wooden desk. After several demands for Jimmy to come (like a dog), the principal stormed through the desks of classmates, scattering them like bowling pins, as he started beating on Jimmy with his paddle. He screamed at the child the whole time he was hitting him on his back, arms, skull, and face. As he tried to land blows on Jimmy's buttocks, he hit the wooden chair so hard that it splintered in pieces on the floor around the child, who bravely whimpered in pain and tried to protect himself as best he could. The rest of us children thought the principal had lost his mind and we were terrified that we could be the next victims in his onslaught. Some classmates nearby climbed under their desks; others ran to the corners of the room while Mrs. Burd yelled at them to get back in their seats. With metal rungs and wood pieces on the floor, Mr. Froggiet dragged the crying boy into the corner bathroom, slammed the door, and that's when he really went to town hitting the boy. Then Jimmy screamed in pain, and the rest of the class sat silently, helpless, scared, without any idea what would happen next. We sat silently until the beating and screaming stopped and Mr. Froggiet dragged a sob-faced, limp-rag Jimmy out to head to his office, where God only knows what happened next.

As a follow-up to that incident, Jimmy and his father showed up at my house later that afternoon. My dad had recently been elected mayor of the city, and people came to him with requests of help for all kinds of things. Jimmy and his father sat in the carport explaining to Dad how "Jimmy got his butt beat" as I huddled on the kitchen floor under the window to listen. Jimmy's father was calm but very upset that his son was not allowed to go to the bathroom (he evidently had urinary tract problems) and secondly that he would be beaten for trying to take care of himself in the best and most discrete way he could and then violently accosted for it. I remember the father saying, "Jimmy, pull down your pants and show the mayor your butt." How humiliating that must have been for the boy. After they left, my dad put the Polaroid photos on the dining room table of the boy's purple and black swollen butt, the bloody open cuts on his face, and the bruises on his arms and back. I was only nine years old at the time, but I remember feeling that what the teacher and principal did was inappropriate. There was no place for Jimmy to go for help, which is why he ended up in our carport. The principal had no negative repercussions for his actions. Nothing. In fact, he got a big party when he retired and a town park was named in his honor. Life for him went on as normal. Except for Jimmy and the rest of us in the class, we had a new understanding of normal...

At my high school, classmates who violated behavior codes were subject to school-sanctioned abuse known as corporal punishment. There was a Dean of Girls and a Dean of Boys. Each had their own office at the end of a long corridor on the second floor. They had a variety of paddles hung on their walls, and they were not there for decoration. When a girl violated the rules for things like having a skirt that was too short or if a boy had his hair too long, they were sent to the Dean's office to be paddled. Students had the choice of which paddle they wanted to get hit with. There were different deans for boys and girls because when you were paddled, they paddled your bare butt. I guess the school felt they were being protective of children's rights by not allowing a man to beat the naked butt of a girl. I had a class in a room not far from the Dean's offices and could regularly hear the hit of the paddle and the screams of the students, screams which were met by the deans screaming back at them not to make noise. I was called to the Dean's office one day for a minor infraction and was terrified I could be hit for

it. Instead, I got a shaming and blaming lecture that was full of future threats. The only reason I think I wasn't hit was because my dad was the mayor and the dean was afraid of repercussions if I was paddled.

I learned that adults always have the upper hand to being right, even when they violate my rights. When I was 16, I became a church camp counselor-in-training (my folks had never let me go to camp before, so I was very excited to become a CIT), and was in the chapel alone with Harvey, who was probably 60 years old and everyone's favorite counselor. I felt special getting attention from the top counselor when all of a sudden, he hugged me – with one hand on my butt, the other on my breast, as he stuck his tongue in my mouth. He told me I was his favorite and there was an assumption that I should be grateful and allow him to continue touching me. I ran out and did not know what to do – would anyone even believe what happened? I had been violated and knew that no adult would believe me. I tried to report it to the camp director, who disregarded the story since Harvey was a minister and I must have misinterpreted what happened. I've learned that in reporting violence, children often tiptoe into the conversation with adults, giving some preliminary information to see how adults will react; if they are open and listen, children may divulge more. If they are discounted, further disclosures cease. I did not press the conversation further as a result, and I sometimes wonder how many other children he molested that went unreported.

Violence against children is totally unacceptable in any form. It can kill and harm children in countless visible and invisible ways. My experiences have taught me that I could expect to become the recipient of physical violence. My NIMH post-doctoral fellowship in family violence indicated that children can still expect to be hurt by the people who are supposed to love and care for them. As I watch the news about the rape of ten-year-olds in Ohio, corporal punishment of six-year-olds in Florida, or school shootings across the nation, the violence I experienced may pale in comparison. If it has taken me decades to get past the impact of the violence I endured, I imagine they, too, will carry their memories of violence through a lifetime. I often think of the advice of my mentor, pediatrician Ray Helfer (1978), who observed that if we really put into place the things we know to prevent child abuse

for today's children, in two generations, it could become a thing of the past. This is where clinical sociologists can play an important role.

4. Marginalization of Children

While we are told that being a child is the best time of our lives, frankly, I found being a child was demeaning, oppressive, and not very much fun most of the time. Sociologists analyze oppression and discrimination, but until recently failed to study its systematic impact on children. Clinical sociologists understand the relationship between macro and micro factors on a child's life. I always felt marginal and never understood why, until I was introduced to scholarly information that allowed me to make sense of it.

Gender

As young as I can recall, I felt humiliated on a regular basis, highly controlled, and discouraged from trying things. I was barely out of being a toddler, but had already learned I was not smart, not cute, and not attractive. For instance, I was "just a dumb girl", as the boys in my life reminded me. Boys could play outside, build things, and enjoy sports, but I was chastised when I tried to do the same. At age four, I was already too embarrassed about how I looked to wear a cute red pleated short skirt that had red panties sewed onto it; when pretty cousin Ginny visited, my mom fawned over how cute she would look in that skirt and gave it to her without asking me "because you're not wearing it anyway". I learned that even my own parents did not find me pretty enough to suit them, and that my possessions were not really mine – parents could giveth and taketh away at will.

Perhaps a blessing in disguise, I spent a lot of time alone. My parents were always busy doing work or domestic chores. My brother was a bed-bound invalid for several years and much parental attention during my foundational years went to caring for him and making sure he did his homework so he wouldn't fall behind at school when he returned. There were no neighbor kids to play with. In response, I developed an internal world, played alone or with my make-believe friends, dog, and cats, ravished books, and watched too much

television. I ate candy from the candy counter in the reception room at the motel; my mom told me to limit the amount of candy I ate, so I did. I only ate one candy bar for each of the shows I watched, and I watched one show after another for hours without end. Milky Way for *Leave it to Beaver*, Mr. Goodbar for *Gunsmoke*, Peppermint Patty for *Yogi Bear*, Snickers for *Ozzie and Harriet*, Zagnut for *Shirley Temple*, or a 7-up for *I Love Lucy*. No surprise, I got chubby. I was made fun of about it, but with no training on what was an appropriate weight or how to achieve it. Food, especially sweets, were used as a pacifier and as a reward.

Being fit and trim were causes for condescension. Mom instructed me not to exercise because men would never want me if I was sweaty and red-faced. In fact, she told me that doing exercise could make me sick. Children think their parents know best, so I believed her. She and all of her sisters were obese, with pork-chop arms that flapped when they moved. Having a child that was pretty would have highlighted her own insecurities, I have surmised over the years. Back then I laid down fat layers that have plagued my entire life.

Fourth grade introduced gendered peer pressure in a new way – around attractiveness and puberty. It was the first time I realized that girls will throw other girls under the bus if it advances their goals. Two girls, Suzanne and LeAnne, who lived a street away, showed up at my house one afternoon on their bikes and said they had a question for me about the *Growing Up and Liking It* book and movie we had been forced to view at school. "We think you're one of those girls, like Beverly", they announced. Beverly was a quiet, very sweet, black-skinned girl in class. Like me, she was a big girl with a big bust. I had started my menstrual periods at age 10, which had been a shock because I had been told nothing about puberty until I found myself bleeding and thought I was dying. Suzanne was a small girl who even then was into being wealthy and pretty (and was the first girl in our class to get a nose-job for beauty purposes), and LeAnne (whose disabled sister was kept in a crib in a back bedroom in the dark with the shades pulled down as her parents waited for her to have the courtesy to die), looked at me and demanded, "If you're not like Beverly, then pull down your pants so we can see if you have any hair down there." I still remember my heart pounding and their mean and eager faces, knowing that if I did, they

were going to tell everyone in school what they saw. I felt like a trapped animal. For some reason, my mom looked out the window and saw that something was amiss and called me into dinner at that exact moment. They left me alone after that. Without saying a word, I gained a closer bond with Beverly. She, too, had identified the cloak of invisibility to be a safeguard.

Around that age, boys had the autonomy to be away from home. Like pack animals, they bonded together to do things that proved their manhood to each other. I found them totally uncivilized even as a child. Why were they being raised to think that bad behavior was good? These were the kind of guys that saw dogs as masculine and cats as feminine, so hurting cats was a way to terrorize girls. They bragged about putting kittens in a sack on the road so cars would run over them, hanging them on the clothesline by their neck as they stuck metal clothes hangers in them, or burying the cats with their heads out and then running over them with a lawnmower. Their cruelty was unimaginable to me, so when they threatened to do harm to people who got in their way, I believed they meant it. The importance of masculinity, disgust of femininity, approval of violence, power, sex, and the license to exploit others for their own purposes seemed to be part of the lessons little boys learned. I was perplexed when they boasted about going into the woods and doing masturbation games with each other, to see who could ejaculate first, or who could come last. They loved teasing LuEllen, who unknowingly started her period at school and had blood down her legs. Bra flipping was one of their favorite past times. As they got older, the boys had access to a cabin upriver where they would drink and have sex on mattresses that became crusty from use. The jocks, especially the big boys on the football team, had the run of the school. I remember working hard for several years on the student council and feeling crushed when I lost the election as president to the mouthy zit-faced football captain of the team, who had never been a council member or done anything to improve school activities besides play ball. Boys seemed to feel entitled to say and do whatever they wanted, and get away with it, no matter how nice girls were or how hard girls worked.

Even in high school, I wanted to grow up and get out of town as fast as I could. I looked at newspaper ads to gain an idea of my options. There

were "Jobs Wanted: Men" and another category for "Jobs Wanted: Women". All the well-paying and interesting jobs were in the male column. Female jobs paid a pittance in comparison to wait on people or do dirty work. They offered no future that looked promising to me. Education was highly valued in my home, but especially for males. I saw that going to college was the only way I could get out of a future that seemed filled with gloom and doom. My older brother wanted to become a lawyer and was sent to a private college. In turn, my dad thought that I should become his secretary; I didn't really need to go to college. Thanks to an older girl friend who attended the state university who said she would watch over me, my mom, who had always wanted to go to school but wasn't allowed, was able to push my dad into letting me go to the university. It was a phenomenally difficult time but finally my parents let me go to the state university. My becoming a sociologist instead of "something useful" was met with chagrin. While they never said I wasted their money to study stratification and marginalization, it was clear they thought I did. They did not understand my interests any more than they understood me.

Children's human rights treaties defend the right of gender equality in all its forms. The costs are enormous and gender rights are currently threatened. Women still make about as much on the dollar today as they did when I started college; lack of control over reproduction is nothing short of oppressive, and court rulings today are stifling the future of female children in particular (Chalfant 2022). Clinical sociologists' gender equality work at the policy and intervention levels are critically important.

Race

I remember life before segregation was outlawed. Growing up on the Mason-Dixon line, the community I lived in was primarily white with many black people in town. Our house was located in a racially-mixed area, there were regularly people of different demographics and backgrounds in our home and at our table, we all attended school together, and everyone seemed to be respectful and enjoy each other. My mayor-father had appointed the first black firefighters and police

officers in our city. As a child, I was naively oblivious to the extent of the race issue. That is, until I was in high school.

The first moment of awareness came when I was in student theatre. Macey, a black student, had an amazing voice that carried the rest of us. Our traveling troupe was invited to do a performance at a community down-river. We loaded into three cars, did the show, and had a great time. On the way back home, the director, Mr. Hann, decided we should stop for lunch. The back roads we were on didn't provide many restaurant options, but one local family diner looked like a place we could get sandwiches. We all sat down to be waited on, but the waitress didn't come forward and huddled at the counter with her boss. The owner came toward us and took Mr. Hann aside. They talked for a few minutes and then went outside to carry on their conversation. When they came back inside, red-faced Mr. Hann told us all to get up and leave, that we weren't going to be eating there. Why? We were hungry. We learned that the owner said he would be happy to serve us, but that Macey would have to eat in the back outside on the picnic table because he wouldn't serve "her kind". I had never seen such blatant racism before, and segregation was illegal then! The director taught us all a valuable human rights lesson that day, and we all agreed it was better to go hungry.

A year later, I was a representative at a state-wide student leadership conference of 200 teens. In a pit auditorium, one white male student stood up and announced that he hadn't yet had an opportunity to talk with the student who was speaking, who was black. At this point the white male pointed to every student of color and said, and "I want to meet you, and you, and you…" to which a white girl in the group asked, "so why is it that you point to them and not include me? Am I not worth meeting too?" At that point, the entire auditorium burst into debate over race. It was the first time I watched in mass everyone, especially my age, struggle with how to think about, and talk about, race.

As the years went on, I have had a wide variety of people in my life who I have loved and cared about. Denying someone opportunity on the basis of race never made moral sense to me, yet data proves it continues to thrive. As a researcher, I now understand why it exists. Current data shows the continued discrimination that Black, Indigenous, People

of Color (BIPOC) children face. Demographic trends show that the majority of children in the US are no longer white; it is essential for racial discrimination to cease. Clinical sociologists are active in trying to eradicate the pervasive way racism kills souls and society.

Social Class

Children learn early on that money rules people's lives. They identify this by the kind of house, car, or clothes other children have. Materialism matters to children. They see how some children get phones and tablets and go to camp while others don't because their families can't afford such luxuries. School lunch may be the only meal some children get, and if their parents can't afford to pay for them, some schools refuse to serve children food (Nilan and Vissing 2019). Social class, in all of its facets, matters.

As a young child, my dad was a laborer whose clothes were soiled from his work. He had one suit that he called his "marrying burying" suit because weddings and funerals were the few times he dressed up. My mom was always embarrassed because she couldn't shop at the "fancy lady store" in town. I became embarrassed too when all the girls in my class wore a particular dress, and I was told we couldn't afford it. At grocery shops, I recall putting back a twenty-five-cent book because money was so tight my mom left many desired food items at the check-out counter when she did not have enough dollars in her purse.

There was talk about money in the house, but I was taught that richness concerned goodness of the heart, not money in the bank. Politicians were evaluated regarding how much they cared for others, remnants of my parents' FDR New Deal appreciation of helping the little guy. My mom would talk about people who were "trash" – those who cared more about their money and self-important lifestyle than being other people's brother. There was a sense that we were good people because we cared about others.

I thought we were seen as highly respected people in the community because we were nice, but didn't realize that others judged my worth by the money in our household. This was until I was having a conversation with a classmate on whom I was sweet. He seemed to like me but made

advances I thought were inappropriate. He replied that he figured I was easy because of my family background and said that his parents actually did not approve of him getting involved with me because we weren't good enough for them. To him, we were trash. I was terribly hurt. All the good deeds that I/we had done did not matter because we did not have a fancy house in the upscale neighborhood. Parents who were common workers, with no college education, was seen to be justification to demean me. I never knew classmates, until then, whose parents had a college education or what avenues that opened for them. Once I learned, it was illuminating what money could buy.

People still connect money with goodness in a way that resembles Weber's essay on capitalism and the Protestant ethic (1930). Weber proposed that because people did not know if they were going to heaven, they looked for worldly signs – like money. If God loves you and you are seen as a good person, you must be blessed with wealth – but if you are poor, sick, or destitute, it is because you are less worthy or inherently bad. That view is still embraced by the public, even though, as sociologists, we know that one's placement in the stratification systems emerges because of a variety of social factors, not inherent goodness. What does it take to make us "good enough"? What does a child have to do to prove they are worthy? I have done extensive work with wonderful people who are homeless, hungry, and poor, and know that the social class issue is one that clinical sociologists must incorporate in their work for just policies for families and children. It is also one of my main areas of concern regarding children's rights.

5. Replication of Childhood

One of the central premises in the sociology of childhood is that for good or ill, children mimic and transform what they learned into new aspects of their life for the rest of their lives (James and Prout 1997; Jenks 1990; Prout 2011). As a former clinician, and from conversations with every therapist that I know, it is clear that what happens in childhood replays itself in various ways as people become adults (Caren 2018). When children do not have their rights protected, they pay a harsh price for it.

I had enough of my rights protected as a child that I was able to have a good life, and I am grateful to my parents and supporters along the way who have made this day possible. I feel it is morally right for me to use my professional skills to fight for justice for others. I learned from watching my dad morph from a wrecker-driver into the mayor of our city that we can use our agency to transform ourselves. I watched my mom, unable to go to college, fight for me to go. I watched her struggle to be a good wife and mother, and while she didn't always do things "right", her intentions were good. These role models gave me a foundation on which to be able to build a career that I describe in this essay.

But like most children, my life was not perfect. There were struggles that were preventable, struggles that were not in my best interest. The notion that "adversity makes us stronger" is bunk, in my opinion. Children thrive best when they have the things they need. The "when life gives you lemons, make lemonade" mantra becomes the only thing we can do to survive suffering and transform our lives for the good. To replicate anger, violence and inflict misery on others is not in anyone's best interest. So out of suffering, we have the possibility of gaining compassion for ourselves and helping others.

When I was a child, I could not do much to protect myself. I learned patterns of interactions and relationship expectations that were not in my best interest. I may have turned into an adult at age 18 but the impacts of what I had experienced did not end. Instead, I replicated them. I found myself attracted to men who were like my father – self-important, concerned with reputation, who had affairs, discounted my needs and emotions, men who were financially present but emotionally absent and less-than-perfect fathers and husbands. They played upon my history that rendered me impotent to stop their abuse of me or my children. Like my mom, I covered for them and even emboldened their reputation as good guys. This pattern continued into my adulthood when I, a scholar in family violence, am embarrassed to admit that I found myself a victim of domestic violence and realized that all of my children were abused by their fathers. This continued until I had the courage to confront what was happening and stop it.

When I had my own children, I tried to give them the love, attention, and compassion that I never got. But I hadn't learned about appropriate boundary management and sometimes defaulted into the parenting style I learned as a child. As a National Institute of Mental Health (NIMH) Post-Doctoral Research Fellow, my clinical sociological perspective helped me to understand why sometimes mothers exert verbal and emotional control over children to keep them in line, so their husbands won't flip out and become violent to the children. If mothers can use emotional or verbal threats to control children, it is a sacrifice they may choose to make because they deem it is safer for the children than disregarding children's misbehavior and then having the dads become mean and violent. If that happened, children could get seriously hurt, the doctor or police may get involved, and then all hell could break loose at home. In trying to protect our children, moms sometimes violate some of children's rights. It is a balancing act that few of us do well. Our children have a right to be angry at us for our lack of perfection and violation, just as we have a right to be angry at our parents for the same. It takes time to understand that when moms attempt to control children's behavior, it might be to keep more serious child abuse or domestic violence – or divorce – from occurring. Little do such moms realize that often words hit as hard as a fist, and that emotional wounds take much longer to heal than physical ones (Vissing and Baily 1996).

It was a stark realization that knowing the research about how to best care for children does not mean that we can or will. This has been a huge challenge in my journey of becoming a children's human rights defender. Studies of epigenetics have helped me to consider that my mom was abused and felt bad about herself, as had her mom and her mother before her, and they transferred this legacy to me in a variety of ways (Gelenter 2014). Unknowingly, I became my mother, passive, waiting on others, excusing their violations, allowing myself to be gas-lit, putting my men's needs before my own or even those of my children, all the while knowing that they didn't really love me or the children. This realization has been a very hard pill to swallow, one which I hope time and forgiveness will heal. Defending children's rights and providing them with internal and external support is something that clinical sociologists can offer.

I keep thinking that because I have learned the importance of clinical sociological policies and practices, others know them too. Once you know them, they seem so obviously important. The reality is, most individuals and organizations do not. Here are two stories that convey the importance of addressing the multiple levels of policies and protections that children require.

When I became a parent, a new generation of child rights violations emerged. Finding safe daycare was almost impossible. There was the provider who exposed them to chickenpox the first day because she let all the babies sleep on the same bedding in cribs; there was the one who put hot mustard in children's mouths when they misbehaved; the one who felt it was appropriate to beat my children in the name of God, the one that had a dozen children in a room 10x10 feet with only a TV to entertain them, and the one where I found my toddler behind the wooden console tangled in TV and stereo wires.

Looking for greater safety for my children, I opted out of home daycare for the only daycare business in town, a church-run one. One morning as I pulled into the parking lot to take my toddler son inside, he turned into a screaming banshee and refused to go in because he was "afraid of the man, the mean man who had the dead frog in his pocket". This was about the same time period that the news was filled with articles about some daycare providers who allegedly sexually abused children and threatened the children not to tell by killing little animals in front of them and telling them that their parents or siblings would be killed if they told. I asked my son questions, and while he was three years old, he was credible and so upset that I would not take him into the daycare without doing more investigation. The man in question had previously creeped me out a number of times, like when I stopped by, he was often rubbing children's backs or fronts under their shirts, or he would glare for no good reason. If the man hadn't already raised red flags for me, I might have been less worried, but my intuition said that there was something going on with him that made my normally peaceful and sweet little boy this upset.

I took off work, went home, and called the director to talk with her about what had happened. I did not accuse, I was simply asking questions to learn more about this man, daycare protocols, and looking

for explanations about why my little boy would be so upset. She was defensive and dismissive – she denied all possibility of improprieties. She showed up unannounced at my home that afternoon with a legal document she tried to force me to sign that said my son lied and no violation had occurred. I refused to sign – I told her that while my son was young, he had never lied to me. I just wanted to know what happened and to make sure children there were safe. When I asked to review her safety policies, she started yelling at me – I was clearly her problem now, not the question of whether her employee had acted inappropriately. Taking my son back to her daycare wasn't an option for her or for me. I was left in a childcare desert, a single mom having to work, and having to scramble like crazy to arrange safe care for him so I didn't lose my job. I went away, powerless to protect other children from suspected infractions. I didn't call a lawyer, thinking that it would do no good. Today I would not do the same thing – my intervention as a children's human rights defender would be strong.

Courts are supposed to protect children, but I sometimes wonder how effective the courts are in protecting children's rights. As a Guardian ad Litem, I work on behalf of children who are pawns in divorce cases, with children seen as property that parents fight over instead of considering what is in the best interest of the child. I work with mental health, social service, and homelessness organizations that can't serve children without parental consent – and many children have parents who can't, or won't, allow their children to get help. Very abusive parents whose children are removed still get first priority on getting children back even when further abuse is likely because parents' rights always seem to come before children's rights. When I tried to pull in expert resources to protect children in a contentious divorce case because I felt the father (who was a lawyer) was manipulative, I was removed from the case because of being too "pushy" for requesting outside experts to intervene. A few months later, he murdered his wife, hid her body, and, when it was discovered, he tried to blame it on his adopted son, who he had threatened with bodily harm if he told anyone.

When I served on my state's juvenile parole board, troubled youth who came from dysfunctional homes were put into detention facilities

that were sometimes abusive, only to be returned to parents who had not received therapy or had no community intervention services in place. The facility is now closed, and employees are being sued because of the child physical, emotional, and sexual abuse that occurred on their watch or at their hands (Ramer 2022).

These experiences have taught me that even the institutions designed to protect children aren't always acting in the best interests of the child, especially when it comes to high-power parents. The systems do not invest in what children need and then act surprised when children grow up to be troubled adults.

6. Conclusion

Sociological analysis of childhood experiences provides insights into how common experiences can have lifelong impacts. My childhood experiences aren't unique but widely shared by people from different races, social classes, religions, and genders.

I have been teaching child and youth rights courses for 15 years and have been collecting data on what I've observed. As their first assignment before we cover anything, I ask students to write an essay on what life was like for them as a child. This gives me insight into what kinds of issues students are carrying before they have read any course material. Some students had happy childhoods and were cared for. But the majority of students tell stories that convey sadness that they can't forget, many of which are heartbreaking. Trauma and abuse are commonly shared experiences. Students write about physical, emotional, and sexual abuse; domestic violence was a regular occurrence, which often led to divorce or students wishing their mothers had divorced bad dads but didn't. Some students were removed and put into foster care. Poverty and deprivation were shared by countless students, who talked about the emotional, physical, and social impacts of being poor. Some weren't able to participate in school functions or camps because their families couldn't afford it; hunger and housing distress were common, and they still felt the stigma and embarrassment because they were poor, and everybody knew it. Many had physical or mental illnesses, or members of their families did. Their parent's alcohol and drug use were big problems for them. Parents

frequently had anger issues, boundary problems, and emotional dysregulation that led to inappropriate behavior and poor parenting. Students shared the experience of ridicule, exclusion, embarrassment, oppression, and discrimination; they were the wrong color, the wrong size, too fat, too skinny, too dumb, too smart, too ugly, too pretty, too tall, too short, from the wrong race, ethnicity, religion, country, family background, the wrong gender, the wrong sexual orientation, the wrong social class – the list of preventable grief goes on and on.

The students have not yet had the clinical sociological knowledge to link together their childhood experiences with their current life and future outcomes. As I write this, I am finishing my sixteenth book, this one an overview of children's human rights in the USA. It took me a long time to become a writer. I think back to my high school English classroom when we were doing a poetry unit. The Civil Rights movement was in full swing. In my bedroom, I wrote a poem that I read to the class the next day. The teacher listened to me read it. My classmates told me it was really good, then the teacher accused me of stealing the poem. She demanded to know where I got it, that it couldn't possibly be my own work. Except it was. It was so good that she thought it was a printed poem by a published author. I remember the flush flooding into my cheeks as I tried not to cry. On the way out of class, I crunched the poem's blue and white lined paper in my fist and threw it into the metal trash can by the door. I have often regretted throwing it away. The part I still remember went something like "you criticize, ostracize, and rationalize and refuse to realize that what you see is really me". Decades later as I have become a "real writer", I have wondered what could have happened if that teacher had encouraged my writing, worked with me to refine it, and assisted me in getting published. Instead, I waited until I was old to realize that I had something important that someone might want to hear.

Realizing that I have joined the family of clinical sociologists has been an honor I never expected. Early sociologists often came from family backgrounds in which religion was important. Whether Christian or Jewish, the moral underpinnings of sociology were influenced by the religious or moral views of parents or the larger community (Horil 2019; Kaufman 2019; Swatos and Kitisto 1991).

As a religion minor during my undergraduate studies, I have come to appreciate the secular religious premises underlying much of sociology. I grew up in a Christian household and learned to respect other traditions of faith and social justice. The principles imparted in Protestantism, Catholicism, Judaism, and indigenous cultures have shaped my foundations for human rights advocacy. The growth of Buddhist sociology (Immergut and Kaufman 2014; Schipper 2012) has been of significance as I have processed my life's work. Insights from anthropological work by shamans, as well as both clinical and applied sociologists, offer different visions into how to perceive ourselves and live in the world. Concepts like lojong and tonglen pertain to bodichitta on the importance of our actions. (Chodron 2020; Kongtrul 2006; Lief 2021). Without going into detail on these notions, they focus on how to contemplate one's actions and find a wiser, more compassionate way of reacting in the future. We can use our experiences to make the world a better place.

As a child, I suffered needlessly, as most children do. If parents and society approached children with loving kindness and followed the blueprint for their wellbeing as outlined in the UN Convention on the Rights of the Child (Office of the High Commissioner 1989), children would fare much better. I believe that adults have blindly created much misery for children. I am sharing some examples of my critical life experiences to illustrate the short- and long-term harm they have created. I use a social constructionist, Buddhist, and a clinical sociological approach to propose how we could transform adversity for the good of children, families, communities and societies.

In short, my desire to advocate for children's human rights is not merely a professional interest. It is a spiritual quest at well. Clinical sociology has become a vehicle to improve the lives of children, so they do not have to suffer.

Children depend upon families and communities to defend them. Advice in the Convention on the Rights of the Child, from the American Academy of Pediatrics, and other child advocacy organizations exists to prevent children's suffering. The nation and world is at a fork in the road. It is my hope that we as clinical sociologists and human rights

defenders will support children to use their agency and to be freer from the traumas and problems that adults inflict upon them.

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Sociologie clinique et approche anti-oppressive : la posture dans la rencontre de recherche en travail social en contexte d'interculturalité au Canada

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Résumé

Les rapports d'interculturalité dans le cadre du travail social sont des thématiques intégrées dans les apprentissages en travail social. Abordée en recherche ou en intervention, l'interculturalité nécessite de se questionner sur sa posture et sur le cadre de la rencontre avec l'autre. Cet article vise à montrer comment l'approche sociologique clinique et la pratique anti-oppressive permettent de créer un espace d'interpellation bienveillant pour une recherche en contexte d'interculturalité, traitant spécifiquement des problématiques de racisme. Il s'agira ici non pas d'analyser les données d'une recherche, mais plutôt de les utiliser pour voir dans quel contexte les récits des participant.e.s[1] à la recherche ont été donnés.

Mots-clefs : interculturalité, racisme, approche socio-clinique, pratiques anti-oppressives, posture, travail social.

1. Introduction

Les problématiques entourant les rapports d'interculturalité en travail social au Québec, Canada, deviennent depuis quelques années des apprentissages nécessaires pour les étudiant.e.s dans une filière professionnelle ou de recherche. En effet, les normes d'agrément de formation en travail social[2] au Canada insiste sur le fait, notamment, *d'intégrer des apprentissages sur le colonialisme, sur les implications de*

1 Dans cet article, nous utilisons l'écriture épicène pour désigner les identités mais pas pour les accords grammaticaux, pour simplifier la lecture. Nous appliquons également l'écriture inclusive. L'article est donc rédigé dans un langage neutre (utilisation d'une féminisation avec un point médian).

2 https://caswe-acfts.ca/wp-content/uploads/2021/09/PPNA-2021-1.pdf

la domination de la vision du monde eurocentré afin de lutter contre le racisme envers les communautés autochtones, asiatiques, noires et autres communautés racisées. À cet égard, l'une des approches préconisées, pour l'intervention et la recherche, est la perspective anti-oppressive. Cette dernière se positionne à la fois comme réflexion épistémologique et pratique de l'intervention. Elle stipule que la source des oppressions envers des groupes vulnérables (notamment les personnes dont les identités sociales n'entrent pas dans la normativité), produite par les rapports sociaux, s'ancre également dans la fondation des structures sociales favorables aux groupes dominants (Lee et al., 2017). À cet égard, la pratique anti-oppressive se penchera sur la façon de refléter cette prise de conscience dans l'intervention. J'aborderai plus en détail ces aspects dans cet article.

Pour autant, envisager la complexité des rapports d'interculturalité, notamment quand ils incluent le racisme et les rapports de pouvoir, ne peut se limiter à un seul champ théorique et disciplinaire. J'entends ici l'interculturalité comme une dynamique de rencontre et de confrontation d'éléments socio-culturels diachroniques pouvant aussi entrer en résonance dans un même espace sociétal et intersubjectif, et qui s'inscrivent plus largement dans des contextes socio-historiques, des héritages coloniaux (et donc des rapports de pouvoir), des idéologies de l'intégration, ainsi que des représentations collectives et imaginaires (Hamisultane, 2017)

Ainsi, la complexité des rapports sociaux, historiques, intersubjectifs et psychiques à prendre en compte dans le cadre de la recherche en travail social, qui promeut l'équité et la justice sociale, nécessite d'examiner plusieurs niveaux d'interaction (macro, méso, micro et ontologique) qui eux-mêmes nécessitent, pour être dépliés, d'emprunter des conceptualisations adaptées et pertinentes issues de diverses perspectives. A raison de son caractère, à la fois de discipline théorique examinant les processus socio-psychique et de champ de l'intervention, le recours à la sociologie clinique basée sur une perspective anti-oppressive, comme étayage pour appréhender la posture professionnelle et la recherche en contexte d'interculturalité, semble pertinent pour appuyer le champ intellectuel du travail social.

Pour autant, la sociologie clinique s'inscrivant dans une pratique clinique d'intervention, à l'instar de la psychosociologie, je convoquerai dans cet article des auteur.trice.s des deux courants[3] dans la mesure où leurs travaux se situent entre le domaine psychique et le champ social[4], spécifiquement dans un entre-deux épistémologique que Giust-Desprairies désigne par une *épistémologie de l'incertain* (Giust-Desprairies, 2009). C'est-à-dire une épistémologie « qui prend pour objet précisément la tension, empiriquement observable, d'une intrication » (Giust-Desprairies, 2009, p. 7) entre psychique et social. De fait, la construction de cette épistémologie de l'incertain se réfère également à de multiples auteur.trice.s édifiants ou ayant édifié autour de cette intrication sans pour autant se réclamer de ces courants. À cet égard, Bouilloud (2009) souligne l'historicité du débat social-psychique dans l'histoire des sciences humaines qui cristallisent davantage des enjeux de luttes institutionnels. Comme le souligne Morin, « on finit par croire que les frontières artificielles entre disciplines sont les frontières qui correspondent à la réalité » (Morin dans Cyrulnik et Morin, 2000, p. 13)

Pour revenir à cet article, il ne se concentre pas sur l'analyse de résultats d'une recherche. Il utilisera cependant les propos de participant.e.s[5] à une recherche, pour conduire à réfléchir au cadre d'interpellation et à une posture spécifique en recherche pour accueillir une population ayant vécue des situations de racisme. Il s'agit donc ici d'examiner le cadre de la rencontre clinique et non de fournir des éléments théoriques ou épistémologiques, pour la compréhension de l'analyse clinique des données.

En effet, les approches anti-oppressives actuelles préconisent des espaces thérapeutiques bienveillants pour les personnes vivant des oppressions à cause de leur diversité identitaire. Celle-ci a trait,

3 À cet égard, notons qu'en France (Université Paris-Diderot), la sociologie clinique et la psychosociologie se croisent dans les enseignements cliniques en intervention et en recherche : https://odf.u-paris.fr/fr/offre-de-formation/master-XB/sciences-humaines-et-sociales-SHS/sciences-sociales-K2NDH30S/master-sciences-sociales-parcours-sociologie-clinique-et-psychosociologie-JRXGXOAY.html

4 À cet égard nous emploierons également le terme de clinique en sciences sociales.

5 Aucun nom même fictif ne sera associé aux verbatims en accord avec le certificat d'Éthique de la recherche effectuée au Canada.

par exemple, au genre, à l'orientation sexuelle, à la non-normativité, au phénotype, ou à l'appartenance religieuse (Baines, 2011; Pullen-Sanfaçon, 2014; Lee et al., 2017). Articulé à des approches antiracistes et dé-coloniales, ces espaces doivent être en mesure d'accueillir des témoignages de personnes vivant du racisme, qui ne sont ni jugées, ni remises en question. Ainsi, ces personnes peuvent être écoutées et entendues sans que des injustices épistémiques - selon lesquelles les témoignages des personnes vivant des injustices (en l'occurrence des personnes racisées) ne sont pas perçus comme sources de savoirs crédibles - ne se manifestent (Hamisultane et al., 2022 ; Bessone, 2018). C'est la possibilité de tels espaces que j'examine ici concernant la posture dans le cadre de la recherche.

Subséquemment, en premier lieu, dans cet article, je contextualiserai les témoignages de recherche utilisés. En deuxième lieu, je questionnerai la manière d'appréhender un sujet[6] dans sa complexité, dans un espace d'interpellation, en convoquant des éléments théoriques de la démarche clinique en sociologie et des pratiques anti-oppressives. Je m'appuierai notamment sur la notion de la clinique comme mode de production de connaissances (Giust-Desprairies, 2004) et sur la perspective anti-oppressive comme processus réflexif critique de la conscience de soi dans le monde (Lee et al., 2017).

Le Racisme en question : un contexte social 2020 tendu au Canada

En 2020, le contexte social caractérisé par la pandémie dû à la Covid-19 a exacerbé les micro-agressions racistes (Sue et al., 2017) envers certaines personnes, notamment les asiatiques, aussi bien au niveau individuel que collectif. Dans ce contexte de tension, le décès de Georges Floyd par étouffement le 25 mai 2020 aux États-Unis a engendré de nombreuses manifestations contre le racisme et les violences policières au Québec comme dans le reste du monde, notamment avec l'entremise du mouvement Black Lives Matter. Si le racisme systémique, qui peut se définir comme « *la production sociale d'inégalité*

6 Nous désignons par « sujet », l'enquêté.e ou l'usager.ère qui s'inscrit dans une démarche subjective de narration.

raciale dans les décisions concernant les gens et dans le traitement qu'ils reçoivent » (Chambre des communes du Canada, 2018, p.20), est actuellement une préoccupation d'actualité au Canada, le racisme est aussi une relation intersubjective comportant des micro-agressions racistes (Sue et al., 2007). Les dommages psychosociaux vécus par les personnes sont parfois difficilement appréhendables uniquement par le droit. Cela bien que ces micro-agressions soient vécues comme des injustices. Dans ce contexte, de nombreux témoignages de personnes faisant l'objet de racisme ont paru dans les médias. Elles relataient leurs souffrances dues à un racisme invisible mais néanmoins présent, que ces personnes vivent au quotidien (Hamisultane, 2020) et qui les rend vulnérables.

Or, je me suis sentie très proche de la détresse et la violence vécue par les populations asiatiques, à la fois dans une *résonance* d'héritage et par le fait que mes intérêts de recherche portent, notamment, sur les questions de racisme. Je suis d'origine franco-vietnamienne. Mon enfance scolaire, en France, a été marquée par l'exclusion et le harcèlement dus à mon phénotype. J'étais régulièrement désignée comme chinoise. Ce traitement qui a duré tout mon parcours scolaire de primaire s'est inscrit dans ma construction identitaire, dans mes choix et non-choix, d'adulte. Comprendre mon lien avec l'objet de mes recherches a nécessité un travail psychanalytique ayant duré plusieurs années. Un travail qui aujourd'hui m'aide à construire un processus d'objectivation pour analyser mes données de recherche clinique. En d'autres termes, à me dissocier de mon objet, autant que faire se peut, bien que je puisse être dans une proximité avec les sujets (Hamisultane et Vidal) dans les entretiens cliniques.

Décidant de démarrer une recherche exploratoire[7] sur les personnes descendantes de migrants faisant l'objet de racisme dans le contexte de la pandémie, je suis entrée en contact avec un groupe sur les réseaux sociaux dont l'objectif est de s'entraider pour lutter contre le racisme anti-asiatique. À la suite d'une demande de participation diffusée sur leur site web, j'ai pu organiser des groupes de discussion fondés sur

7 Racisme et oppression : la détresse des descendants de migrants asiatiques en contexte de pandémie. Institut Universitaire Sherpa- CIUSSS-Centre-Ouest-de-l'île-de-Montréal Projet de recherche au Canada / 2020 – 2022. Chercheure principale Hamisultane S., co-chercheur.e.s Lee E. et Le Gall J.

l'approche clinique et anti-oppressive qui fait l'objet de cet article. Ces groupes ont eu lieu lors de deux rencontres de deux heures chacune, en février et mars 2021. Les groupes étaient composés de 4 femmes et un homme de la communauté LGBTQ+. La tranche d'âge était de 22 à 40 ans. Dans le cadre de cette recherche exploratoire, je n'ai pas effectué d'entretien sur le parcours de vie de ces personnes. Cela est actuellement réalisé dans une autre recherche en cours. Il s'agissait donc d'explorer les positions de ces personnes par rapport au contexte de racisme au Canada ainsi que de tisser des liens de confiance pour la recherche à venir.

Avant chaque rencontre, une grille de questions à aborder était envoyée aux participant.e.s. Cette grille servait beaucoup plus de support aux récits de ces personnes et non de questionnaire. Les personnes étaient libres de faire des associations et de réagir aux propos entendus des autres participant.e.s. Les thématiques abordées touchaient à la construction identitaire liée au racisme. En d'autres termes, comment le racisme avait agi, ou agissait, dans leur parcours de vie.

Le climat de tension sociétale qui touchait particulièrement les personnes désignées par la vaste catégorie des Asiatiques, mais ciblant particulièrement les personnes de phénotype sinisé, a eu des conséquences sur la santé mentale de ces personnes (Wu et al., 2021). Non seulement en ravivant *un stress traumatique dû au racisme* (Carter, 2007), vécu antérieurement ou lié à l'histoire des communautés asiatiques, mais également en faisant naître une nouvelle peur liée à la généralisation de ce racisme dans le contexte de la pandémie due à la COVID19. Voici quelques témoignages montrant les réactions des personnes concernées. Comme souligné, il ne s'agit pas ici d'analyser ces données empiriques mais plutôt de montrer ce qu'un espace clinique articulé avec une approche anti-oppressive permet de faire :

> Ça [le racisme] a été du refoulement pendant une partie de ma vie [...] les asiatiques étaient vu comme... la population qui s›intègre bien au peuple québécois. Qui ne « chiale » pas, qui réussit bien. Puis avec la vague de pandémie, ben là tu es comme pointé... c'est toi le virus. J'ai un peu peur d'être vu comme... je m'excuse le terme « les Arabes » du 11 septembre 2001.

> Par exemple, quand on me voyait dans la rue, on changeait de trottoir. Quand j'allais dans une allée dans un magasin, les gens changeaient tout de suite d'allée où ils mettaient un foulard pour cacher leur nez. Vraiment, il y avait un profilage racial vraiment présent.

Pour ces participant.e.s, le racisme anti-asiatique dû à la pandémie n'était pas nouveau, il était plutôt devenu visible à cause du contexte. Il s'est toujours manifesté mais était peu dévoilé et pris en considération.

> *Dans le primaire* [L'école primaire], *j'ai vécu beaucoup de micro-agressions. Du rejet aussi parce que j'étais différente. Je viens de l'ouest, dans le quartier de Verdun* [de Montréal], *donc c'était très caucasien. J'étais comme la chinoise du coin, donc tu sais je me faisais pousser en bicyclette. Les gens ne jouaient pas avec moi.*

Aujourd'hui, les nouvelles générations ne sont plus uniquement prises dans les déterminismes sociaux de leurs parents, ancrés dans une idéologie assimilationniste induite par la société d'arrivée, ces derniers les incitant à *ne pas faire de vague* pour s'intégrer (Hamisultane, 2017). Elles ne souhaitent pas non plus être perçues uniquement comme victimes du racisme. La pandémie aura eu pour effet d'impulser une subjectivation, une volonté militante de combattre ce racisme et de le médiatiser.

> Je trouve ça difficile justement quand on parle de racisme dans les discours de sociaux actuellement que notre voix ne soit pas là. Je trouve ça difficile parce que pour moi ça normalise la violence que je vis de manière quotidienne. Et si, par exemple, je ne le fais pas [dénoncer le racisme anti-asiatique] qui le fera? Est-ce que je vais attendre une troisième pandémie pour que justement il se passe encore une situation [comme celle-ci] pour mettre de l'avant ces enjeux- là ?

> Je le fais [témoigner] pour que la communauté asiatique puisse marcher vers une guérison du trauma collectif de l'immigration. [...] je le fais pour la société parce que je trouve que c'est important de documenter la réalité de toutes sortes de personnes. C'est important de documenter notre époque. Je pense que c'est une réalité de notre époque surtout de cette année 2020, [où] il y a eu du racisme envers les asiatiques.

Par ces témoignages, je le souligne de nouveau, je souhaite montrer ce qui peut se dire dans un espace où les personnes se sentaient en confiance, et donc dans un espace de non-jugement (instauré par les consignes cliniques énoncées au départ du groupe). En effet, parler de racisme comme le montre ces témoignages, se confier demande une part de réflexivité personnelle, un travail sur soi de longue haleine. Cela demande également un lieu où ces réflexions peuvent être partagées en accueillant la sensibilité et les peurs des participant.e.s.

> Il faut vraiment une sensibilité puis une maturité émotionnelle pour pouvoir réaliser, comprendre et discuter de ça. Je pense que ce n'est pas toujours accessible.
>
> Pour moi, aujourd'hui, je pense qu'à force d'avoir des expériences vraiment négatives avec des personnes blanches… le seul mot que j'ai en tête c'est le mot « danger ».

Le fait de partager les mêmes expériences était essentiel dans ces groupes de discussion car cela a permis de créer un espace bienveillant et anti-oppressif. Mais, dans le but de répondre à l'objet de cet article, comment comprendre ce cadre d'interpellation (Butler, 2007) qui a pu donner accès à ces paroles ? Pour Butler - interrogeant les conditions éthiques, sociales et politiques du récit de soi en traitant notamment de la scène d'interpellation en psychanalyse - « la scène d'interpellation, que nous pourrions appeler la condition rhétorique de la responsabilité, signifie qu'en même temps que je m'engage dans une activité réflexive, me considérant et me reconstruisant, je te parle également et, ce faisant, je construis une relation à un autre dans le langage » (Butler, 2007, p. 51). Ainsi, le fait de se raconter, pour Butler, consiste à *rendre compte de soi* ; il s'agît aussi de créer une relation avec la personne qui écoute. Certes, il ne s'agît pas d'un cadre psychanalytique en sociologie clinique. Pour autant, la scène d'interpellation - notamment l'espace de la rencontre, son objet et son cadre - qui s'inscrit à bien des égards dans des pratiques psychanalytiques, ne serait-ce que par, comme le souligne Barus-Michel, l'art de la « reconstruction du sens pour des sujets coopérants » (Barus-Michel, 2015, p. 39) qu'entreprennent, selon l'autrice, tant la sociologie clinique que la psychosociologie. Ainsi cette scène d'interpellation nécessite de s'interroger à la fois

sur la relation des participant.e.s avec la chercheure que je suis, mais également sur la nature de l'objet de la rencontre ainsi que ses balises éthiques (ce qu'il faut faire/dire ou ne pas faire/dire).

Plus précisément, dans ces groupes[8], étant moi-même d'origine vietnamienne et affectée par le contexte social précédemment décrit, comment questionner ma posture en tant que chercheure. Cette question est essentielle dans la mesure où mes affects présents dans la relation intersubjective entre sujet et chercheure faisaient partie du processus de recherche, notamment dans l'articulation entre une posture de sociologie clinique et une pratique anti-oppressive, lesquelles seront déplier ci-après.

L'apport de l'approche clinique en sociologie

L'implication

Le questionnement abordé dans la partie précédente soulève ce que la clinique en science sociales traduit par l'implication du chercheur, ou de la chercheure dans sa recherche (Barus-Michel, 1986; Giust-Desprairies, 2004; Hamisultane, 2014). En sociologie « classique », l'implication est traitée aujourd'hui dans les parties méthodologiques des travaux des étudiants. Elle concerne « le comment on a fait » ou encore les « biais » qu'elle a pu introduire dans la recherche qualitative au moment souvent de la rédaction de la partie méthodologique. Pour autant, il semble qu'elle soit davantage affirmée qu'explorée (Giust-Desprairies, 2004) tout au long du processus de recherche, dans une perspective épistémologique. Pourtant différents concepts traitent de cette question et peuvent contribuer à explorer cette implication. Comme souligné précédemment, l'implication se traduit aussi par une résonance. En psychologie sociale clinique, la résonance se définit lorsqu'un « individu exposé à un autre individu et à ses communications, sous forme de comportements et de mots, semble instinctivement et inconsciemment y répondre de la même façon » (Foulkes 1970, p. 428, dans Hamisultane, 2018). Cette définition peut

8 Ils ont eu lieu en visio-conférence à cause du contexte de pandémie et nous sommes conscients que cette situation met des barrières à d'autres formes de résonance.

s'appliquer à la relation intersubjective, qui peut être aussi de l'ordre d'une communication non-verbale, entre chercheur.e et sujet ayant des effets sur l'interaction. Cette relation peut aussi être le lieu d'une résonance horizontale faussée par l'aliénation dictée par les exigences de productivité de notre monde moderne (Rosa, 2018). En d'autres termes, la résonance n'est pas toujours rencontre de l'autre, mais elle s'inscrit aussi dans des intentions imposées par des comportements institués et hérités. De son côté, la psychanalyse traduit, quant à elle, l'implication par le concept de contre-transfert dans la rencontre. Déplacé vers le cadre d'interpellation de la recherche, le contre-transfert pourrait s'inscrire comme réaction inconsciente du, ou de la chercheure, en relation avec le sujet, où le contexte social et historique doit être pris en compte.

Dans une analyse clinique en sociologie, l'ensemble de ces concepts qui traduisent certains aspects de l'implication dans la relation entre chercheur.e et sujet, ainsi que le lien à l'objet de recherche, sont à travailler et à articuler au processus de production de connaissance. Car

> *L'analyse de l'implication, qui forcément est traversée par la complexité des registres intriqués, n'a d'intérêt que si elle permet des avancées dans la compréhension des processus que sa non prise en compte ne permettrait pas de faire, que cette prise en compte soit explicitée ou non* (Giust-Desprairies, 2004, p. 105).

La sociologie clinique préconisera un temps d'écriture de réflexivité[9] pour mettre en éveil les processus de compréhension des rapports intersubjectifs et sociaux entretenus durant les étapes de la recherche. La sociologie clinique permet également d'apporter des éléments psychosociaux sur les sujets, pour appréhender leur stress traumatique dû au racisme.

9 En travail social, au Québec, ce temps d'écriture pourrait être comparé au journal de bord. Utilisé dans le parcours de formation universitaire et maintenu par de nombreu.x.ses praticien.ne.s dans l'exercice de leur profession, il sert à développer les réflexions, à questionner les obstacles de l'intervention et du rapport à l'usager.ère.

Les déterminations psychique et sociale

La phrase maintenant célèbre de Bonetti et de Gaulejac (1988), envisageant l'individu comme le produit d'une histoire dont il cherche à être le sujet, nous conduit bien à envisager ce sujet aux prises avec une histoire à la fois familiale et collective. Sa construction identitaire s'inscrit dans une transmission pour une part inconsciente qui détermine ses habitus de classe, comme les traumatismes hérités qui hantent ses agissements. Ce que Mijolla (2003) désigne aussi par les visiteurs du moi : c'est-à-dire des éléments d'identité familiale marquant la construction du sujet, malgré lui, et pouvant ressurgir comme des fantômes de la transmission (Hamisultane, 2013, 2017a).

Outre ces aspects identitaires primaires, l'Histoire et le méta-cadre social, incluant ses institutions qui sont des outils de la socialisation (Dubet, 2003), imprègnent également ce sujet. Sa construction identitaire est intrinsèquement liée aux évènements sociaux qui marquent sa trajectoire. Dans le cas d'un stress traumatique dû au racisme - racisme systémique et micro-agressions racistes - « la question de la fragilité du rapport positif à soi et celle de l'incidence des relations sociales sur le rapport positif à soi semblent être au cœur de la problématique de la souffrance psychique » (Renault, 2004, p. 377). On peut donc soutenir que l'Histoire et le méta-cadre social concourent à perpétuer les obstacles au développement social des nouvelles générations racisées, et contribuent aussi à nuire à leur santé mentale.

L'approche sociologique clinique nous montre déjà un sujet complexe que le contexte social de racisme est venu fragiliser. Cette analyse concerne aussi la chercheure que je suis. Elle instruit sur les éléments d'implication et de résonance à prendre en compte dans la relation avec les participant.e.s de la recherche.

Nous allons voir, à présent, comment la perspective anti-oppressive insiste également sur les dimensions des rapports sociaux et celles des rapports à soi, dans un cadre d'intervention et de recherche en travail social.

L'apport des principes de la perspective anti-oppressive

Pour traduire les principes de cette perspective, j'utiliserai notamment les travaux de Lee, Mc Donald, Caron et Fontaine (2017). Ces auteur.e.s expliquent que cette perspective est non seulement employée en travail social au Canada dans le cadre de la pratique, mais elle s'inscrit aussi dans des réflexions critiques, méthodologiques et philosophiques. Partant d'une critique de la responsabilité individuelle des vulnérabilités des personnes, la perspective anti-oppressive construit sa position épistémologique en posant que les vulnérabilités sont produites par les rapports sociaux qui façonnent les lois et les structures sociales propices au groupe dominant. Par ailleurs, le point central de cette perspective est de considérer que les cadres des analyses et des pratiques doivent être adaptés à la source des oppressions. Ceci est realisable en examinant les processus sociaux mais aussi les pratiques sociales qui entretiennent la domination de certains groupes sur d'autres. Cecien tenant compte du fait que certaines catégories subissent de multiples oppressions liées à l'intersectionnalité de leurs vulnérabilités.

En résumé, telle que décrite par Lee, Mc Donald, Caron et Fontaine (2017), l'approche anti-oppressive considère 3 dimensions essentielles :

- Les oppressions multiples et l'intersectionnalité. Comme je viens de le souligner, la façon dont les différentes formes d'oppression, liées au genre, à la classe et à l'ethnicité, notamment dus à l'histoire coloniale, interagissent et entrainent des conséquences pour les personnes concernées.
- Les rapports de pouvoir. Les auteur.e.s se réfèrent à Michel Foucault, en soulignant que le pouvoir fait toujours face à de la résistance, laquelle s'inscrit comme contre-pouvoir. Les auteur.e.s, rappellent que les intervenant.e.s, même formés à l'approche anti-oppressive, faisant la promotion de la justice sociale et s'intéressant aux sources structurelles des inégalités[10], peuvent faire acte de pouvoir et perpétuer les discours et pratiques de domination, au lieu d'y remédier. Autrement dit, ce

10 Ces principes sont édictés par Association canadienne pour la formation en travail social.

pouvoir du groupe dominant est présent inconsciemment dans certains agissements, comportements, et paroles de personnes intervenantes ancrées dans un savoir eurocentré. Ces dernières peuvent donc aussi choisir d'y résister, à l'instar d'un contre-pouvoir. Cette possibilité est donnée par la dimension qui suit.

- l'autoréflexion critique. Dans cette dimension, on s'attache aux processus de compréhension de soi. Le soi est appréhendé dans la configuration où s'établissent les rapports de pouvoir à la fois sur les plans structurels et intersubjectifs. Il s'agit alors d'amener la personne intervenante à une réflexion sur sa trajectoire, sur ses pratiques, et sur la façon qu'elle se représente dans le monde.

Les points de convergence et de complémentarité

La pratique anti-oppressive nous conduit donc à étendre notre réflexion sociologique clinique dans le cadre de la rencontre avec l'autre. La posture du ou de la chercheure consiste, en effet, à réfléchir en tenant compte des rapports de pouvoir entretenus avec le sujet, suivant les statuts sociaux, les préjugés et les contextes historiques qui ont façonnés ces rapports. Mais, selon Lee, Mc Donald, Caron et Fontaine (2017), la perspective anti-oppressive nécessite un réel travail pour entreprendre une *connaissance de soi dans le monde*. En d'autres termes, en relation avec l'Histoire coloniale qui selon Etemad (2000) concerne les 70% de la population mondiale, cette connaissance de soi est trop souvent autocentrée et s'inscrit dans une introspection psychologisante. La compréhension des contextes d'oppression - le regard critique sur les institutions, notamment les institutions formatrices et ce qu'elles proposent concernant l'enseignement sur les formes d'oppression historiques, dans une configuration souvent ethnocentré et eurocentré d'un groupe dominant - trouve son importance.

Ainsi, nous pouvons relever que l'approche anti-oppressive converge, concernant certains points, avec la sociologie clinique. Notamment, dans la construction d'une épistémologie intégrant le fait que les oppressions (souffrances) du sujet sont aussi à saisir dans un méta-cadre social qui institue aussi (et est institué par) les structures sociales, lesquelles perpétuent les formes d'oppression. À cet égard,

la sociologie clinique fera de son cheval de bataille les déterminations sociales et psychiques qui habitent le sujet. La pratique anti-oppressive nécessite également une autoréflexivité, à l'instar du questionnement de l'implication en sociologie clinique.

La complémentarité entre les deux approches se situe d'une part, pour l'approche anti-oppressive, dans une réelle remise en question de la normativité eurocentrée et des injustices épistémiques que nous avons déjà soulignés. Cette normativité jalonne le parcours de l'intervenant.e qui traverse l'espace d'interpellation. À cet égard, la sociologie clinique se penchera davantage sur la question de l'implication de l'intervenant.e ou chercheur.e dans la reconstruction du sens donné par le sujet dans un apport théorique et analytique intégrant une analyse de l'histoire individuelle et collective, socles des déterminations socio-psychiques en jeu dans les agissements du sujet.

Ainsi, dans une articulation sociologique clinique et anti-oppressive, dans le processus de recherche, l'analyse du rapport entre le sujet et son récit se doit d'intégrer une connaissance des rapports d'oppressions sociohistoriques et coloniaux. En d'autres termes, la *connaissance de soi dans le monde* du ou de la chercheure permet de circonscrire les « biais » qui ne sont alors pas uniquement liés à l'implication - comme ils pourraient être expliqués en sociologie - mais aussi à un ancrage eurocentré. Celui-ci est inconscient car il s'inscrit aussi dans le normatif qui façonne cette même analyse. Par exemple, dans le rapport entre personnes autochtones au Canada et intervenant.e.s blanc.he.s issus des premiers migrants français et anglais, cette prise de conscience de ce que représente l'histoire de la colonisation d'occupation au Canada par rapport aux souffrances[11]

11 Outre les politiques d'extermination (quelles soient directes ou non) des populations autochtones depuis les débuts de la colonisation (selon Hamelin (1965), il y aurait eu entre 350 000 et 500 000 personnes autochtones au XVIème siècle au Canada, et au XIXème siècle on estime qu'il reste 100 000 à 125 000 membres de cette population) les politiques éducatives canadiennes qui veulent « tuer l'indien dans l'enfant » ont conduit à l'établissement des pensionnats autochtones enlevant les enfants à leur famille pour les rééduquer à une culturel occidentale. Ce processus a donné lieu à des violences de tous types et des meurtres. Des milliers de corps d'enfants ont récemment été découvert autour de pensionnats. Le dernier ayant fermé en 1996. https://www.thecanadianencyclopedia.ca/fr/article/indian-residential-schools-settlement-agreement

vécues par les autochtones est requise. Il est alors évident que le fait d'avoir moi-même un héritage colonial a facilité la création d'un espace où ces paroles pouvaient être libérées et comprises.

Dans ma construction identitaire, l'ancrage eurocentré, socle interprétatif et normatif des évènements sociaux, s'est constitué en dualité (en raison, notamment, de mes origines double, en l'occurrence française et vietnamienne). Cette connaissance de moi-même et ce que ma position représente dans le monde me permet de comprendre en quoi l'espace de rencontre avec les participant.e.s à la recherche pouvait être perçu comme bienveillant et aussi comme le lieu d'une réelle compréhension des témoignages qui entraient en résonance avec une histoire à la fois socio-historique et parfois personnelle. Ceci, tout en comprenant l'eurocentrisme, non sans mal, dans lequel moi-même j'ai été instituée en France.

La scène d'interpellation : articulation clinique et anti-oppressive

Les processus qui accompagnent l'articulation de la clinique en sociologie et la perspective anti-oppressive s'inscrivent dans un travail sur l'identité professionnelle du chercheur ou de la chercheure, et dans la réflexivité de la relation. Cette connaissance de soi ne s'enseigne pas, bien qu'elle puisse être appuyée d'outils, elle requière un travail personnel, une quête de soi. Comme souligné au début de ce texte, il ne suffit pas d'affirmer son implication ou sa réflexivité en tant que chercheure, il faut en comprendre les processus sociaux et psychiques toujours en progression.

La connaissance de soi dans le monde du chercheur ou de la chercheure est essentielle dans l'espace d'interpellation clinique qui étend au sujet une invitation à ce que Butler (2007) désigne par *rendre compte de soi*. Pour Butler, si nous ne pouvons survivre sans être interpellés en tant qu'êtres (sans avoir la possibilité de dire à l'Autre), la scène d'interpellation peut et doit fournir une condition qui soutienne sa délibération, le jugement et la conduite éthique pour qu'un sujet *rende compte de soi*, et notamment en clinique, dans des conditions bienveillantes.

Or, la sociologie clinique insiste au moins sur deux points, comme conditions liées au récit de soi. L'un de ces points est que le chercheur ou la chercheure puisse rendre compte de lui-même ou d'elle-même par un travail de réflexivité sur soi tout au long de la recherche, sur son rapport avec l'objet et aux participant.e.s de la recherche. Cette condition permet au chercheur/à la chercheure de clarifier son rapport narcissique avec son objet, et donc de créer un espace d'interpellation pour accueillir une autre parole (que la sienne). L'autre point se constitue sur la base de la nécessité d'un espace de parole, en s'appuyant sur des pratiques psychanalytiques[12], pour donner la possibilité au sujet de la recherche de coconstruire le sens de son histoire. C'est un espace situé entre la sociologie et la thérapie, comme l'indique de Gaulejac (2015). Cette double situation crée une scène spécifique d'interpellation et de relation où, comme le suggère Butler (2007) qui se réfère au cadre psychanalytique pour préciser les conditions de *rendre compte de soi*, il est donné au sujet une possibilité de langage dans cette structure d'interpellation. Or, ce langage « appartient d'abord à l'autre » (qui interpelle). Selon Butler, « il semblerait qu'on soit toujours interpellé d'une façon ou d'une autre, même lorsqu'on nous abandonne ou qu'on nous maltraite, puisque l'absence et la blessure nous touchent de façon spécifique » (Butler, 2007, p.54). En d'autres termes, un entretien de recherche qui ne s'inscrirait pas dans certaines conditions (notamment que nous venons de soulever) pour que le sujet rende compte de lui-même pourrait (à l'insu du chercheur ou de la chercheure qui interpelle) être vécu comme une maltraitance dans l'après coup, surtout dans la mesure où l'on n'est pas toujours conscient des interactions qui ont lieu dans l'ici et maintenant (si l'entretien a été mené à son terme).

De son côté, la perspective anti-oppressive insiste sur cette possibilité d'exploration des sources d'oppression qui s'offre au sujet et à la chercheure/au chercheur, dans leur relation, pour accéder à une confiance et à cet espace bienveillant. Cette confiance n'est pas construite sur la base de documents administratifs préservant l'anonymat et les droits du sujet de la recherche[13]. Il s'agit davantage

12 Pour autant, il ne s'agit pas d'un lieu thérapeutique

13 Au Canada, toute recherche est soumise à un comité d'éthique de la recherche qui oblige d'inclure notamment dans le cadre de la recherche des documents, à signer par

d'une confiance où cette parole peut se donner sans que le sujet ne craigne d'être jugé dans un rapport où la souffrance peut être accueillie avec une certaine tendresse. Pour Cifali, « la tendresse signe une reconnaissance, celle de l'existence de l'autre » (Cifali, 2020, p.196). Cette tendresse peut se traduire par « un geste, un regard, un mot » (Op.cit., 2020, p.196). Elle est condition de l'éthique d'une posture de l'écoute clinique et aussi de l'écoute anti-oppressive. Comme le souligne Butler (2007),

> *En effet, si, au nom de l'éthique, nous exigeons (violemment) qu'un autre se fasse violence d'une certaine façon, et le fasse devant nous en rendant compte de soi de manière narrative ou en se confessant, et inversement, si nous autorisons l'interruption, que nous la soutenons et que nous nous en accommodons, alors peut s'ensuivre une certaine pratique de la non-violence. » (p. 65*)

Cette pratique de la non-violence est anti-oppressive. L'autrice ajoute que l'« échec à se raconter entièrement peut très bien être l'indice de la façon dont nous sommes, dès l'origine, moralement impliqués dans la vie des autres » (Butler, 2007, p 65). Dans cet espace d'interpellation décrit par Butler, le cadre anti-oppressif de la prise en compte à la fois de la connaissance de soi comme chercheur.e et des sources d'oppression qui ont participé à construire l'identité du sujet ouvre une voie à cette possibilité de *rendre compte de soi*, notamment dans l'exemple de notre recherche.

Le statut de l'analyse sociologique clinique qui suit la scène d'interpellation

Comme je l'ai souligné, l'articulation d'une approche clinique et d'une perspective anti-oppressive agit dans la constitution du cadre de la rencontre avec le sujet. Elle permet de créer un espace d'interpellation bienveillant pour autoriser le sujet à rendre compte de soi. Ainsi, l'espace donnera accès à une analyse sociologique clinique spécifique. Celle-ci intègrera alors les éléments psychosociaux qui ont été donnés à entendre dans cet espace spécifique de narration que le cadre, intégrant une perspective anti-oppressive, aura autorisé. Pour

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les deux partis (chercheur.e et enquêté.e) préservant l'anonymat de l'enquêté et son droit de retrait en cours de recherche s'il le souhaite.

autant, et à titre indicatif, étant donné que ce n'est pas l'objet de cet article, l'analyse doit mettre en relief les processus déterminants à la fois sociaux, historiques, et subjectifs qui sous-tendent les représentations, les imaginaires, les résistances, les dénis visibles dans les contradictions, les manques et les désirs du sujet. Cette analyse, basée sur une reconstruction du sens déjà là dans le récit, n'entend pas le discours tenu comme le fait de *rendre compte de soi* mais plutôt comme processus menant à lui. Dans cette phase, le chercheur ou la chercheure doit entreprendre un travail de décentration (par la connaissance de soi et de son implication) sous-tendant le processus d'objectivation de cette analyse.

2. Pour conclure

En tant que chercheur.e, la sociologie « classique » nous apprend la rigueur des analyses et l'entrecroisement des catégories, des cadres épistémologiques et de la méthodologie. La clinique, quant à elle, ajoute la nécessité de se connaître soi-même, qui rappelle le célèbre précepte du Temple de Delphes « Connais-toi toi-même » - comme le rappelle aussi de Gaulejac (2017) - et aussi, le fait, comme le soutient Frogneux (2019) en citant Patočka, qu'Œdipe ne savait pas qui il était. En d'autres termes, ne rien savoir sur soi peut nous conduire à une tragédie. Le cas d'Œdipe nous renvoie bien entendu à la pratique psychanalytique, utilisée également dans la pratique clinique, qui permet au sujet d'appréhender ses conflits psychiques. Ainsi donc, se connaître soi, connaître sa propre histoire inscrite dans celle du monde a un impact dans les choix et les non-choix que l'on fait, comme le montre l'histoire d'Œdipe, et durant le processus de recherche. Cette démarche, consistant à se *connaître soi dans le monde*, ne peut être enseignée. Elle s'inscrit à la fois comme parcours et processus de construction d'une épistémologie et d'une identité de chercheur.e. La sociologie clinique induit à construire une identité de chercheur.e, à créer un espace spécifique d'interpellation, comme je l'ai souligné, par sa méthodologie et son épistémologie. Par ailleurs, la sociologie clinique considère également comme essentiel le rapport du sujet, par ses déterminations, à l'Histoire et au méta-cadre social. Dans cette visée, on peut envisager à quel point les rapports sociaux inclus dans

ce méta-cadre sont hérités, transmis, et habitent le/la chercheur.e et le sujet dans leurs rapports aux autres et aux choses. La perspective anti-oppressive relève de la nécessité de considérer les rapports d'oppression, notamment coloniaux, dans cet héritage. C'est ce que j'ai tenté de montrer à travers l'examen d'un cadre clinique de recherche ayant servi de base pour cet article.

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