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The Emergence of American Clinical Sociology: The First Courses

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ABSTRACT

This article describes the first clinical sociology courses at the University of Chicago, Tulane University, New York University and Antioch College as well as the proposal for a clinical sociology department at Yale University. The author discusses why the earliest clinical sociology courses didn't become institutionalized in the late 1930s and early 1940s.

Information is provided here about the first courses in clinical sociology, one of the areas of sociological practice. Clinical sociology refers to humanistic analysis and intervention. Clinical analysis is the critical assessment of beliefs, policies and/or practices with an eye toward improving the situation. Intervention, the creation of new systems as well as the change of existing systems, is based on continuing analysis (Fritz, 1991b).

Clinical sociologists are multidisciplinary in approach. They engage in planned social change efforts by focusing on one system level (e.g., interpersonal, community, international) but integrate levels of focus in their work and do so from a sociological frame of reference (Fritz, 1989a).

Information about the work of the early clinical sociologists (e.g., Fritz, 1982, 1985a, 1987a, 1988, 1990b, 1990c, 1991a; Fritz and Clark, 1989; Glass, 1979; Hunter, 1988; Lee, 1979, 1982) has contributed to a more accurate history of the field of sociology and, in the last ten years, to a resurgence of interest in sociological practice. Information about the early clinical sociology courses

particularly will be useful to those establishing or developing programs in clinical sociology or sociological practice.

While it had been known that some of the early American sociologists had interests that could be characterized as "clinical" (e.g., Wirth, 1931; Alinsky, 1934), the assumption had been that even those academics who were clinically oriented had not actually taught courses in clinical sociology. We now know that is not the case. A number of courses had clinical components, but there also were courses actually titled "clinical sociology."

The earliest known proposal wasn't just for a course in clinical sociology but for a whole department (Fritz, 1989b; Gordon, 1989). The proposal was put forward by Milton C. Winternitz (1885–1959), a physician who was dean of the Yale School of Medicine from 1920 through 1935.¹ At least as early as 1929, Winternitz (1929, 1930a) began to develop plans to establish a department of clinical sociology within the medical school. He wanted each medical student to have a chance to analyze cases based on a medical specialty as well as a specialty in clinical sociology.

Winternitz vigorously sought funding from the Rosenwald Fund for his proposed program but, in the end, he was unable to carry out his plans. He (Winternitz, 1931a, 1931c) did note, however, the success of a course in the medical school's section on public health that was "modeled directly after the outlined plan for clinical sociology."

The first known courses called "clinical sociology" were taught at the University of Chicago by Ernest W. Burgess (1886–1966). Burgess, a graduate of the university who joined the faculty in 1919, is considered to be one of the second generation of sociologists who taught there. He was a central figure in the department until his retirement in 1951. During his career Burgess was president of the American Sociological Association, the Sociological Research Association, the National Conference on Family Relations, and the Gerontology Society.

Burgess first taught the clinical sociology course in 1928 and then offered it twice in 1929. During these years the course was considered to be "special" and did not appear in the course catalog. As a regular course, clinical sociology was offered a total of five times by Burgess from 1931 through 1933. The course remained in the catalog for the next several years, but was not taught after 1933.²

In 1929 Burgess wrote that "the time has now been reached when it will be profitable for biology, psychology, psychiatry and sociology to collaborate in the setting up of laboratories for personality study. . . ." This suggested that Burgess focused his clinical sociology course on issues of personality and criminal behavior.

The university catalogs did not include a description of that course but it always was listed only under the social pathology grouping. All courses in this section dealt with topics such as criminality, punishment, criminal law, organized crime and personal disorganization.

Because information about the course content was unavailable, some students who had been enrolled in the clinical sociology courses were contacted.³ One of them, Joseph Symons,⁴ was a graduate student at the University of Chicago from 1932 through 1936. In the fall of 1933 he was enrolled in Sociology 473 (clinical sociology) with E. W. Burgess as the instructor.

According to Symons' (1933) class notes, Burgess said that clinical sociology "denotes an interest in pathological cases" and focuses on "social interaction and cultural conditioning." The main concepts that were used in the course were identified as "ecological, social interaction, cultural conditioning, fundamental wishes, personality types and social types." During the course of the term, students were expected to use provided forms to analyze personalities and to conduct a case study.

The course was taught one night a week and each two-hour session began with a "discussion of certain written materials." The required reading included Edwin Bjorkman's *Gates of Life* (1923) and *The Soul of a Child* (1922), as well as Clifford Shaw's *The Natural History of a Delinquent Career* (1931) and *The Jack-Roller* (1930), "a delinquent boy's own story." Also on the reading list were Jack Black's (1926) *You Can't Win*, an account of Black's life as a professional thief, and Jane Hillyer's (1926) *Reluctantly Told*, the fascinating story of the author's mental breakdown.

Symons' notes indicate that in 1933 Burgess stressed the importance of sociologists in child guidance work. Symons had written "there are three types of children's clinics in the U.S." and these clinics are distinguished by leadership: "psychiatrists at head; psychologists at head; sociologists at head."

When the clinical sociology course was first offered, several students were placed in child guidance clinics. One of these students, Clarence E. Glick (1989), took the clinical sociology course each time it was available in the 1920s. Burgess arranged for Glick to be the staff sociologist at the Lower North Side Child Guidance Clinic⁵ and another class member, Leonard Cottrell, was the clinical sociologist at the South Side Child Guidance Clinic.⁶

Two other universities offered clinical courses in the 1930s—Tulane University in Louisiana and New York University. Louis Wirth, a full-time faculty member at Tulane and director of the New Orleans Child Guidance Clinic,⁷ was scheduled to teach "clinical sociology" in the spring of 1930.

Wirth was unable to teach the course because he accepted a one-year Social Science Research Council Fellowship to work in Europe from February 1930

to January 1931. The clinical sociology course was taught in his absence, but university files do not identify the professor who took Wirth's place.

According to the *Tulane University Bulletins* (1928–29), the course was a “clinical demonstration of behavior problems and practice in social therapy through staff conferences and field work in a child guidance center.” The course was entered in the school catalog as part of the sociology, social work, and graduate school listings.

When Wirth returned to the United States in 1931, he joined the faculty at the University of Chicago. In the spring of 1932, he taught a “minor” course in clinical sociology for the University of Chicago. This course was listed in a special section of the catalog, and was recorded in the *Instructors' Reports* (University of Chicago, 1932). The course focussed on “personality problems and conduct disorders” and discussed “the place of sociologists in child guidance clinics”⁸ (University of Chicago, University College, 1931–32:16).

By 1932 it appears that Wirth was no longer involved with child guidance clinics. Anna Hyman (1932), a staff member of the New Orleans Child Guidance Clinic, wrote Wirth to tell him that the New Orleans Clinic was closing because of a lack of funds. She asked Wirth if he knew of any job possibilities. In his letter of June 17, Wirth indicated he had “been somewhat out of touch with clinical work recently.”

Another institution that offered clinical sociology courses in the early 1930s was New York University. Harvey Warren Zorbaugh (1896–1965) was a faculty member there in the School of Education. The School provided undergraduate and graduate preparation for visiting teachers,⁹ clinicians,¹⁰ and social workers.¹¹ The major focus of the program was the “*solution* of educational and other social programs” (New York University, Department of Educational Sociology and Anthropology, n.d.:5).

In 1930 Zorbaugh, along with Agnes Conklin, was responsible for the “Seminar in Clinical Practice.” The seminar was described in the following way in the school bulletin (New York University, School of Education, 1930–31:143):

The course will be limited to students training as specialists in the adjustment of behavior problems in the schools. It is assumed that candidates for the doctorate will register for the course only when their thesis projects are pertinent to the field of behavior maladjustment. All registrants will be required to participate in the handling of cases in the clinic for the social adjustment of the gifted. Completion of the course

is intended to qualify students as counselors or advisers dealing with behavioral difficulties in the school situation.

From 1931 through 1933 the clinical practice course was called "Seminar in Clinical Sociology" (New York University, School of Education, 1931–32:90, 156; 1932–33:151). The course (320.3–4) was one of the highest numbered courses in educational sociology and was offered both terms of each year. The university catalog stated only the following about the course: "Open to graduate students writing theses or engaged in research projects in the field of educational guidance and social work."¹²

Zorbaugh (1929), author of *The Gold Coast and the Slum: A Sociological Study of Chicago's Near North Side*, had been involved with clinics at least since 1924. That was the year Zorbaugh and Clifford Shaw organized two "sociological clinics" in Chicago—the Lower North and South Side Child Guidance Clinics (Zorbaugh, 1939:348). Zorbaugh has been credited with being associate director of the Lower North Child Guidance Clinic in 1925 (New York University, School of Education, 1940–41:32).

In 1928 Zorbaugh was a founder of the Clinic for the Social Adjustment of the Gifted at New York University (New York University, Department of Educational Sociology and Anthropology, n.d.:2). He was director of this clinic at its inception and was actively involved in its work for over fifteen years.¹³ The clinic allowed for "supervised experience in visiting teaching and in the clinical diagnosis and treatment of problem children" (New York University, School of Education, 1929–30:75). In 1941, thirteen years after the clinic had first opened its doors, the clinic was described in the following way (New York University, School of Education: 1941–42:53):

... a child-guidance clinic for intellectually gifted and talented children of preadolescent ages. Studies are made of children's abilities, personalities, and achievements. Consultation on family relationships, educational guidance, and mental hygiene are among the services available.

During the 1953–54 academic year, Alvin W. Gouldner (1920–1980) was teaching in the Department of Sociology and Anthropology at Antioch College, a progressive school in Ohio. Before joining the faculty, Gouldner had been a university teacher for four years and then had worked for one year as a consultant to Standard Oil of New Jersey.

Gouldner offered "Foundations of Clinical Sociology" at Antioch. The course was taught at the highest undergraduate level and enrolled students

were expected to have successfully completed the department's course in social pathology. The course is described as follows in the *Antioch College Bulletin* (1953:123):

A sociological counterpart to clinical psychology, with the group as the unit of diagnosis and therapy. Emphasis on developing skills useful in the diagnosis and therapy of group tensions. Principles of functional analysis, group dynamics, and organizational and small group analysis examined and applied to case histories. Representative research in the area assessed.

The earliest courses titled "clinical sociology"—at the University of Chicago, Tulane, New York University, and Antioch—appear to have focused on case analysis at the individual or small group level. Contemporary courses in clinical sociology, described in *Clinical Sociology Courses* (Clark and Fritz, 1984) and *The Clinical Sociology Resource Book* (Fritz and Clark, 1986), generally include case analysis at both micro and macro levels but there frequently is an emphasis on the individual and small group levels. It is helpful in a number of ways to know that the contemporary courses are part of a sixty-year tradition. But reading this history leaves one with an interesting question: Why didn't the courses called "clinical sociology" become institutionalized in the late 1930s and 1940s?

Zorbaugh's interests in clinical work certainly continued for many years after the course title was changed. His interdisciplinary focus may have led him to stop referring to the course as "clinical sociology."¹⁴ Zorbaugh believed that the behavioral sciences were drawing closer together and that in the future sociologists would be able to participate, without opposition, in the work of clinics (Zorbaugh, 1939:351).

Burgess' clinical sociology courses drew upon the experiences of those working in the child development clinics. In the mid-1930s Burgess moved away from work in the clinics, so it is not particularly surprising to find that he didn't offer the courses again.

But why did Burgess and Wirth become less interested in child development clinics? One reason may have been that the Commonwealth Fund, a major funding source for the clinics, thought the clinics should be run by psychiatrists.¹⁵ Wirth certainly had run into this problem while working in New Orleans (Horn, 1989:90-91). This may have been a case of sociologists not wanting to fight a turf battle.

There may be a host of other reasons that help explain why Burgess and Wirth moved away from work in the clinics. These could include the direction

of the sociology program at the University of Chicago or the draw of other community, academic, or research interests. Other possible reasons:

- Burgess never may have had a central interest in the child development clinics. It may have been that, for a period of time, they simply were convenient community laboratories.
- Perhaps there no longer was local funding for sociologists to work in the clinics.
- Perhaps fewer students were interested in being involved in the clinics.
- Perhaps the clinics were no longer in existence or no longer required the services of the sociologists.

A combination of reasons probably explains Wirth's and Burgess' movement away from clinics. It is clear, however, that Zorbaugh, Wirth, and Burgess did not put a professional network in place that would support the continuance and growth of sociological work in clinics. Without a network, their individual efforts were not continued or easily remembered.

NOTES

1. A discussion of Dean Winternitz's interest in clinical sociology as well as reprinted articles and letters by Winternitz are found in the 1989 issue of the *Clinical Sociology Review* (Fritz, 1989b; Gordon, 1989; Winternitz, 1930a, 1930b).

2. Clarence Glick (1989) studied at the University of Chicago from 1927 to 1929, 1932 to 1934 and again during the 1937–38 academic year. When asked why Burgess might not have continued teaching clinical sociology, he replied:

Burgess became absorbed [along with Cottrell] in marital prediction . . . the success and failure of marriage. When Ogburn came to the department in 1927 a split [developed] between the statisticians and those doing case studies.

Cottrell had been working with Burgess on case studies but Ogburn influenced Cottrell and he . . . [began using] questionnaires. Burgess started to go along [and] moved away from case studies.

3. Enrollment information was found in the *Instructors' Reports* (University of Chicago, Office of the Recorder, 1928–1938).

4. I am indebted to Dr. Symons for sharing his course materials. I appreciate his taking the time to help with this project.

5. Glick's (1989) role at the Lower North Side Child Guidance Center was as part of the diagnostic team for the case load of "problem" boys though Glick says the psychiatrist in charge of the clinic barely tolerated the young sociologist who had been made a colleague. Glick interviewed each boy about his "social world" and interviewed relevant community members about each boy's situation. Glick was a team member for analysis and diagnosis and, at times, also was an intervener. Glick says the goal of the center was to "help get the boy on the right track."

Glick says he remembers little of the course which he thinks was a tutorial. He took the paid job in the center because Burgess offered it "as a way to be able to stay in school." After he left the center Glick said he didn't think about continuing that kind of work because "it wasn't my specialty."

6. Leonard S. Cottrell (1899–1985) was for two years a "Clinical Sociologist for the Institute of Juvenile Research" and acted as such with the South Side Guidance Clinic (Cornell University Archives, n.d.). Cottrell (1929:1) wrote that the duties included:

intensive treatment work, such as attempting treatment of the home situation, placement of the child in foster home, vocational adjustment, adjustment in school, cooperation with settlement in recreational adjustment. . . .

7. Wirth's 1931 article, "Clinical Sociology," discusses the importance of sociological contributions to the work of child development clinics. According to a newspaper article (September 18, 1929) in the *Tulane Scraps*, scrapbooks that are part of the Tulane University Library Archives, Louis Wirth had been director of the local clinic. Wirth never mentions in his 1931 article that he had been a clinic director.

8. Alexanderene Liston Fischer (1988), a 90-year-old retired teacher from Michigan, was one of the 18 students enrolled in the course. She remembered taking part in the class but nothing of the content. She also said she "would have loved to have been a sociologist but at that time they weren't getting much pay."

9. The visiting teacher, "a specialist in the study of home backgrounds," was described as follows (New York University, School of Education, 1929–30:75–76):

Her function is to play between (home and school), establishing the rapport necessary for the adjustment of the problems of school children. Her specialized knowledge must include interviewing, taking and interpreting family histories, using community social agencies wherever necessary, and contributing to the understanding of the families visited. In addition to this emphasis in her training, she must have thorough orientation in types of behavior, in the salient characteristics of exceptional children, in tests and measurements, and in social research.

10. The clinician, "a specialist in the analysis and readjustment of behavior disorders, was described in the following way (New York University, School of Education, 1929–30:76):

In addition to the training already outlined for the visiting teacher, he must acquire a considerable experience in clinical practice—administering tests, interviewing, evaluating the array of data with reference to a specific case, conducting staff conferences, prescribing treatment, and supervising the rehabilitation of the individual problem in question. His knowledge of behavior aberrations must be supplemented by specialized knowledge in such relevant fields as psychotherapy, neurology, endocrinology, social adjustment, the psychology of school subjects, and statistics.

11. This 1930 list—visiting teachers, social workers, and clinicians—was changed in 1931 (New York University, School of Education, 1931–32:98) to read as follows: "visiting teachers, educational counselors, social workers, and persons engaged in the administration of guidance in schools." Zorbaugh was director of the curriculum in this area as well as the undergraduate curriculum for "workers, administrators in boys' clubs, social settlements, and other educational agencies for children."

12. I am indebted to Dr. Elsie Hug (1990), the 86-year-old author of a 1965 book on the history of the New York University School of Education, for providing some detail about Zorbaugh's work and colleagues at New York University. Any errors in fact or analysis, however, should be attributed to the author rather than to Dr. Hug.

Hug first met Zorbaugh in the 1920s when she was working as a typist for the department and later she was a student in his educational sociology course. Hug said she argued with Zorbaugh that his clinic was not really a clinic as it didn't deal with the individual. Zorbaugh, an avid bridge player, didn't directly respond to Hug's criticisms. Hug said Zorbaugh chose, instead, to tell her that she was a lousy bridge player and sometimes a lousy educator.

13. During the following years the course was offered under the title "Seminar in Guidance and Special Education" (New York University, School of Education, 1933-34:165)

14. A departmental history (New York University, Department of Educational Sociology and Anthropology, n.d.:4) indicates that Zorbaugh became chair of the department in 1945 and was, at that time, devoting "a great deal of energy . . . to the Gifted Child Clinic."

15. According to a departmental history (New York University, Department of Educational Sociology and Anthropology, n.d.:5,2), Zorbaugh "did not focus directly on the use of sociological perspectives in analyzing or solving educational problems." However, Zorbaugh's involvement with the gifted child clinic is discussed at another point in the paper. There it states "Zorbaugh felt that the gifted child's handling of himself in society was a sociological and not a psychological problem."

16. According to Margo Horn (1989:ix, 186):

In the years from 1922 to 1945, the child guidance movement in the United States was funded and operated through programs of the Commonwealth Fund So the early years of institution-building witnessed a defensive protection of the idea of a new psychiatric model of treatment, even before it was established, against encroachments by practitioners of the so-called old style of psychiatry or by promoters of the sociological approach.

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