

Sociological problems can be investigated using a variety of methods. These methods and the theories that shape them often influence not just how questions are asked but how they are answered. Distinct sociological methodologies encompass two schools of thought-- one scientific and more Durkheimian and another --humanist and more Weberian. This paper will examine how these approaches to sociological research inform a study of treatment and outcomes for depression in neighborhoods of distinct socioeconomic status (SES). The differences between these approaches in their framing of the research question, definition of what constitutes data, methods of data collection and analysis, highlights that methodologies are not neutral tools. In fact, they are quite the opposite—they are active constructs that influence the very nature of sociological inquiry itself.

Researching the diagnosis, treatment, and outcomes for depression in neighborhoods of distinct socioeconomic status from a positivist perspective requires that this study be designed purely around observable data that is removed from individual interaction. According to Durkheim, social facts or social phenomena are “things and should be treated as such.” (Durkheim, 1982[1843]). A positivist study would seek to describe how depression is treated and what outcomes these treatments predict relative to socioeconomic status. Within this perspective, what constitutes depression is not open to discussion—rather it is an objective, or more accurately, an observable event within an established set of indicators. To paraphrase Neurath “there is no depression, only depressed people.”

If there are only depressed people and not depression, a classic positivist study should be able to measure variance in depressed people relative to socioeconomic status by aggregating the number of people who are diagnosed with depression in neighborhoods of different SES. Using this framework, I would select six research sites, 2 each in areas with high, middle, and low SES. Then, I would correlate public health surveys that code for depression using strict DSMIV criteria with SES. The second part of the study would select two treatment centers within each neighborhood that treat depression using identical interventions (e.g. cognitive behavioral therapy, psychodynamic intervention, etc.) Pre/Post surveys would be conducted for those patients receiving treatment. Pre surveys that measure levels of depression consistent with the DSMIV would be collected during intake and post surveys would be conducted at 6, 12, 24, 60, and 120 months after treatment. Of course, there would also be control groups at each site that did not receive any treatment and were surveyed at each of the time markers. The collection of this data would enable a long view of any differences or similarities in the class context for the diagnosis, treatment, and outcome of depression.

It should be noted that this is not a strict logical positivist approach because the surveys involve short observations of individuals and require subjects to answer some questions—therefore the subject's perspective through self-report makes its way into the study. However, this self-report should be balanced by the observations of the researchers which provides a mechanism to distinguish between self-report and observable behaviors that correlate with depression.

A more humanist approach to this topic would entail a different study. Using a Weberian framework the central data is the observations of the researcher, the content of

interviews with patients, therapists, and other treating staff, as well as the observations of the neighborhood and broader ecological context. This study would follow Weber's assertion that the central characteristic of sociology is "interpretive understanding of social action and thereby with it a causal explanation of its course and consequence." (Weber, 1968) Thus, to fully understand the mechanisms, assumptions, and constructs that are at work in the treatment and outcomes of depression it is necessary to not only observe social interactions but also to investigate the peoples' own formulations of depression, treatment and outcomes.

This study would use the same structure for research sites as the one described above. I would select six research sites, 2 each of high, middle, and low socioeconomic status. I would observe how the therapists decide that someone is depressed by attending staff and supervision meetings. During these meetings, I would also observe how decisions are made about treatment and involving family in care. Acting as an observer, I would be a member of the "out-group" (Schutz) who is able to examine the "reality of everyday life" (Berger & Luckman) as it operates in these treatment centers. Detailed notes would be taken to record as accurately as possible decisions about patients. Additionally, I would interview patients who have elected to talk to me about their personal history and care. These patients would be followed at 6, 12, 24, 60, and 120 months post treatment. Site visits back to the treatment center and interviews with staff at these time markers would also occur. Extensive observation of the communities that each of these treatment centers are located in would be conducted to gather a complete context of the ecological environment.

Each of these methods have strengths and weaknesses for gathering a sociological understanding of the treatment and outcome of depression as it relates to socioeconomic status. The positivist approach allows for an extensive look at the issue on a large scale. Certainly, gathering the correlation of public health surveys of depression with SES would offer interesting information whether depression is more or less prevalent or static with regards to class. This information would be easily replicated by other researchers and thus the findings would likely be more accepted within the larger social science community. If any differences are found, this method is less able to offer explanations as to why these differences exist.

Some might claim that this approach is less biased than a Weberian one but I would argue that the design of the questions in the pre and post surveys as well as the larger Public Health data are not value free—rather they are reflections of current social perceptions about normative mental states. For example, in the 19th century women who exhibited frustration with staying at home were designated as neurasthenics and proscribed a rest cure. Today, these women would most likely not have a “medical” problem—they would work outside the home and consequently have no mental health issues. (This is a gross oversimplification of neurasthenia but I use this crude example only to illustrate the above point.)

A more Weberian methodological inquiry is able to provide a thick description of the ecological, social, economic, and political environment that these treatment centers, patients, doctors, and the larger communities operate in. This investigation is able to explore not just possible correlations between socioeconomic status and treatment and outcome of depression but also how these correlations came to be. The interviews

provide crucial detail that is missing from a positivist study. Some might argue that this research is not replicable and while as described this is a large and expensive study, it stands to reason that if one went to treatment centers with the same orientation to care in high, middle, and low socioeconomic areas and conducted observations and interviews similar findings would emerge. However, this study is less feasible to conduct in terms of time and resources. It takes a long time to become a person that people in the “in-group” will discuss more thorny and complex issues that often are the most relevant to the issue at hand.

In many ways, I view the divide between “scientific” and “humanist” methodologies to be a false dichotomy. I see scientific methods as influenced by the stance of the observer and humanist studies as possessing a methodology that is “scientific.” Although many people just pay lip service to mixed methods-I see this form of research as the most complete and rich kind of work. Perhaps, to play off Harding, I am a social scientist who argues for a ‘realist humanist’ tradition. As a joint student, I live between the tension of two disciplines and I believe that my methodology will also be situated within the tension between two distinct orientations to the world.

