

Seeman M & Evans J W. Alienation and learning in a hospital setting.

*Amer. Sociol. Rev.* 27:772-82, 1962.

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This paper presents a controlled, and situationally specific, test of a common assertion regarding alienation in modern society—namely, the hypothesis that differences in sensed powerlessness are associated with differential learning of behavior-relevant information. Comparing matched patients who differ chiefly in their degree of alienation (powerlessness), it is shown that the social structure of the hospital ward as well as individual alienation must be taken into account. [The SSC/® and SCJ/® indicate that this paper has been cited in over 280 publications.]

## Powerlessness in the Hospital

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August 11, 1988

We were a bit surprised to learn that this paper has earned the status of a *Citation Classic*. The surprise stems from a number of factors, among them the fact that the paper stirred no remarkable interest at the time of its publication, and it broke no new theoretical ground. It was, in fact, a "spin-off" from a more extensive investigation into the consequences for medical care of differing levels of stratification on hospital wards.<sup>1</sup> There had been few, if any, systematic efforts to relate social factors to the actual performance of medical staff, and it was there that we thought to make a significant contribution.

But, having been involved in the early development of the internal-vs.-external control (I-E) scale,<sup>2</sup> it seemed opportune to test, in a field setting, the implications of laboratory studies of learning that had been done using the I-E scale. These studies had shown that learning patterns were quite different in situations where the individual holds an "internal" expectancy that his own behavior or skill

is determinative. We sought to apply this perspective in a natural hospital setting to show that the learning of information about one's illness would be significantly greater for patients who were internally oriented (i.e., those who were relatively low in what we called the "sense of powerlessness").

What has made this paper more telling than we might have anticipated is that it profited from two developments that could not have been foreseen in 1962. First, the I-E scale itself became a classic that has been used in hundreds (perhaps thousands) of studies; and, second, the area of health psychology has burgeoned over the past decade. Thus, our study became (retrospectively) notable in that it was the first application of the locus of control construct in the health domain.

The repute the work has achieved is pleasing, naturally, but there is some irony in the fact that the original, and more directly sociological, purpose of the research program has been substantially ignored in the intervening years. That purpose was to further our understanding of the impact of social stratification on medical care. Though the initial papers on that topic did generate some positive comment (e.g., Charles Perrow, and others, spoke of it as a "landmark" effort<sup>3</sup>), the stratification aspect of medical sociology has not been systematically pursued, nor is it much noticed in the many citations of the present work. That is disappointing, especially since the stratification facet is in keeping with another recent development in social psychology—namely, an emphasis on the importance of the person's situation in determining behavior.<sup>4</sup> We found an intriguing interaction effect between individual alienation and the structure of the ward—an instance of the kind of situationally sensitive investigation that we hoped to stimulate back in those early days. It is gratifying now to see considerably more of such sensitivity in the contemporary climate of social psychology.

[Editor's note: A useful review of this particular field can be found in a paper by B.R. Strickland,<sup>5</sup> while subsequent work in this area can be traced to a more recent paper by M. Seeman and T.E. Seeman.<sup>6</sup>]

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