

An Oral History of

# AARON V. CICOUREL and STANLEY CHODOROW

On August 23, 1999

1   **CICOUREL:** All right.

2   **CHODOROW:** We're ready. What we want to do is to talk about your memory and  
3 experience in founding, really, two different units. You were an early member of the sociology  
4 department, and we'd like to get your view of what was happening intellectually in that  
5 department. What its purposes were and how it related to what was happening in the field at the  
6 time. And also, how early successes and failures in the recruitment of faculty affected the  
7 original vision as you understand it—since you were not actually the founding chair, but you  
8 were here very early. And then, you have a unique view of the medical school and its  
9 foundation, because as a person who's not a physician but a person who was involved early in  
10 the development of that, there are two things, I think, to pursue. One of them is your own role,  
11 that is, why was a person with your background involved in the med school? What did they have  
12 in mind and what did you have in mind with respect to that participation? And the other was your  
13 observation of the way that institution developed, what its original intentions were and how it  
14 evolved. And that you may be uniquely qualified to do, because it's a kind of ethnography, I  
15 suppose, to observe how an organization evolves. So those are the two major points we would  
16 like to get at in this interview. And I think you should just start by talking about whichever one is  
17 more—

18   **CICOUREL:** Yeah. I guess I'll start with sociology.

19   **CHODOROW:** Okay.

20   **CICOUREL:** I was the second chair. I became chair in January of '72. I had already begun to  
21 do some administrative work in the Fall of '71. And I think that Joe [Joseph R.] Gusfield as the  
22 first founder, he had two agendas. One I think was to build a department that was not totally  
23 traditional. And that usually meant some distribution of people in theory, methods, statistics and  
24 methods in different substantive areas. And the substantive areas varied, so it could be law, it  
25 could be mental health, what in those days we called "deviant studies." And that could include a  
26 range of people and others in criminology. And criminology did not have that much  
27 independence in the country; it was usually in a sociology department. Now, Joe as far as I can

28 tell chose this more non-conventional route for, one reason, I think, was because it would be  
29 very hard to recruit conventionals. It was very hard to move people at a senior level, right? Now,  
30 he tried to bring in several senior people right away. But he really wasn't interested in the  
31 quantitative side. In other words, he wasn't interested in the traditional, quantitative,  
32 methodological side.

33 **CHODOROW:** Which, by that time, had become very powerful.

34 **CICOUREL:** Had become powerful, exactly.

35 **WESTBROOK:** Well, why not?

36 **CICOUREL:** Well, I think it's because he himself came out of a kind of a what's called  
37 "symbolic interaction tradition" at the University of Chicago. Now, the University of Chicago also  
38 had very strong quantitative people, but he came out of the group that dominated the  
39 department, I think, that was not that way. They did mainly field research, so they almost never  
40 used any statistics, and there were no research designs to speak of. And so, the people he  
41 recruited tended to have that orientation. I think initially he did a good job, because he also got  
42 an assistant professor, Randy [Randall] Collins. He was really a very good theoretician who  
43 knows empirical work. He's one of the few that I think knows empirical work. Because he did his  
44 master's degree at Stanford [University], I think, in psychology. So, he had an experimental  
45 psychology background as well. Then he had hired Jerry [Jerome] Skolnik who did law. And  
46 Skolnik initially blocked my coming here because I had criticized some of his work. Even though  
47 I knew him well, he was just sort of angry about that. So, then Joe hired Jack [D.] Douglas, I  
48 think, as an associate professor.

49 **CHODOROW:** I think he was working on suicide machines.

50 **CICOUREL:** That's right. He did his dissertation on suicide. He came from Syracuse  
51 [University], I believe. No, I think he went to UCLA [University of California, Los Angeles], then  
52 he went to Syracuse, and then came here. Then he hired a couple of other junior people who  
53 didn't stay. Maybe they had not gotten tenure somehow. He had a number of people lined up to  
54 hire. So, when I took over, he asked me to look at them. Those people included Jacqueline [P.]  
55 Wiseman, Bennet [M.] Burger, César Graña and Fred [Frederick] Davis.

56 **CHODOROW:** Yeah. Skolnik had already left.

57 **CICOUREL:** He did. He left, and then I came.

58 **CHODOROW:** He went to [University of California,] Berkeley, right?

59 **CICOUREL:** Yeah, he went to Berkeley. He had come from Chicago and he went to Berkeley.  
60 He went into the law school [Bolt Hall School of Law] but not in sociology. They wouldn't take  
61 him in sociology because he had been fired, actually. He didn't get tenure in sociology. And then  
62 he'd gone to Chicago, and then he came here. Then he went to the law school. So, it's a very  
63 complicated story. But anyway—

64 **WESTBROOK:** I'm sorry—he left here to go as a law student, you mean?

65 **CICOUREL:** No. He went there as a professor. They had a program in sociology of law that  
66 Phil [Philip] Selznik had originally started.

67 **WESTBROOK:** Got it, got it.

68 **CHODOROW:** The Law and Society Program that evolved into the Jurisprudence and Social  
69 Policy Program.

70 **CICOUREL:** Exactly, my friend. That's right. Okay, now so with that contingent of full  
71 professors, he had quite a large number. Now that group, though, was totally opposed to  
72 anything quantitative.

73 **CHODOROW:** This was the new group that you were asked to recruit?

74 **CICOUREL:** The new group, that's right. Not Randy Collins, but Joe and Fred Davis, Bennet  
75 Burger, Jack Douglas, César Graña—

76 **CHODOROW:** Jackie.

77 **CICOUREL:** Jackie Wiseman. As far as I know, they were all really not happy about me being  
78 quantitative. So, when I pushed it [laughs], they were not happy about it, and I kept pushing it. I  
79 think that what happened was that they created a climate in the department which was opposed  
80 to hiring anybody with any real strong quantitative background. And I think that became evident  
81 to me when we tried to recruit, and we had several really good candidates—really good  
82 candidates—and they were all very discouraged from coming. They said that they felt that the  
83 people on the ground were really not that receptive, and they were right.

84 **WESTBROOK:** Were they threatened by quantitative classes?

85 **CICOUREL:** I think so.

86 **CHODOROW:** Or did they find them not sufficient? Or—

87 **CICOUREL:** Well, one group would say they didn't feel it was sufficient. But my feeling was  
88 that it was also a threat, since none of them did it. You have to remember that in sociology  
89 quantitative people tend to be opposed to this symbolic interaction—the field research tradition  
90 and vice-versa. Each one thinks the other side is wrong. They don't talk to each other, and as  
91 far as I know they still don't. This is a very peculiar situation. Now, I had had a very strong  
92 quantitative background, but I also had background in this other area plus something else that  
93 was involved with field research. They evolved gradually more into language. Now, symbolic  
94 interactions they didn't do, quantitative, they didn't do language. They did—what I feel—a kind  
95 of field research that was not sufficiently systematic. So, this, I think, created [a sect?]. I finally  
96 ended up hiring two assistant professors a couple of years later who had both quantitative  
97 backgrounds, but not really, really strong quantitative backgrounds. This was not considered a  
98 threat. They both had substantive interests.

99 **WESTBROOK:** So, they hired them because they had the—

100 **CICOUREL:** I think because they could say, "Well, we hired two quantitative people," right?  
101 But they weren't the same level, I think, in terms of quantification as the other people they could  
102 have hired.

103 **WESTBROOK:** Yeah. I'm interested in this in some sense because, you know, you're  
104 describing this scenario that's going on, and it's going on in this larger context which really  
105 values quantitative research and empirical study.

106 **CICOUREL:** Absolutely.

107 **WESTBROOK:** And I'm just curious, you know, what are the natural scientists thinking about?  
108 Whereas it's so isolated that nobody is—

109 **CICOUREL:** No— You see, this is a very peculiar situation because in the natural sciences  
110 they do tend to look for the quantitative. But in my opinion, they don't understand it in the social  
111 sciences.

112 **WESTBROOK:** Okay.

113 **CICOUREL:** They don't understand because they don't understand what I think is a lack of  
114 congruence or correspondence between the phenomena under study and the quantification.  
115 The quantification is really very simple quantification. It's based on progression analysis,  
116 correlations. In psychology it's analysis of variance, which is another linear method. Now, in my  
117 opinion social phenomena, cultural phenomena are not really linear. But these models are what  
118 has been developed. We've got these inherited from the last century, literally—almost it'll be two  
119 centuries—and these two procedures have been used. And what people have done is to design  
120 their studies so as they could make use of them rather than ask, let me know what the  
121 phenomena is and what would be the best way to try and quantify those phenomena? I think  
122 this was a big mistake in the whole field. And this problem is still going on. The people who push  
123 these statistical methods primarily did survey research. This battle was going on in this country  
124 in the '30s. And in the middle '30s there was a shift in this journal that later became the  
125 *American Sociological Review*, which is the journal of the American Sociological Association.

126 **CHODOROW:** In now which there is now a crisis.

127 **CICOUREL:** Yes. It's been in crisis, though, over and over again. [Laughs] But anyway, then  
128 this journal then became more of the spokes journal for more quantitative work. The other  
129 journal, *American Journal of Sociology*, had quantitative stuff, but it was mostly out of Chicago,  
130 and still is. And these symbolic interactions predominated. But then later, different editors  
131 changed that completely. So now you don't see anything in that for twenty-five years. They  
132 create their own journal, the *Journal of Symbolic Interactions*. So, this problem— Now, there's  
133 an end to this quantitative approach in the social sciences. There is a division though, now,  
134 between the people that use surveys and people who talk about social networks. Now, some of  
135 the people in social networks still use surveys. But there's a group of them that use a different  
136 kind of model. They don't use the usual statistical model; they use something called block  
137 modeling, particularly they use something that's called lattice theory. This is something that  
138 comes out of the algebraic tradition, and it doesn't require necessarily the use of progression  
139 analysis. Now you could, but it doesn't necessarily. So today this group is a very strong group.  
140 They might be the strongest group in the American sociological area. And it goes into some  
141 anthropology, it goes into some—maybe some economics, but I don't know—but it goes into  
142 more than one area.

143 **CHODOROW:** What is the basis? How do they collect their data?

144 **CICOUREL:** That's the thing. Okay, now that's one of the problems for me. They maybe  
145 collect their data still through a quasi-survey method, but they don't map it onto some  
146 quantitative thing the same way. Now, this is changing slowly because of well, someone named  
147 Harrison White at Columbia [University]. Harrison was one of the founders of social network  
148 theory. He was one of the key persons in what was called mathematical sociology. His first  
149 Ph.D. was in physics at MIT [Massachusetts Institute of Technology]. Then he went to Princeton  
150 [University] for his sociology degree. Now, Harrison has gotten more and more interested in  
151 language in the past ten years at least and that's why I've had closer contact with him. I met  
152 him, actually, in 1970. We were both going to England. I was going for the year with my family,  
153 he was going for six months. We got on the boat to be going over. Harrison is someone who  
154 tries to combine formalisms, but more—not just statistical—but other kinds of mathematical  
155 models [?] with social network analysis. Now social network analysis, curiously enough, really  
156 has a socio-psychological background. If you look at the literature that's the kind of work that it  
157 really leans on. What they also have is a couple of works on language and social networks.  
158 Harrison pushed the language. In a recent dissertation by one of his students that I helped with  
159 at Columbia, David Gibson, he actually studied a banking group at Citibank [in] weekly  
160 meetings, I think it was. He would observe them and try to see who talked to whom about what.  
161 I'm just finishing the dissertation now. So that's a different change.

162 **CHODOROW:** I suppose that that has a lot in common, in a way, in which field research was  
163 done in symbolic in that you observe—

164 **CICOUREL:** Yeah, that's true.

165 **CHODOROW:** The question is, what are you looking for?

166 **CICOUREL:** Right. But in this case, one difference: Gibson didn't do what we would call a  
167 traditional ethnographic study. He didn't go and observe in the setting and hang around. But he  
168 did talk to people independently of the meetings to find out who they consulted about what  
169 issues.

170 **CHODOROW:** So, he had a set of formal questions that he'd ask everyone—and collecting  
171 information from each individual participant over a period of time.

172 **CICOUREL:** That's right. He didn't satisfy the people doing social linguistics and discourse  
173 analysis, because he didn't—He couldn't. He wasn't allowed to tape record. He would have if he  
174 had been allowed to. But he follows their kind of analysis, you see, so it doesn't fall easily. Now,  
175 one of the pioneers of this in my opinion is Peter Blau, who was at Columbia and then went to  
176 [University of] Chicago. Now Blau in his dissertation studied two groups in New York City: a law  
177 enforcement group and a welfare agency. He did some fieldwork. He went to the offices. He  
178 actually observed, and he interviewed them, but he was looking for more quantitative outcomes.  
179 So, you don't get the flavor of the ethnography; he gives it to you indirectly. He took tremendous  
180 field notes, but he doesn't show you them. He also doesn't really show you how he interviewed  
181 people; that is, what he asked and what they said back. It's not the usual symbolic interaction  
182 study. Now, his mentor was Robert Merton, so he was pushing some theoretical ideas from  
183 Merton. But he recognized the importance of networks. He clearly referenced in his dissertation  
184 the work of social psychologists in psychology. The symbolic interactionists are called social  
185 psychologists in sociology. They are not the same as social psychologists in psychology. That's  
186 very important. The social psychologists in our psychology department have nothing to do with  
187 the social psychologists in our sociology department. Never have. Now, I happen to have both  
188 traditions because I have an undergraduate degree in experimental science at UCLA. Then  
189 when I took a Master's I took more, but I took it in sociology and anthropology. At Cornell  
190 [University] I had a minor in psychology, and the guy on my committee was a social  
191 psychologist in psychology. So, I know what both sides are, pretty well. This is one of the pieces  
192 of it. This is why this department from the outset already had a different stand. What it started to  
193 do was to hire people in what they called comparative historical. And that remains a strong  
194 part—

195 **CHODOROW:** And that includes Andy [Andrew T.] Scull?

196 **CICOUREL:** Andy Scull.

197 **CHODOROW:** Who else?

198 **CICOUREL:** Well, that's interesting because a guy named— Boy, am I having trouble now?  
199 He's from Berkeley. Well, there's [Timothy L.] McDaniels, who would be considered a—

200 **CHODOROW:** Tim McDaniels. Chandra [Mukerji] would have when she was in the  
201 department.

202 **CICOUREL:** Yes, I think she would be. She was a symbolic interactionist, trained right down  
203 the line by Howard Becker. Then she moved into the historical, but she combines the two. Then  
204 there's a guy whose name that I'm really— [?] I'm falling off. I can see his face. Anyway, maybe  
205 it'll come back. And then even someone like—

206 **CHODOROW:** Do you remember what he worked on, this person you can't think of?

207 **CICOUREL:** Something with labor, I think. Then there's the anthropologist, Martha Lampland,  
208 who does some historical stuff in anthropology as well.

209 **CHODOROW:** Right.

210 **CICOUREL:** And even Apush Arunatash does some historical stuff on Hungary. He's more  
211 quantitative, but he does. But there's several more, and it's today, I think, the largest contingent.  
212 So today you have this sort of symbolic interaction, comparative historical and this minor—  
213 David [P.] Phillips does some statistical stuff. But Apush and a guy named Medrano—Juan  
214 Medrano. Juan Medrano and Arunatash came from [University of] Michigan with some  
215 quantitative background, but that wasn't their main forte. So anyway, the department then, in my  
216 opinion, by this time should have had a stronger quantitative group, okay, but they don't. They're  
217 known in the country as having this kind of more specialized kind of interests. Now, I think  
218 there's always been some respect for these interests, but the last review they had was not very  
219 good. It was negative. And I think my own personal view is that they're afraid to hire people who  
220 might reconceive this. It's threatening because they're going to challenge them. That's my bias,  
221 okay?

222 **CHODOROW:** What effect did the way the department developed have on its recruitment of  
223 graduate students?

224 **CICOUREL:** Well, I think it had some effect. I think that it tended to recruit students who were  
225 afraid of something quantitative—that's my own feeling—and who came with the idea that they  
226 didn't have to, therefore. And since then the faculty have pushed it. And what was really  
227 required was a kind of some course in statistics, which is still required now—some methods  
228 class. I think it's had an effect, and I think it still has an effect. But I think students started to get  
229 to know that, so that people around the country who knew people here would send people,  
230 students here with that kind of orientation.



231 **WESTBROOK:** What effect does it have on those students going on in securing tenure-track  
232 positions?

233 **CICOUREL:** I think it has an effect. It has an effect, I think, because it means that they are  
234 going to be limited in terms of which schools— This is my own kind of funny way of looking at  
235 this, but what schools tend to do—the big departments—tend to get someone in each area. And  
236 then they focus on other areas. So, like Seattle in [University of] Washington has always been  
237 known as a logical positivist enclave. But they did finally hire people in comparative historical,  
238 several good people. They hired Howie [Howard] Becker, finally. They hired, in other words, that  
239 the big thrust was statistical. Social psychology, experimental—there's no question who  
240 dominates the department. But then they figured to be well-rounded they had to get some of  
241 these other people, and they did. I think they did a relatively good job. Now, that's what I felt this  
242 department should have done was to hire really a good contingent of quantitative people.

243 **CHODOROW:** Right. The symbolic interaction would have been the center of the  
244 department, but they themselves[?].

245 **CICOUREL:** That and comparative historical. That's right. Exactly. But one of the big  
246 differences with comparative historical is there's nothing—no cliometrics kind of— There's no  
247 statistical orientation. The social network people have several people—a guy named Roger  
248 Gould in Chicago and Peter Bierman who just went to Columbia—who did historical work and  
249 converted to a lot of quantitative stuff. And then they did this network analysis. So that's  
250 something that I've been trying to push them to do here, to get a combination of that. But I don't  
251 think I'll be very successful.

252 **CHODOROW:** Let me just ask one more question about sociology. I knew all of these  
253 people, obviously, and saw their careers at least here, though I didn't know very much about  
254 them before they got here. One thing that I would say characteristic of the senior group that  
255 came here was that they weren't very productive once they got here.

256 **CICOUREL:** Yes.

257 **CHODOROW:** Was there something going on in the recruitment process that led to that? Or  
258 was it just consistent bad luck? I mean, what was going on?

259 **CICOUREL:** Yeah. You know, this is a problem because you hired somebody on the basis of  
260 their past record obviously, and you assume they're going to keep doing it. But I think I agree

261 with you that of the majority of senior people hired there was really far less productivity than we  
262 had expected. Now, that could be because, really, that's the reason they came. They were at a  
263 place where they felt they were having a hard time being promoted, let's say. It's hard to say.  
264 This could have been the motivation. I don't know. This is speculation on my part. But I think it is  
265 true that after they got here they were not as productive. I think that's pretty true. And I think this  
266 really hurt the department in that—

267 **WESTBROOK:** Was it part of the department culture, though, that allowed them not to be  
268 productive?

269 **CICOUREL:** Well—

270 **WESTBROOK:** It's been suggested that some of those early recruitments were hired  
271 primarily because they had good accomplishments, but they were hired with an eye to the fact  
272 that they could come in here and there would be nice people to sit and talk to about various  
273 issues.

274 **CHODOROW:** Great conversationalists.

275 **CICOUREL:** I'm sure that maybe it entered some peoples' minds. I don't know, I never thought  
276 of it that way. [Laughs] But I think that— One of the problems I think with this is that when you  
277 recruit that way and you don't know where people are vis-a-vis their own writing plans, I think  
278 once they get here—given that they're all senior-level professors—it's almost impossible to do  
279 anything with a senior-level professor at this university [University of California, San Diego]. At  
280 any university.

281 **CHODOROW:** Right.

282 **CICOUREL:** You can't do anything. It's not just here—anywhere. You can deny them merit  
283 increases, but they have to be practically doing nothing—

284 **WESTBROOK:** So, they either have the fire in their belly or they don't.

285 **CICOUREL:** And in one case we insisted on more teaching. The administration was pushing  
286 us. And this was a problem because that person wasn't that good of a teacher. So, what do you  
287 do then?

288 **CHODOROW:** That's a great dilemma, always. I had to face this when I was dean.

289 **CICOUREL:** Oh, that's the worst problem that any administrator has to face in, I think, higher  
290 education. What do you do with people like that? That's really a difficult situation. So, I'm afraid  
291 that's a problem. If anyone else is goofing up you can always, do something about it. Okay.  
292 Now, the medical school—

293 **CHODOROW:** First, you should tell us how you got collared—as a sociologist you got  
294 involved with it.

295 **CICOUREL:** Yeah. Well, look, I had done some research in medical centers. I spent a year as  
296 a postdoc, after I got my degree at Cornell, and I went to UCLA to the medical school. And I  
297 went there on a Russell Sage Foundation scholarship. I worked both with a guy in—it was going  
298 to be family medicine; he was a pediatrician—a very good one. I worked in the School of  
299 Nursing as well. Now, the School of Nursing had a sociologist and an anthropologist. It was a  
300 curious kind of thing. And they were— One of them— Maybe it was because it was Russell  
301 Sage money, they were trying in those days to beef up the School of Nursing and they were  
302 giving a Master's degree. They asked me if I would teach a method's course for the Master's in  
303 Nursing students. And I helped this other guy, develop a family medicine course for medical  
304 students. Then I also spent a lot of time learning about the medical center. Then I was asked to  
305 go up to UCSF [University of California, San Francisco] by a woman named Helen Nahm, the  
306 dean of the School of Nursing. She wanted to start a department of sociology inside the School  
307 of Nursing. She had heard about me, and I had given two weeks of lectures up in Berkeley at  
308 the Claremont Hotel, sponsored by the National Institutes of Health group, a nursing group. And  
309 they asked me if I would come, and I said, "Well, look, for me to come"—I was an assistant  
310 professor—"it looks really nice, I'd like to be in San Francisco. But starting a department as an  
311 assistant professor, I think, is crazy. I don't think I should be in the School of Nursing at such a  
312 young, early part of my career." So, I said no. Well, then I went to Northwestern [University] and  
313 I went to see Anselm Strauss. Anselm Strauss had been denied tenure at University of Chicago  
314 even though he was extremely productive. That was the university turning them against the  
315 symbolic interactionists. The quantitative people were taking over, and so he didn't get tenure.  
316 He was working at Michael Reese Hospital in Chicago, and he had a research group there. I  
317 went to see him and he told me that he was being considered by UCSF. Then I said, "Great.  
318 Why don't you go?" And he said he didn't think he was going to go because he was really  
319 soured on sociology. So, he asked me if I wanted to go. Again, I said, "Well, I thought about it. I  
320 just didn't think I wanted to go." Well, he recruited Fred [Frederick] Davis and a couple of other  
321 people instead. And he went there and started a sociology department in the School of Nursing

322 that still exists. It's totally non-quantitative, totally symbolic interactionist-oriented primarily.  
323 One person in the department, however, does some epidemiology. She was one of the first  
324 doctorates of our program here. She married the other guy who used to be chancellor there—  
325 Lee. She may still be there. Anyway, she was the only one who doesn't have this sort of  
326 background. So, this was one of the reasons why— When I heard from Joe [Joseph] Gusfield  
327 that there was a position here— He said he had two positions: one in the department and one  
328 through the school of medicine. I said, well, that interested me because frankly, I didn't want to  
329 be just in sociology.

330 **CHODOROW:** Joe had managed to get an FTE [Full-time equivalent] from medicine on the  
331 Bonner plan—

332 **CICOUREL:** The Bonner plan; that was part of the Bonner plan.

333 **CHODOROW:** And this was going to be a unique position for a sociologist.

334 **CICOUREL:** Exactly. When I came down I interviewed everyone in the medical school— Joe  
335 had had several other candidates that they didn't accept, so they said they would accept me. I  
336 said fine, I'll take it. That meant they paid my entire salary, I had an office in both places. I  
337 became chair right away of sociology which meant that I would then sit in on the council of  
338 chairs, which I did for seventeen years until I got tired of it. Now, I sat in even though I wasn't  
339 chair because no one in sociology wanted to do it. Since I was the one teaching there— And I  
340 started off teaching medical students; the whole class was about fifty then. I had a class of my  
341 own. Frankly, it was a great class. I did that for two years and the students were terrific.

342 **CHODOROW:** And your focus was on interviewing and how to get information from people?

343 **CICOUREL:** How to interview medical patients, how to deal with patients from a minority  
344 background, how to be concerned about the fact that there was always some research showing  
345 that people from different ethnic backgrounds have different kind of complaints but maybe the  
346 same illness. Then I had them tape record interviews with patients at the VA [veteran's  
347 administration hospital] mainly, and I went over them and criticized them and they wrote papers  
348 on them. They were really good papers. Then psychiatry decided they wanted to take this over.  
349 Lew [Lewis] Judd was the one who really pushed that, not Arnie [Arnold] Mandell. That's Lew's  
350 job. And they took it over, and then they took away my class and they changed the curriculum.  
351 Frankly, I was quite annoyed about it. And they set up, in effect— First they had no committee

352 of the— Because of protests from community and family medicine and pediatrics, they finally  
353 had a committee that had me on it and someone from pediatrics and someone from community  
354 and family medicine. But they were people in family medicine who were really marginal. I mean,  
355 Ruth Covell was on there, for example. She didn't really have a strong appointment in that  
356 department. She just had an adjunct, I think. So that committee was run by Igor Grant, and he  
357 ran it—as far as I'm concerned—without really letting us know—at least not me, anyway—what  
358 was going on all the time. I finally got tired of it and I didn't like the courses they set up. I felt  
359 they were not adequate. They were all "cafeteria courses". I insisted that we have a committee  
360 that taught the courses. Otherwise, why have this committee? He said we're a committee that  
361 organizes the courses that other people would come in and teach. Now, I lectured—

362 **CHODOROW:** A couple of lectures here and a couple of lectures there?

363 **CICOUREL:** Well, that's just not uncommon in the medical school for some classes. The  
364 cafeteria, you bring people in from the community—they love the idea of teaching and they can  
365 start teaching in the medical school. But the students—I mean, as far as I know; you've got to  
366 check this—they complained every year. Every year they would patch it up. We had several  
367 courses. Now, I don't know if they complained as much about the course on development. That  
368 was, I think, better organized by Marty [Martin] Stein. And I think Marian Dickson did that for a  
369 while. But still, it was cafeteria. I really felt it should not be. I said, well, why have people  
370 teaching the medical students who don't really know this area? They said, well, we can't all  
371 cover the areas. I said well, then we have to learn. But I'm afraid that didn't go down very well.  
372 So, I'm afraid the animosity—from me, anyway—between myself and Lew Judd in particular.  
373 Igor was always very nice and everything, but at the same time I always felt he was taking his  
374 orders from Lew. I still feel that way. And finally, I got so upset about it I went to see Bob  
375 [Robert] Petersdorf who was the dean, and said you know, this is baloney what they're doing  
376 here. They are not good courses. There are always complaints. I think they need to totally be  
377 revised. He said, I agree with you Aaron, but I'm not about to give up whatever clout I have as  
378 dean to fight a few chairs about this, particularly Lew Judd. That's what he told me. He said I'm  
379 sorry. So, I resigned from the committee. I refused to teach those classes and I started teaching  
380 elective classes. In the meantime, Igor had already— I'm sorry, I didn't resign. I was still  
381 teaching. I resigned from the committee, but I was still teaching. Then gradually Igor cut down  
382 my teaching until I had almost nothing. And then in one chairs' meeting Lew Judd—I was  
383 present—said, "I think we should cut out or eliminate Aaron Cicourel's FTE because he's not  
384 teaching anymore." They were very clever, okay, about this. Of course, I got rather angry and

385 pointed out to the chairs that they did this deliberately. Of course, I had some friends in basic  
386 sciences in the medical school who came to my defense. And that's how I stayed on. But it was  
387 a rather bitter experience, because I also wrote a several page memo [memorandum] to the  
388 group, the dean and the group that was in charge of making innovations in the curriculum. I  
389 suggested that they start a course on computer literacy among medical students and to teach  
390 them about medical expert systems, because I had been teaching a class with Gershon  
391 Greenberg on computer applications. We had a small class—it was a very good class and we  
392 had a lot of fun. But then Gershon went to Brown [University] and I was left holding the bag, I  
393 felt. I told them, well, I can't do it without a physician. And there was no one else there.

394 **CHODOROW:** And he was a physician and a computer scientist.

395 **CICOUREL:** Right. He had a Ph.D. So, this was really difficult for me. I put in this proposal  
396 after he left. People said, "Oh, this is a really nice proposal" and so on, "but we don't have the  
397 resources." And this has, in my opinion, been the problem with them: they never want to put the  
398 resources in for this. UCSF [University of California, San Francisco] had a doctoral program  
399 then and I knew the guy who started it. He was a physicist who became a radiologist. A pretty  
400 nice guy. He died. Floise was his name—Martin Floise. So, UCLA then started their program.  
401 And here—nothing. So, I said, this is crazy. They would not devote any resources to it. And so, I  
402 thought this was crazy, and I tried to get [the school of] medicine to have a course that would be  
403 different from the one that they taught to the medical students in their first year. That would  
404 make sure that their students in their 201 class—which is a basic medicine class which is  
405 required—that I would have the students record their interviews and show them what the  
406 problems were, because they were having a number of problems then with students. I said, "I'll  
407 do this as part of my work; you don't pay anything." And they wouldn't do it. They said, "Well, we  
408 can't take the time—" I feel that the medical school has always been negative about bringing in  
409 social behavioral sciences, even though they had this sequence. Now, the place where you'd  
410 find some social behavioral sciences was in community and family medicine. But the problem is  
411 that community and family medicine—as far as my own perception was—they never had  
412 enough power to push this on the whole school. That's my feeling. I think that if medicine had  
413 picked up something like this, it would have been a different story. But community and family  
414 medicine pushed epidemiology, they brought in people doing economics and medicine—  
415 different things that I think were interesting, but I just don't think that they could push it in terms  
416 of even those courses. There was one course that always prevailed and always organized that  
417 involved HMOs [health maintenance organization] and economics and stuff like that. Again, I

418 feel that because it was cafeteria-ized I just didn't think that it made any sense. I think that the  
419 medical school missed the boat in terms of me, anyway. It was a wasted FTE, in one sense. I  
420 tried. I tried. I gave you those courses. I don't feel I really succeeded, because I feel that faculty  
421 just were totally indifferent.

422 **CHODOROW:** Talk about that transition for a second. In the first couple of years when you  
423 were giving your own course—and all the students were taking it, the school was in a different  
424 state, was it not?

425 **CICOUREL:** That's right.

426 **CHODOROW:** It was much— The departments were less powerful at that point. Or—?

427 **CICOUREL:** Well, I don't know if I would say they were less powerful, but I think I would say  
428 that everybody talked to each other. It was still small. Everybody had to help each other  
429 because we didn't have enough faculty and much less clinical people to do what was  
430 necessary. At that time people didn't really care, frankly, well, some of them— Pediatrics cared,  
431 Community and Family Medicine cared when Psychiatry said, "We want to take over this,  
432 because we're the rightful people to do this." And they still feel that way. I don't think so.

433 **CHODOROW:** Who made the decisions? Was it the dean who made the decision to— ?

434 **CICOUREL:** Well, if a chair like that pushes and he gets, in this case, other departments—and  
435 which he did—to go along with him, like surgery or something, say, then for the dean it's, "Well,  
436 why not?" Right? At least it's got a stable departmental backing. Administratively, it makes  
437 sense. But what they ignored, I think, was that substantively it didn't make sense because they  
438 simply didn't have, enough range to cover everything that they— What they wanted was to  
439 control. After a while the control issue, I don't think, was so much a concern for them. But once  
440 they had it, they might as well keep it, I guess. But I think it was a matter of control; that they  
441 saw that if I was teaching interview skills and so on, that this was not a good idea to have  
442 someone out here who didn't have department status. At one point they asked me if I wanted to  
443 be in the department, and I politely said no.

444 **WESTBROOK:** I was going to say, is this the old classic "insider/outsider" problem of, you  
445 know, you don't hire a Baptist to interview Jews about philanthropy?

446 **CICOUREL:** Yeah. [Laughter] Well, okay. It certainly is a difference in style, because— There  
447 was a course, a psychopharmacology class as part of this sequence. At that time, the person  
448 that helped organize it was a friend.

449 **CHODOROW:** Not Sam?

450 **CICOUREL:** No, not Sam [?]. Oh, he left sometime back. He was terribly involved in that  
451 football-drug scandal.

452 **CHODOROW:** Oh! Arnie—

453 **CICOUREL:** Arnie Mandell.

454 **CHODOROW:** —Mandell.

455 **CICOUREL:** Okay, Arnie Mandell—

456 **CHODOROW:** [To Westbrook] You didn't know about this? He had a—

457 **WESTBROOK:** Was Arnie the bicyclist?

458 **CHODOROW:** No, no. He was a psychiatrist to the [San Diego] Chargers for several  
459 seasons, and he was doing some projects down here. It turned out that he was also supplying  
460 players with various drugs. Psychopharmacology was involved and it was a big scandal.  
461 Basically, Arnie lost his license for a time.

462 **CICOUREL:** I think so, yeah. He did.

463 **CHODOROW:** And then he went to Florida.

464 **CICOUREL:** But anyway, he taught this class. He organized it. He and I used to debate—  
465 because I knew him from UCLA. He was chief resident when I was a postdoc and that was a lot  
466 of fun. Then I brought in a social science perspective on deviance and mental illness. But that  
467 was eventually cut out when Arnie left. I felt that it was not a good place for me to be. I knew a  
468 number of the residents in psychiatry. I didn't think they were getting appropriate training on the  
469 interview part myself, but I had a different orientation then from the people who were giving the  
470 training. I'm afraid that it just never worked very well. I always felt marginal in the medical  
471 school.



472 **CHODOROW:** Is there any medical school in the country that does it right for its medical  
473 students, do you think?

474 **CICOUREL:** That does it right?

475 **CHODOROW:** Yeah.

476 **CICOUREL:** Michigan State [University] had a pretty interesting group. And actually, Wayne  
477 State [University] actually did too. But the difference is that in Wayne State they had it out of the  
478 Department of Medicine—a big difference.

479 **CHODOROW:** So, it was the most powerful department?

480 **CICOUREL:** Right. A big difference. But I don't know of any other medical school that's ever  
481 done it right, frankly. But see, the state mandates that you teach something on alcoholism,  
482 sexuality, and something on doctor-patient relations or something like that. So that's the  
483 mandate. But my feeling is that, you know, psychiatry could claim, "Well, we know about  
484 alcoholism and we know about sexuality," they could claim. Although I don't know if that's  
485 necessarily true, because the people in who actually talk about sexuality the most are people in  
486 reproductive medicine.

487 **CHODOROW:** Sure.

488 **CICOUREL:** Okay? But they never were involved except on the cafeteria course. They'd bring  
489 someone in from outside who would— This one woman, I remember she used to bring in a  
490 patient and give a demonstration of this hydraulic device that you'd put on your penis. And she'd  
491 use it with this guy in front of the medical school class. He showed how you'd get an erection  
492 with this device and hold it indefinitely [laughs]. This guy was about sixty, and he was saying  
493 how this device changed his life. But that was—

494 **CHODOROW:** This is pre-Viagra.

495 **CICOUREL:** Yeah, exactly.

496 **WESTBROOK:** I was just thinking the same thing. I've heard those same sorts of claims  
497 about changing lives.

498 **CICOUREL:** Well, there were some interesting things that were done. I mean, we had a panel  
499 that brought in a physician who had been a drug addict, an alcoholic and mentally ill who talked  
500 to the medical students. I think that was useful. But I personally think that they didn't make the  
501 best use of the social science faculty on campus as the Bonner plan was supposed to do. I  
502 could have done a lot of that because I was already on the campus. I could have brought people  
503 down; I couldn't get them to do it. They wanted their own people. A lot of the people— As I said,  
504 the cafeteria courses were filled by people who were in practice in the community.

505 **CHODOROW:** So, in following up what Brad was saying earlier, it sounds a lot and conforms  
506 to what I've seen elsewhere: that basically, in the medical school, if you don't hold an M.D. you  
507 are an outsider and you know less about it by definition.

508 **CICOUREL:** Yes. The only difference that can be made there is if you are a biochemist and  
509 you're doing research on areas that medical people recognize as relevant, they will be much  
510 more cautious. The same would be true for—and it depends on the department, again—let's  
511 say, someone in bioengineering that works in the department of orthopedics. They have to do a  
512 lot of engineering problems. Otherwise, if you didn't have some basic science connection in  
513 terms of doing a biological area, like maybe genetics, that had some relevance, then I don't  
514 think they would be accepted. Now, that's why a lot of people in the medical school felt a little—  
515 after the Bonner plan had been going for some time—that they should stop it and that they  
516 could teach the basic sciences. The people in chemistry and biology felt that they were not  
517 capable of teaching. And that division remained all that time that I was around.

518 **CHODOROW:** Yeah. And now the Bonner plan is essentially history.

519 **CICOUREL:** Yes, it's gone, that's right. In the council of chairs, the people who raised the  
520 most trouble for other people often was Herb [Herbert] Stern, Jon [Jonathan] Singer. Who else?

521 **CHODOROW:** Murray Goodman.

522 **CICOUREL:** Murray Goodman, that's right.

523 **CHODOROW:** He was from chemistry.

524 **CICOUREL:** That's right. These people would raise questions. But I felt that the medical chairs  
525 were really, for the most part, indifferent. They really didn't care about it.

526 **CHODOROW:** I was musing about the medical school this morning as an institution. One of  
527 the things that people always say about medical schools is that the competition is absolutely  
528 ferocious amongst the departments and amongst individual faculty. I've talked to senior faculty  
529 members who've said they have had to go to every department meeting, because if they missed  
530 a meeting their lab would be in the corridor the next morning, right? It has the image of a shark  
531 tank. It doesn't matter where you are in the world, that seems to be the case with medical  
532 schools. Do you have any observations about that?

533 **CICOUREL:** Yeah. That's really a hard one to comment on, because I really was an outsider  
534 in that sense. The only comments I could make is that within the council of chairs I would say  
535 that's really true. Because I always remember a famous remark from Bill [William] Nyhan to  
536 pediatrics—

**[END OF PART ONE, BEGIN PART TWO]**

537 **CICOUREL:**—"look, I'll have someone in here from pediatrics." But he said, "You look out also,"  
538 he said, "because I don't trust anyone in this den of thieves." [Laughter] For him it was the  
539 question that you could lose space or any number of things could happen. But my  
540 understanding is that within departments, divisions make a big difference. Every department has  
541 divisions—every department—and the chair then delegates. It depends on the chair, of course,  
542 right? Now, if you have a strong division head and that division head will fight for people in that  
543 division with respect to the chair and other people. You have to know—and this changes over  
544 time—who is the division head and how much they're going to fight.

545 **CHODOROW:** It's interesting. Do you think that the fact that the medical school departments  
546 have clinical practices which bring in huge resources and which are also resource dependent—  
547 that is to say, the more space they have, the more capacity, the more they will, in fact,  
548 remand—as well as having research activities and teaching activities that the addition of that  
549 resource pool makes the competition that much more?

550 **CICOUREL:** Well, you know, I don't have a good sense on this, but my understanding is that  
551 the clinical program in this medical school always had trouble surviving. There were always  
552 deficits. So even though that's where you would hope the income would come in, my  
553 understanding is it never came in to the level that people expected it to. Now, I think one of the  
554 things that's involved here—and I don't know if I can make this clear—is in the Bonner plan,

555 Bonner didn't want the medical school to cut up its FTEs. I think they had a lot of people's full  
556 FTEs, and the number, I think, maybe it went down to half. Now, at UCSF and UCLA on the  
557 other hand, they had few people with full FTEs. That meant you had to raise part of your salary  
558 elsewhere, so that was part of the deal. Now here, this meant that the clinical people almost got  
559 no FTEs. So, it was just all basic science. That's where most of the FTEs went. The clinical  
560 people always complained that they didn't have enough. Now, there were some people that did  
561 but they were usually doing some research, also, always. I think that the whole monetary thing  
562 was a problem between— Because the clinical people feel they were not getting their share of  
563 the resources so as to make the clinical program even better. And the basic science people feel  
564 that this medical school was really founded on really outstanding basic science and that you had  
565 to keep it that way. Otherwise, it becomes just another medical school. So, you obviously can  
566 argue it both ways. If you have limited resources, then you're in trouble. Since there's always  
567 been limited resources, right, except at the very beginning. And then they had trouble clinically  
568 in town because it was an "over-doctored" town. So, you had a hard time getting people to  
569 come. I think when the serious problems came, I don't think this administration—I mean from  
570 the chancellor's level and the dean of the medical school—pushed hard enough to get an  
571 agreement that was almost there with Children's Hospital. It was just—an agreement and it fell.  
572 Now, I think that was a terrible mistake, myself, because University Hospital has never been  
573 able to get enough pediatric patients, and most of the patients they do have are undocumented  
574 aliens. And a huge number of the obstetrics there is the same thing. Without that, they would  
575 probably have a terrible time surviving. So, the Children's, it seemed to me, was really crucial.  
576 But it was right, practically there, and the chair at the time didn't push it. He was someone who  
577 really didn't rub well with the administration at Children's, the administration itself didn't see this  
578 as really important. They didn't push and they lost, in my opinion, a crucial opportunity—  
579 especially since all of our residents were at Children's. I mean, where the hell else do you think  
580 they kept residents, for God's sake? It was just crazy. Our attendees would go there as well. So,  
581 you know, you had this situation that just doesn't make any sense. I think that really was a  
582 terrible, terrible mistake. I think, hurt the medical school. You know, people argue this in  
583 different ways: during different times they were talking about joining Scripps Foundation, joining  
584 Sharp [HealthCare]. But you see, this town is so over-doctored and all these places are having  
585 trouble. Now it seemed to me that you have to do something. But, you know, I don't know how  
586 they see it. Maybe they see it as giving up too much or whatever, I don't know. But I think the  
587 economic thing is complicated, because you have a huge number of people who are adjunct  
588 appointments whose entire salary, practically—a small amount from patients—is from the drug

589 companies, running clinical trials. Now, that's not uncommon in medical schools. But we've lost,  
590 in the last ten years, a huge number of really good clinical faculty. They've gone to Sharp,  
591 they've gone to Scripps Clinic, they've gone to Swift Memorial [Hospital], they've gone to Kaiser  
592 [Permanente]. We've lost really a lot of good people.

593 **CHODOROW:** Interesting. Brad, do you have anything that you want to ask? This was a very  
594 good interview.

595 **WESTBROOK:** It was good.

596 **CHODOROW:** Very good.

597 **CICOUREL:** Well, I'm sorry to have caused you this trouble. [Laughs]

598 **CHODOROW:** No, well, it turns out to have been a very good thing. This is very good. This  
599 was very good.

**[END OF PART TWO, END OF INTERVIEW]**