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## SYMPOSIUM

# Clinical Sociology: Origins and Development

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*John Glass and Jan Fritz*<sup>1</sup>

Articles about clinical sociology - including its definition, scope, and relation to sociology and other fields - have appeared with regularity during the last three years (e.g., *The American Behavioral Scientist* issue on clinical sociology edited by Straus, 1979; Schwartz, 1979; Franklin, 1979; *The Journal of Applied Behavioral Science* issue with an article on clinical sociology by Glassner, 1981, and responded to by Glass and Fritz, 1981, and others). A few articles have discussed the development of the field (Lee, 1979; Franklin, 1979) but the detailed history has yet to be written. The three papers presented here — by Louis Wirth, Warren Dunham and Jonathan Freedman — along with this introduction, contribute to our understanding of that history.

In 1931, Louis Wirth, one of the most prominent sociologists of his time, published his article on clinical sociology in the *American Journal of Sociology*, the most prestigious sociological journal of the day. His article, as timely today as when it was written 50 years ago, provides a rationale for clinical practice that recognizes the value of theory and the opportunity to combine theory and practice for the benefit of both.

Wirth's paper makes a strong case for the significant role that sociologists can and did play in the study, diagnosis and treatment of personality disorders because of their expertise about the varying effects of socio-cultural influences on behavior. He provides ample justification for staffing every hospital, medical center and mental health clinic with clinical sociologists.

Wirth saw the roles of researcher and practitioner as equally valid and envisioned that both practitioner and scientist would benefit from the emergence of clinical sociology.

Wirth's article was first brought to our attention by Warren Dunham in his presentation at the 1972 American Sociological Association meeting. Dunham said he wanted "to carve out a new field of clinical sociology" in part by discussing the "historical antecedents, that is examples of research that have had a direct contribution" to the field.

Dunham sees clinical sociology "as a tool for analysis of both personality and society" but says its "central use . . . is . . . the study of the problem personality." Like Wirth, Dunham sees a role for clinical sociologists working alongside psychiatrists and psychologists to determine which therapies are best.

Dunham thinks the research techniques of the field are interview, life history and observation - techniques that were downgraded as survey researchers and quantitative analysts became dominant.

John Glass obtained a copy of Dunham's paper at the 1972 American Sociological Association meeting. Glass had been working as a clinical sociologist for some time and had discussed the need for a clinical sociology in his 1971 article in *The Journal of Humanistic Psychology* and his 1972 book *Humanistic Society*. The Dunham paper reinforced Glass's interest in the development of the field.

At the 1976 American Sociological Association meeting, Glass held a roundtable discussion entitled "Clinical Sociology: A New Profession?" Jonathan Freedman attended that roundtable and subsequently co-authored the first textbook on clinical sociology (Glassner and Freedman, 1979).

Freedman presented the paper included in this section at the 1980 meeting of the Society for the Study of Social Problems. He assumes, as do the co-founders of the three year-old Clinical Sociology Association, that sociologists work on both the micro and macro levels. We would go beyond Freedman's description, of macro, however, to include work not at only the local level but the national and international ones as well.

Freedman discusses some issues scarcely touched on by Wirth and Dunham but of concern to contemporary clinical sociologists. He writes about the qualities of a competent clinical sociologist and the realities of practice by sociologists in light of licensing laws and other considerations regarding private practice.

The issue of licensing primarily arises for those in mental health work. Clinical sociologists in this area may find that current laws restrict their practice. As a gerontologist who has written us puts it:

For the past fifteen years I have been doing research, teaching, and practice in gerontology. I am continuously frustrated by the fact that I cannot legally use my training and experience to do numerous kinds of counseling or therapy despite the fact that I am acknowledged as an "authority" on family relations of older people, personal adjustment to aging, retirement and numerous other issues. The irony is most obvious when I serve as consultant to the many who have the "appropriate" degree but no academic research or clinical experience in aging.

As clinical sociology emerges both as an interest group and as an organization of practitioners, there are areas of disagreement and controversy. Freedman's article deals with two of these: the issue of certification and the definition of the field. The leadership of the Clinical Sociology Association wants the field to embody any change effort that employs a sociological perspective and doesn't want to see the field become narrowly identified with health care.

It is ironic to note that while there has been increasing recognition among psychologists and other helping professions as to the need to look at problems of individuals in terms of their social systems, sociologists have steadfastly maintained that their role is to engage in a scientific activity for its own sake and leave the intervention and implementation for change to others. Nelson Foote (1974: 125-34) deploring this states:

The best management consultants and best organizational theorists ought really to be indistinguishable. Yet at present it is as if they inhabit two different worlds, or at least speak two different languages. And organization theory is only one example of the present gulf.

Much is to be done if indeed clinical sociology is to develop in a direction that will benefit sociology as a discipline and society as a whole. A body of knowledge - emphasizing theory and research specially relevant to the application of sociological knowledge - needs to be identified and developed. We also need to define problem areas where sociological skills and knowledge can be utilized, develop graduate and post-graduate training programs and job opportunities for well-trained sociological clinicians. With this will come the redefining of sociology to include recognition and acceptance of an interventionist role and a revitalization of the whole field.

The three articles considered here, along with the appearance of this first issue of the *Clinical Sociology Review*, are major steps in that direction. As the first and second Presidents of the Clinical Sociology Association and as two of the co-founders of the organization, we are delighted to see the interest and attention that clinical sociology has generated. We look forward to the growth of this most exciting and challenging movement.

## NOTES

1. John Glass, the first President of the Clinical Sociology Association, has a private practice in Studio City, California. Jan Fritz, the current President of the Clinical Sociology Association, teaches at Georgetown University.

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