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The Practice of Clinical Sociology and Sociotherapy

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BOOK REVIEWS

The Practice of Clinical Sociology and Sociotherapy, by L. Alex Swan. Cambridge, MA: Schenkman Books, 1983, 160 pp., \$18.95 cloth, \$11.95 paper.

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Since the reemergence of the field of clinical sociology 15 years ago, various writers have set forth their agenda for this area of sociological endeavor. Among these is L. Alex Swan. Throughout *The Practice of Clinical Sociology and Sociotherapy*, he makes the urgent plea that sociologists recognize the primary underpinnings that clinical sociology provides for the fields of psychology, social work, and psychiatry, but that are not recognized by its mother discipline, sociology. He argues that sociologists, who after all have done most of the research in the field of family, must become involved in clinical aspects as well. As Swan sees it, clinical aspects have been left to those who focus primarily on the individual apart from the individual's group relations. Swan argues his positions in six chapters, sometimes freshly, sometimes redundantly.

Throughout the monograph the theme is the same: it is now time for sociologists to take seriously their own contributions to the field of clinical knowledge and behavior, to share in the further development of the clinical field. Swan presents strong arguments for taking sociology out of the traditional realms of theory, research, and, more recently evaluation, and into the day-to-day activities and needs of people who are struggling to live life with some sense of meaning and wholeness. Because sociologists are oriented to intervention and change from the group context, the current need for sociological intervention in both counseling and therapy is, he argues, self-evident.

In his first chapter, "The Liberation of Marital and Family Therapy," Swan argues the need to liberate marital and family therapy from the individual approach and the medical model. He maintains that sociologists, who have contributed so much to the development of knowledge in the marriage and family areas, are doing the least in the field and have by default left it to those less knowledgeable, less qualified, and less oriented to seeing the person or family in need in a wholistic sense. There is a serious gap between those who look at problems from strictly an individual and psychological perspective and those who see individual and family problems in a dynamic group-related or system perspective.

In Chapter 2, "Clinical Sociologists: Coming out of the Closet," Swan examines the definition, scope, and focus of clinical sociology, primarily as a step in the development of legitimacy in the clinical area and also in a desire

to avoid potential rifts between sociological colleagues. In Chapter Three, "Clinical Sociology: Problems & Prospects," Swan's theme is the nature of clinical sociology and the issues, problems, and prospects related to being clinical. He maintains that for clinical sociology to be used effectively, it must create procedures and methods that are reliable, valid, and verifiable, and must produce scenarios and models of tested interventionary and interactional responses.

Swan sees the social situation as the base from which definitions and interpretations for intervention and change must eventually be secured. Having taken this position, he then expounds, in Chapter Four, on the diagnostic and therapeutic potential of Grounded-Encounter Therapy (GET). He argues that the social illness of the clients' situation, and any difficulties in relationships in their personal lives or interactional patterns, can be discovered through Grounded-Encounter, which, in turn, serves as the foundation for eventual therapy. GET, he argues, "combines theoretical and methodical perspectives in the process of discovery in situational analysis so that the conclusions and explanations, as well as the prescriptions and plans for change, are grounded in the particular social setting of the clients" (p. 62). As an exponent of this theoretical approach, Swan proceeds to develop his thoughts as to how this approach should be utilized by practitioners in the field. His examination is only introductory at best and must be greatly expanded with substance and example if it is to have an impact on the field.

In his final two concluding chapters the author attempts to give a broader focus to the field. In the Fifth Chapter, "Doing It in Groups," he notes the value of group therapy in a context of group theory and sees the need to focus on both group dynamics and group situations in order to reach a more complete understanding of the individual and his or her actions. He discusses the advantages, varieties, and effectiveness of group therapy and articulates his belief that group therapy is the best method, having replaced the medical model and psychoanalytic approach with a broader social-psychological basis for understanding human behavior. While admitting little evidence exists supporting the effectiveness of group therapy, he nevertheless supports its usage and adoption in a clinical sociological framework.

In pondering "The Future of Clinical Sociology" (Chapter 6), Swan notes the importance of the specification of clear and definable needs and on the application of sociological knowledge and thinking to those needs. He argues strongly against the cooptation of clinical sociology by those already in practice who have accepted an underlying psychological/psychiatric orientation. If clinical sociology becomes simply a replica of what already exists, it will have no real need for existence. What clinical sociology should be, however, is a dynamic field based upon the theory and research of sociology, augmented, as needed, but not dominated by those disciplines that focus more on the individual and downgrade the impact of society upon the individual and the individual's inter-

actions. He also contends that sociologists must work as agents of constructive change within communities as well as organizations, groups, and with individuals. Clinical sociologists should be concerned with the enhancement of clinical skills and techniques that will validate and legitimize the clinical sociologist's competency before the public. This can be done either by *inventing* or *creating new techniques and skills*, or by *redefining* or *rearranging the logic and content* of the techniques that are *currently used*. A third way is to *refine existing techniques* that are close to the theoretical and methodological orientations of sociology for use by clinicians in the field.

In summary, Swan contends that sociology can be useful in the diagnostic and therapeutic process, and that a closer interplay between research, education and practice must be established. He also argues that certification and accreditation programs will enhance the practice of clinical sociology. Clinical sociologists must develop ways of relating to those who are already practicing as clinical psychologists, psychiatric social workers, and psychiatrists. And ways must be found to overcome the opposition from within the sociological establishment to enable an even fuller development of clinical sociology.

Overall, Swan's work is interesting but often redundant. He says many things that need to be said, but says, within this short work, the same thing many times with varying veneers. His claim that sociology has not contributed adequately to its natural extension, clinical sociology, is well taken. His expectation or hope that sociology will be able to avoid the battles between researchers and clinicians that have marked psychology strikes this reviewer as being somewhat naive. While he makes the case that sociological data are being preempted by those who are "not entitled to it," and that sociologists should utilize their own data, he tends to discount the reciprocal contribution made by other disciplines that focus primarily upon the individual. He does recognize, however, that there are movements in psychology, psychiatry, and even psychiatric social work which are developing a more interactional and/or systems foundation for understanding individual problems.

The time has clearly arrived for the legitimation of the field of clinical sociology within the mainstream of sociology. Ultimately, this is where a large number of sociology students will be working and earning their living. However, the field must offer more than Grounded-Encounter Therapy (GET) to its practitioners, although GET does offer a place from which to begin sociologically. The overall value of Swan's work, therefore, rests not so much upon its final conclusion but rather in the posing of many of the questions that need to be raised with regard to the practice of sociology. If Swan has encouraged the debate and caused one budding or even established sociologist to commit his/her work to the further development of the clinical field, his monograph has been more than valuable.