
Volume 7

Issue 1 *The Development of Clinical and Applied
Sociology*

Article 7

January 1989

Defining Clinical Sociology

Jonathan A. Freedman
Hutchings Psychiatric Center

Follow this and additional works at: <http://digitalcommons.wayne.edu/socprac>



Part of the [Sociology Commons](#)

Recommended Citation

Freedman, Jonathan A. (1989) "Defining Clinical Sociology," *Sociological Practice*: Vol. 7: Iss. 1, Article 7.
Available at: <http://digitalcommons.wayne.edu/socprac/vol7/iss1/7>

This Article is brought to you for free and open access by the Open Access Journals at DigitalCommons@WayneState. It has been accepted for inclusion in *Sociological Practice* by an authorized administrator of DigitalCommons@WayneState.

Defining Clinical Sociology

Jonathan A. Freedman
Hutchings Psychiatric Center

At this time, anyone in the country can claim to be a clinical sociologist without any challenge to that designation. Persons who already have chosen this title practice as one-to-one, group, family and addictions therapists, marriage counselors, hypnotists, teachers, gerontologists, sociometricians, organizational and community consultants.

Because of this range of practice, it is necessary to explore what clinical sociology is and what it isn't. Any attempt at definition is a thankless task because no definition currently can exclude anyone from choosing this designation. Yet, attempts at clarification are important because clinical sociology is emerging as a response to both employment and ideological conditions within the discipline of sociology . . .

I have been able to locate nine definitional statements about clinical sociology in the literature. There is considerable similarity among these definitions, but not every definer is dealing with the same issues. If presented in a certain order, the statements create a generalized view of clinical sociology.

Clinical sociology is the application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in the community (Glassner and Freedman, 1979:5) . . . An analysis of clinical procedure indicates that it has three main characteristics: 1. the attention of the investigator is focused on a "case," i.e., on a person presenting concrete problems; 2. it is a co-operative enterprise and enlists the aid of a number of specialists; 3. whatever may be the theoretical interests of the participants, clinical procedure has an immediate therapeutic aim

Excerpts (pp. 34–38, 47) from J. Freedman, "Clinical Sociology: What It IS and What It ISn't—A Perspective," in *Clinical Sociology Review*, Vol. 1, 1982, pp. 34–49. Copyright 1982 Sociological Practice Association.

and includes, therefore, not merely a study of the "case," but the formulation of a program of adjustment or treatment (Wirth, 1931:50) . . . Clinical sociology is the kind of applied sociology or sociological practice which involves intimate, sharply realistic investigations linked with efforts to diagnose problems and to suggest strategies for coping with these problems (Lee, 1979:489) . . . Clinical sociology brings a sociological perspective to intervention and action for change. The clinical sociologist is essentially a change agent rather than a researcher or evaluator. Clients may be individuals, groups or organizations. The clinical task may involve, for example, a redefinition of the self, role, or situation. Clinical sociology uses a variety of techniques or methods for facilitating change. The field's value orientation is humanistic, holistic, and multi-disciplinary (Glass, 1979:513-4) . . . Clinical sociologists are change agents who use a sociological perspective as the basis for intervention. Many sociologists who teach are "clinicians" in that they try to foster change in students' attitudes and/or behavior as a result of the classroom experiences (Fritz, 1979:577) . . . Rather than adjust people to the "realities" of the "way things are" or "the system" we are committed to helping people cope with their sociocultural and historical situations and institutions and situations in the direction of self-determinism, human value and human dignity (Straus, 1979:480) . . . The sociologist, insofar as he has a point of view and method of approach to problems of personality and behavior, proceeds on the hypothesis that human beings everywhere live in social groups and that the conduct of the individuals, however it may differ from others, is always expressive of the culture of the group (Wirth, 1931:60) . . . The clinical sociologist, however, makes his own independent diagnosis of the client's problems. He assumes that the problems formulated by the client may often have a defensive significance and may obscure, rather than reveal, the client's tensions (Gouldner, 1965) . . . The sociological approach requires the marital and family therapist to understand the conditions, values and relationships which characterize the real world of the society of the American Dream and which affect marital and family interaction. Conditions associated with American society include unemployment and job insecurity. Associated values include extreme individualism, success, racism, and sexism; and associated relationships include aggressive competition and exploitation (Hurwitz, 1979:557).

What themes emerge from this conglomeration? Clinical sociology is:

1. practice oriented
2. focuses on case studies
3. works with individuals, groups, organizations, and communities ;
4. diagnostic
5. change-oriented
6. humanistic
7. tries to comprehend the societal factors which restrict the individual from being effective
8. can move beyond the client's formulation of the problem to consider other factors that affect functioning, especially broad social trends
9. uses insights derived from immersion in the critical sociological tradition; uses sociological imagination
10. leads to behavior change and growth
11. tends to have a liberal/cynical or radical ideological cast

Given what is known about working with people, their groups, organizations and communities, is such an approach valid? The answer is clearly yes. Is it the best possible approach? The answer is highly debatable. Is it an approach that is uniquely sociological? No!

One can also examine what clinical sociology is not. It is not:

1. academic
2. intrapsychic
3. biochemical
4. value-free
5. accepting of the ideological basis of the client's reality
6. culture-free
7. conservative
8. relying on a single ritualistic set of techniques to discover the key factors important in comprehending the situation under study.

The sociological tradition and a good sociological imagination can partially equip some sociologists to work as clinical sociologists. In the textbook *Clinical Sociology*, Barry Glassner and I (1979) present a version of the necessary knowledge base for a clinical sociologist. This includes theoretical grounding in historical, systems, dramaturgical, conflict, and interactional approaches with the ability to develop alternative theoretical perspectives or integrate theoretical approaches; methodological grounding in the basic skills of looking, listening, questioning, reporting and critical thinking, and how these skills are used as methods in participant observation, survey research, interviewing, and documentary analysis; substantive comprehension of ethnicity, stratification, aging, family and sex roles, social change and everyday metaphysics . . .

Sociologists tend to have early knowledge of emerging social problems. Can clinical sociologists develop specific intervention strategies that relate to problems which are emerging, aiding in empowering those who are potential victims of these problems?

. . . Through critical examination of any problem area of the society, a clinical sociologist can discover situations in which the application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in the community can lead to exciting approaches to practice—practice that no other profession is attempting.

References

- Fritz, Jan
1979 Practicing clinical sociology. *American Behavioral Scientist*, 22(4):557–587.
- Glass, John
1979 Renewing an old profession. *American Behavioral Scientist*, 22(4):513–529.
- Glassner, Barry and Jonathan Freedman
1979 *Clinical Sociology*. New York and London: Longman.
- Gouldner, Alvin
1965 Explorations in applied social science. In A. W. Gouldner and S. M. Miller (eds.), *Applied Sociology: Opportunities and Problems*. New York: The Free Press.
- Lee, Alfred McClung
1979 The sources of clinical sociology. *American Behavioral Scientist*, 22(4):487–511.
- Hurwitz, Nathan
1979 The sociologist as a marital and family therapist. *American Behavioral Scientist*, 22(4):557–576.
- Straus, Roger (ed.)
1979 *American Behavioral Scientist*. Issue on Clinical Sociology, 22(4).
- Wirth, Louis
1931 Clinical sociology. *American Journal of Sociology*, 37(1):49–66.