Notes on the History of Clinical Sociology at Yale

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ABSTRACT

This article recounts one version of the attempt to create a department of clinical sociology in the Medical School of Yale University in the late 1920s. The theoretical perspective of Alfred Schutz is used to turn attention to the linkages of generations of sociologists reflected in the construction of our history as told to young sociologists by their elders. Historical documents and the recollections of John Dollard are used to recount the history of attempts to develop support for the Institute of Human Relations, including a department of clinical sociology at Yale Medical School. The idea was supported by Dean Winternitz of the School of Medicine, but drew powerful opposition from other Departments at Yale and from Abraham Flexner, whose report on American medical schools set the course of medical education in America.

The science of history has the momentous task of deciding which events, actions, communicative acts to select for interpretations of “history” from the total social reality of the past. (Schutz, 1984:61)

A recognition of the tentative nature of our past is necessary when we attempt to reconstruct the history of clinical sociology. Understanding this history requires information about a complex intertwining of lives, organizations, politics, and science that has never been completely passed on from preceding to current generations. The history of clinical sociology at Yale is a case in point.

This work on the history of clinical sociology has been guided by Alfred Schutz’s thoughts about the sociology of knowledge (Gordon, 1981). As Schutz (1962) points out, people use the knowledge of the past to deal with their situation in the present. For instance, when Glass again turned attention to the practice of clinical sociology at the 1978 meeting of the American Sociological
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Association (ASA), clinical sociology was viewed by some listeners as a new development. However, it had existed as a concept for at least 50 years (Freedman, 1982). The concept had lain dormant, although there were sociologists involved in clinical research or practice. But many sociologists and representatives of the self-defined "mental health" disciplines believed that sociology was not and had never been "clinical" and used that construction of the past politically.

History may be viewed as a communicative act which must be passed on from one generation to another (Schutz, 1973:89). The tales that are told can link or separate the young and old. For complex reasons sociologists passed on a construction of their past that did not incorporate the idea of clinical sociology. Although its history is as long, if not longer, than the history of clinical psychology or psychiatric social work, students were not taught about the concept of clinical sociology for over forty years. An application of Thomas' "beneficent frame" (Wirth, 1931) shows that the belief that sociology had never been clinical, although unreal, was real in its consequences.

For example, in 1981 the report of the ad-hoc ASA committee on certification (Freedman, Gordon, Crittenden and Berger, 1981) was presented to the ASA. At the time, some members of the council articulated the belief that clinical sociology was a fringe endeavor practiced outside the academy and that it had been spurned by the fathers of sociology. (In those years, the search for mothers had just begun.) The very struggle to establish clinical sociology once again called for an investigation into our past in order to understand our present and shape our future (Gordon, 1981).

By 1981, little was remembered about a proposal to create a department of clinical sociology at Yale. Neither Wirth's (1931) early discussion of clinical sociology nor Dunham's (1982) later history mentions Yale's plan. Yet, the term "clinical sociology" itself was used by Milton Winternitz, dean of the School of Medicine at Yale University in a speech he gave at the dedication of the Social Science Building at the University of Chicago in 1929 (White, 1930).

In a paper on Winternitz, Viseltear (1984) identified some of the social processes involved in the emergence and disappearance of the plan for clinical sociology distributed by the Human Welfare Group at Yale. With the publication of this article, a history of clinical sociology at Yale was resurrected for those who read the Yale Journal of Biology and Medicine—but not every sociologist reads this journal.

The first task of the study of the social distribution of knowledge is to turn attention to what is "known, familiar, believed and unknown" at any point in time by individuals and groups acting in the "life-world" (Schutz, 1982:21). Why had the plan for a department of clinical sociology in the Institute of Human Relations at Yale faded from view? The idea after all was proposed by the dean of the School of Medicine at one of America's leading universities
(Winternitz, 1930a). Moreover, the Institute of Human Relations itself was
planned to bring together scholars to address the significant scientific and policy
issues of the time. Then, as now, it was one of the most exciting collaborative
endeavors attempted in the history of sociology (Angell, 1929). Why then did
this innovative proposal disappear?

Schutz (1964:58–59) notes that the boundaries between the world of our
predecessors and our own are fluid. The past acts of the people who have lived
before are often known only from written documents which Schutz calls “the
monuments left behind.” The close, yet competitive, ties between the president
of Yale, James Rolland Angell and the president of the University of Chicago,
Robert Hutchins, during the time clinical sociology was being proposed, are
easily documented by their correspondence that is deposited in the archives at
Yale and in special collections at the University of Chicago. It is not unexpected
that such ties existed. James Rolland Angell had a long and distinguished career
at the University of Chicago, prior to going to Yale. Robert Hutchins had been
dean of the law school at Yale and had been involved in the genesis of the
Institute of Human Relations and the Human Welfare Group (Visel-
tear, 1984:872). Surely, Chicago sociologists had known of Winternitz’s interest
in clinical sociology after he had used the term at the dedication of the social
science building (Winternitz, 1930b). Yet, Wirth did not cite Winternitz’s re-
marks about clinical sociology, even though that speech was published in a
volume celebrating the dedication of the building where sociology was housed
(White, 1930).

The search for the answer to the pressing question, to use Edward Rose’s
words (1989:21), as to “why things came to be as they are” is fascinating
indeed. We know our history not only by what is written, but also by what is
talked about. In 1979 John Dollard\(^3\) began to relate to me his account of the
history of the Institute of Human Relations (I.H.R). During the development of
an oral history project, he elaborated on his published recollections of the I.H.R.
and his struggle to do clinical sociology at Yale.

Dollard began his oral account\(^4\) (1979) with the observation that then as
now, competition as well as cooperation shaped the worlds of science, medi-
cine, sociology, foundations, and universities. It was the inability of depart-
ments and individuals to cooperate that played a great role in the demise of the
Institute. The Institute of Human Relations, as he noted, wanted to unify the
social sciences and link them with the schools of medicine, law, and divinity
by bringing together people who were arbitrarily separated by departments and
geography. The building, the fellowship program, the seminars, the confer-
ences, the coordinated research projects, the policy initiatives, and the search
for funding not only for clinical sociology but for the institute itself, were
challenges to conventional academic practices and organization. In that was the
proposal's glory and in that, Dollard sadly observed, were the seeds of its demise.

The times, after all, were not auspicious. The search for funds for the institute (which included a department of clinical sociology) took place during the Great Depression, a time of budgetary troubles for higher education (Pier-son, 1952). Both the University of Chicago sociologists and the Yale group turned to the same foundations for funding (Brown, 1979). This may be one explanation as to why Wirth chose not to cite Winternitz in his presentation of clinical sociology. As Dollard observed, the plan for the development of clinical sociology depended upon the cooperation of both medicine and sociology faculties at each university.

The plan for the institute and its connection with a medical school was controversial. In order to get the needed funds, Yale launched a systematic fund raising campaign led by Shimp and Lund, the publicity directors (Viseltear, 1984). Reports identified the people, groups and foundations who were potential supporters of the various components of the institute. Requests for funding of the institute's components were targeted at different foundations after initial funding was provided by the Rockefeller Foundation, the Laura Spellman Rockefeller Memorial Fund, and the General Education Fund. The Rosenwald Fund was identified as a source of funding for clinical sociology and Winternitz made a major effort to gain that foundation's support (Viseltear, 1984:887). A publicity campaign was launched to inform the nation about Yale's plans for a "coordinated study of man" (Viseltear, 1984). Pamphlets were prepared for distribution laying out the work of the Human Welfare Group, the plans for the Institute which highlighted the department of clinical sociology, as well as the current publication and accomplishments of the members of the staff, including Dorothy Thomas who had been brought to Yale in 1930, to help establish the social science research agenda (Institute of Human Relations, [a]Annual Re-port, 1930).

From the beginning, the proposal had a major opponent in the person of Abraham Flexner. Flexner, although not a physician, had an enormous influence on the development of American medicine. His brother Simon had become the director of the Rockefeller Institute and, as Flexner (1960) observed, often his brother's name opened all doors. In 1907 Flexner was chosen by the Carnegie Foundation to write an influential report on American medical schools (Brown, 1979; Starr, 1982). He had been involved in the growth of the Yale School of Medicine before and therefore was deeply interested in its development (Viseltear, 1984:879). In an attempt to overcome his opposition to the Human Welfare Group's plan, Angell (1929a) declined on the grounds that he was not convinced that the "human welfare group project" was timely and that he was "sorry to see the medical group with its own problems diverted to something like that."
He then proceeded to worry Winternitz, as a dog a bone, demanding questionnaires from a study of unemployment and other information about the institute. On Angell's advice, Winternitz finally broke off the correspondence, but the damage was done (Viseltear, 1984).

The public relations campaign gave Flexner (1930:113) ammunition to try to impale the institute upon a stake created by its own publicity material. "It is gravely maintained," wrote Flexner, that

light will be thrown upon questions such as the connection between physical health and family income, mental stability and occupation, crime and recreational facilities, child training and mental growth, economic conditions and respect for the law. It may be possible in many instances to bring about a readjustment between the individual and his environment which will lead to greater happiness.

In Flexner's opinion, this is "a practical task, which, in so far as it goes beyond what is required for teaching and research, is of no concern of the university ... whatsoever." Human happiness, "child development" or field surveys of education were hardly, in Flexner's view, the mission of a great medical school or university.

Flexner (1930:114) pulled out of the publicity campaign themes that could be calculated to muster opposition. For example, he noted that the institute attacked the idea of "departmentalization." But, Flexner argued, departments were necessary: "It is absurd at this day to speak of medicine as unduly departmentalized in theory or practice."

To make another point, Flexner (1930:116) published the Human Welfare Group's organization chart that also had been in the Yale Alumni Weekly. (The chart included a place for a department of clinical sociology equal in status to surgery, neurology, psychobiology, pathology, bacteriology, physiology, chemistry and public health.) Flexner (1930:115 and 117) wrote:

Our bewilderment is not relieved by the [chart's] draughtsman. . . .
What result do we reach? The Human Welfare Group is identical with Yale University! And we are precisely where we started, not enriched by an idea but impoverished by a building and funds.

After noting the "endless tasks" of the faculty of medicine and law, Flexner proceeded to rip apart the proposal by pointing out that the major thrust of the fund raising campaign was for the hospital. He presented the following:
Summary of Financial Needs of the Human Welfare Group

- Women's Pavilion: $500,000
- Surgical Pavilion: 600,000
- Isolation Pavilion: 450,000
- Hospital Endowment: 2,000,000
- School of Nursing Endowment: 1,000,000
- Clinical Sociology Endowment: 1,000,000
- Positive Health Endowment: 500,000
- Medical Education Research Endowment: 150,000

In his analysis of these figures, Flexner mobilized yet another possible group of opponents to the development of clinical sociology, the social workers, stating (1930:121):

"Only one apparent novelty is proposed: A professor of Clinical Sociology. But what a good hospital lacks is social workers, who work instead of lecturing? What Yale needs, what the country needs is not a new institute, but the development of fundamental disciplines in easy, helpful, and varying contact through the enlistment of first-rate intelligence."

Such intelligence, in Flexner's view, was to be found in the individual minds of great men. Given Flexner's connections and influence on foundation boards, his widely distributed published opinions made the task of raising funds for clinical sociology far more difficult (Viseltear, 1984).

Flexner, after all, touched upon the themes that cut to the very essence of collaboration within a university. The Institute, as John Dollard pointed out, stood in opposition to the existing structure of Yale and challenged departmental prerogatives. Dollard, for example, considered himself a sociologist and, as a clinical sociologist, he had a psychoanalytic oriented clinical practice. He came, however, to the institute through an appointment in anthropology. After a brief stint in sociology in the mid-1930s, he was appointed to the department of psychology in 1947, and ended his career in an office in the halls of psychology, not sociology. Seymour Sarason (1988) notes in his autobiography that the Institute offered an alternative route to a Yale appointment, and indicates the importance of that function in the careers of people whose ideas about the development of social science deviated from a department's approach to the discipline. In one fell swoop, Flexner set in motion a process that called attention to this challenge to the power of the department faculty.
Flexner’s opposition to the Yale Institute and a proposed department of clinical sociology in the medical school not only influenced foundations, but played into the hands of members of the powerful tenured senior faculty who were not pleased with a proposal that permitted a dean of the medical school and a president to usurp their power to shape Yale through the men they chose to employ on the faculty (Dollard, 1979). The Great Man Theory of Scholarship, as Dollard (1964) put it, maximizes individuality and competition. And so, the institute encountered the departments and the departments, in Dollard’s words, “killed it” by recruiting and retaining the kind of creative individuals who are often happiest working alone.

The needed collaboration, therefore, never really occurred. The departments struggled for independence and in 1937 the department of social science separated into the individual departments of sociology, economics, anthropology, government, and international relations (Pierson, 1952:525). The Yale Corporation refused to build the law school near the medical school and selected a location near the main campus (Kelley, 1974). Wilbur Cross, the powerful dean of the Graduate School, whose support for the institute had been a tempered one (Viseltear, 1984), immediately chose to locate the graduate school near the law school and not near the Institute. The dean of the Divinity School also choose not to locate near the institute (Kelley, 1974). According to Dollard (1979), in 1934 the medical school faculty rejected Winternitz as dean. Egan Kahn, the chair of the newly developed department of psychiatry, which had successfully secured funding, did not welcome a plan that would make clinical sociologists equal to psychiatrists, nor did he value Dollard’s interest in psychoanalysis. Kahn became a pivotal figure after Winternitz lost power. Moreover, the department of sociology gave little indication of welcoming a proposal that would create a competing department of sociology under the auspices of the dean of medicine (Lee and Lee, 1985).

Most importantly, as Dollard put it, the institute was composed of “young and hungry men who wanted fame and also needed to make a name for themselves to survive.” Lives, after all, are shaped by social structure and social structures at universities do not always maximize collaboration. The failure of the institute indicated, as Dollard poignantly indicated, the need to understand how human beings live and function in the organizations that make up their worlds.

It was easier, he observed, for people to fall back into the “untender” arms of their departments or to struggle alone for recognition than to create a group of cooperative scholars working together sharing common methods and yet free to ask their own questions and to do the research they wanted for the answers. Dollard was discouraged at the end of his life by the failure of the institute to survive. However, the influence of the institute has never totally faded from the New Haven scene and Yale remains a place where interdisciplinary and
interuniversity collaboration takes place (Viseltear, 1984; Sarason, 1988; Knepler, 1989). The reemergence of clinical sociology rekindled his connections to successors as Dollard himself observed when I called this development to his attention.

Dollard began his talks with me by saying:

I want to tell you the story of the institute so you can know that those of you involved in clinical sociology are continuing in something that is very worthwhile, although it is difficult to do. Old men like myself grow tired. We lose the energy for the battle. But that doesn’t mean it isn’t worth fighting. It’s just that we got exhausted and waited for young people to continue our work.

As Dollard indicated, the telling of the tale of the triumphs and defeats expressed in the plans and projects of the Institute of Human Relations, preserves the legacy one generation has left for another.

This account of the plans of the institute reflects, then, the memories of John Dollard. But is this the only version? Dollard noted that his is just one perspective on the past. As Schutz notes, there are always “multiple realities” (1964:88). The world of everyday life is complex and the task of understanding how it came to be as it is, is complicated indeed. Other accounts of the plan for clinical sociology at Yale will, undoubtedly, appear as we think together about the ways in which we give meaning to our history.

NOTES

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2. Alfred Schutz is a sociological theorist interested in phenomenology of the social world.
3. John Dollard was a sociologist who helped develop the Institute of Human Relations at Yale. One of the institutes seminal and important studies of this time was his Caste and Class in a Southern Town, which was originally published by Yale University Press in 1937. This work reflected the seminar on the impact of culture on personality which he had taught with Edward R. Spir. A second
work, *Social Learning and Imitation*, was undertaken with Neal Miller. This 1941 publication also reflected ideas developed collaboratively at the Institute of Human Relations.

4. I had a number of conversations with John Dollard during the course of joint development of oral history projects. The comments in this article are taken from my notes of those conversations. Unfortunately, Dollard died before completing the full tale he had planned to tell and this paper reflects only the beginning of his account.

5. Flexner put child development in quotes to separate it from the German approach to pediatrics of which he approved.

6. For more information, also see Sarason (1988).

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