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# The Development of Contemporary Clinical Sociology

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## ABSTRACT

While clinical sociologists have been part of American sociology for well over fifty years, it has been only the last decade that the field of clinical sociology has become formalized and has gained acceptance as having a legitimate role in contemporary sociology. The history and development of this renewed interest in clinical sociology parallels the history and development of the Clinical Sociology Association (currently called the Sociological Practice Association). This paper gives an overview of the movement, differentiates current uses of the terms "clinical sociology," "applied sociology," and "sociological practice," and discusses directions for the next decade.

The history and development of contemporary clinical sociology parallels the history and development of the Clinical Sociology Association, currently called the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists (SPA). The contemporary clinical sociology movement generally is dated from the organizational meeting of the Clinical Sociology Association (CSA) in 1978 during the annual meeting of the American Sociological Association (ASA) in San Francisco. John Glass is credited with being the founder of this movement; and, during the organizational meeting, he was elected coordinator of the newly formed network.

Glass had been working in clinical settings for some time and had discussed the need for a clinical sociology in both a 1970 article entitled "Toward a Humanistic Sociology," and in his book *Humanistic Sociology* (Glass & Staude, 1972). However, it was a 1972 presentation by Warren Dunham on "Clinical Sociology: Its Nature and Function" (reprinted in *Clinical Sociology Review* 1(1), 1982), that reinforced Glass' interest in the development of the field (Glass & Fritz, 1982).

At the 1976 ASA annual meeting in New York City, Glass held a roundtable discussion entitled "Clinical Sociology: A New Profession." In the abstract for this roundtable, Glass noted:

By defining sociology narrowly as an academic discipline we have short-sightedly given up by default the opportunity to train and develop practitioners in social change and human services and thereby to open up new career opportunities essential to sociology's vitality and future at a time that the academic market is so dismal.

While only ten people attended this first roundtable, Glass held numerous other informal discussions at the 1976 meeting; and at the 1977 annual meeting of the ASA, he presented a formal paper session also entitled "Clinical Sociology: A New Profession" (Glass, 1977). The paper was revised and appeared in 1979 under the title of "Renewing an Old Profession" in an issue of the *American Behavioral Scientist*. In this article, Glass discussed what was then known as the origin of the field of clinical sociology (1979a:515):

The idea of clinical sociology is not new. Almost 50 years ago Wirth (1931), in a pioneering article entitled 'Clinical Sociology,' described a role which sociologists, including such well-known figures as D. and T. Thomas, were taking in the child guidance clinics of that time. Gouldner (1965) discussed clinical sociology as a profession almost 15 years ago, and a textbook on clinical sociology is forthcoming (Glassner & Freedman, 1979). Lee (1973, 1955, 1966, 1976), Lennard & Bernstein (1969) and Dunham (1972) have also used the term 'clinical sociology.'

Glass' discussions of clinical sociology continued to generate interest, and a number of individuals agreed to become coordinators of the informal network. In addition to Glass, these included Roger Straus, Suzanne Powers, C. Margaret Hall, Hugh Gardner, and Doris Wilkinson. Straus was appointed acting editor of the *Clinical Sociology Newsletter*, and the first issue appeared in summer 1978 prior to the ASA meetings. It was mailed to all those who had expressed an interest in clinical sociology and to others who might be interested. This first newsletter carried an announcement of an organizational meeting of the network to be held at the upcoming annual meeting of ASA. As Straus noted (1978a:1):

John Glass' informal discussion sessions at the 1976 and 1977 ASA meetings precipitated an unexpected flood of interest in Clinical

Sociology. Out of this has emerged the idea of a Clinical Sociology Network comprising all who are interested in aiding, abetting or following the development of a recognized profession of Clinical Sociology - along with those who are doing or would like to do clinical work as professional sociologists.

The organizational meeting took place as planned in the Imperial Ballroom of the San Francisco Hilton on September 7, 1978. There were over thirty persons in attendance. It was agreed that a formal network should be established, and Glass was elected coordinator. It was named the Association of Clinical Sociologists (ACS). As reported in the next issue of the *Newsletter*, much progress was made during the organizational meeting (Straus, 1978b:2):

Almost 50 of us, total, met together during the ASA meetings. However, the official meeting was held Sept. 7, 1978 at 6:30 PM with over thirty attendees. John Glass gave us a brief history of the events leading up to this event, and Alfred McClung Lee spoke of his clinical writings and endeavors, encouraging a close relationship between the ACS and the Association for Humanist Sociology.

Consensus had been reached on the new name—the Association of Clinical Sociologists (shortly thereafter changed in a unilateral decision by Glass to the Clinical Sociology Association to better highlight the field and not the association)—and on officers. Glass was named the first coordinator (for 1979 and 1980), with Charles Cleveland as co-coordinator. Selected to the Steering Committee were John Glass, Charles Cleveland, Roger Straus, Suzanne Powers, Clifford Black, Louise Klasic, Ronnie Braun, Jan Fritz, Barry Glassner, Jonathan Freedman, Hugh Gardner, and Hugh Floyd. Five task forces and chairs also were established: Standards and Ethics (Black); Internal Organization (Fritz); Education and Training (Powers); and Employment Development and Public/Community Relations (Gardner).

The new association did agree to maintain strong ties with the Association for Humanist Sociology and with the Sociological Practice Section of the ASA which also had just begun that year. Additionally, five proposed goals for the CSA were established (Gardner, 1979a:16):

1. To promote the application of sociological knowledge to intervention for individual and social change.
2. To develop opportunities for the employment and utilization of clinical sociologists.

3. To provide a common meeting ground for sociological practitioners, allied professionals, scholars, and students.
4. To develop training, internships, certification, and other activities to further clinical sociological practice.
5. To advance theory, research, and methods for sociological interventions in the widest range of professional settings.

By the summer of 1979, substantial progress had been made. A special issue of the *American Behavioral Scientist* devoted to clinical sociology (Straus, 1979a) had appeared in the spring. Additionally, Glassner and Freedman's (1979) book *Clinical Sociology* had been published. Advertised as "the first book in a newly emerging field," the volume covered four areas: Delineating Clinical Sociology, Theories and Methods, Vital Features, and Techniques of Sociological Therapy. The CSA also began plans for publishing its own journal, and a tentative Code of Ethics for the association had been drafted.

Presentations on clinical sociology were offered at almost all regional sociology meetings that year, and the network continued to grow. The first formal business meeting of the CSA took place in Boston during the 1979 ASA annual meeting. Glass, in his fall coordinator's report (1979b:3-4) noted:

This past year has seen our dream become a reality. Interest in Clinical Sociology is growing beyond wildest expectations, and I am now more certain than ever that our grassroots movement will transform sociology and have a significant impact upon professional interventions, generally . . . .

It has been an exciting year. We now have nearly 200 paid members from around the world. We have sponsored formal sessions on Clinical Sociology at practically every sociological conference in the U.S., as well as a highly successful series of CSA-run workshops held in conjunction with the Boston ASA meetings. We have established a cooperative relationship with ASA, its Section on Sociological Practice, the S.S.S.P., and also with the Society for Applied Anthropology, an interdisciplinary group interested in clinical social science . . . .

During the coming year, we will formalize our By-laws and incorporate as a non-profit group, develop plans for workshops and training opportunities, and generally move ahead with expanded C.S.A. activities.

The groundwork for the contemporary field of clinical sociology had been laid. In October 1978, the CSA Executive Committee issued a statement on a formal definition of "clinical sociology" (Gardner, 1979b:2):

Clinical sociology brings a sociological perspective to intervention and action for change. The clinician is essentially a change agent rather than a researcher or evaluator. Clients may be individuals, groups, or organizations. The clinical task involves a redefinition of self, role, and/or situation, using a variety of techniques or methods for facilitating change. The value-orientation is humanistic, holistic, existential, and multidisciplinary.

### **The Contemporary History of the Field**

Within two years the informal network of the ACS gave way to a much more formal organization. Jan Fritz, who had worked closely with Glass in 1980, took over as president in January 1981. Under her leadership, numerous significant events helped to institutionalize the field of clinical sociology. For example, the CSA was entered into the 16th edition of the *Encyclopedia of Associations*, "clinical sociology" was given a separate heading in *Sociological Abstracts*, and the title of "Clinical Sociologist" was listed in the *Dictionary of Occupational Titles*. Perhaps even more importantly, the association's first journal, the *Clinical Sociology Review*, appeared in 1982 with Fritz as editor. The goal of the journal was "to bring the newest contributions in the field as well as the classics to a wide audience of practitioners, policymakers, teachers and students." The journal was published by the association, and 1000 copies were printed. Within two years, all copies had been sold.

Fritz recognized the need to establish credibility for this new field. She also recognized the necessity of documenting the field's history and impact. As a result, she undertook the major task of collecting works of clinical sociology that had been published or presented in the fifty years between the appearance of Wirth's 1931 article ("Clinical Sociology") and 1981. She obtained copies of 400 articles and books and established a special collection of clinical sociology documents at the Lauinger Library at Georgetown University in Washington, D.C. The collection is the only one of its kind and is a national resource that allows scholars ready access to materials that often would be difficult to locate. Abstracts of the collected works were written and published by Fritz in *The Clinical Sociology Handbook* (1985).

Since its inception, the association had been concerned with ethical standards. As early as spring 1979, a Tentative Code of Ethics for the CSA had been drafted (Maesen, 1979). A more formal Code of Ethics was developed and was adopted by the general membership during Fritz's term at the 1982 annual meeting. It covered the responsibilities of sociologists as scientists, as employees and supervisors, as interventionists, and as teachers. Revised in 1985 and

again in 1987, the *Ethical Standards of Sociological Practitioners* (Sociological Practice Association, 1987a) has become a model in the field.

Fritz also emphasized the need to expand training opportunities for sociologists who wished to enhance their intervention skill levels and the need to begin to offer courses and programs in clinical sociology for our students (Clark & Fritz, 1986; Fritz & Clark, 1986).

The association's First Cooperative Conference in Clinical Sociology was organized by Jonathan Freedman, Judy Gordon, Janet Mancini, and Suzanne Powers and was held at the Stella Niagara Center of Renewal in Lewiston, New York, in August 1981. The purpose of this three-day residential conference was "to bring together in a teaching/learning/sharing environment, a key group of clinical sociologists in order to learn what persons interested in the development of clinical sociology are thinking about and doing . . . thereby, to increase synergy in this field generally and each others' skills particularly . . . and to build an organization" (Freedman, 1981). Attended by thirty-nine persons from the United States and Canada, this cooperative conference laid the groundwork for one of the association's most important functions—providing intervention skills training and continuing education for sociologists who wished to enter, or who were already working in, clinical settings. Continuing education units (CEUs) were offered at the first cooperative conference and at the twenty-six additional training conferences and workshops held by the association since that time.

Fritz's term of office spanned the years 1981 and 1982. She was succeeded in the presidency by Jonathan Freedman. One of Freedman's major contributions to the field and to the association was the establishment of competencies for clinical sociologists as a means of acquiring legitimacy for the field. This included, among other things, a credentialing process.

Glass (1980:13) had contended that "labeling oneself as such does not a clinical sociologist make. Training, experience, and skills as a change agent are necessary . . ." A credentials committee had been established by the association in 1981. In 1983, they presented this report to the Executive Board (Marconi, 1983:1-3):

The Clinical Sociology Association has the potential for creating a humanistic and fair credentialing process for sociologists . . . There are several reasons why some type of credentials, other than self-definition, should be adopted by the CSA:

1. It would help clinical sociologists be viewed by others as legitimate as other licensed and certified professions.
2. It would help protect clinical sociologists from claims of allied professionals on areas of sociological practice.

3. It would protect the public from unqualified practitioners.
4. If a profession decides not to become licensed or certified, its area of practice may be limited by default.
5. It may help upgrade skills if continuing education is required.
6. It will increase visibility to third-party payors.

The Executive Board had accepted the report and approved the idea of a certification process at its mid-year board meeting in April 1983. Certification Guidelines were set forth in the summer 1983 *Newsletter*, and the membership voted to implement a certification process at its annual membership meeting in Detroit, Michigan, on September 1, 1983. The certification process was to be competency-based. In the Statement of Purpose of the certification application (Sociological Practice Association, 1987b:3), it is noted, "the Association will certify clinical sociologists who have demonstrated competence in the practice of clinical sociology through the mastery of sociological theory and methods, and through appropriate skills." As part of this procedure, a certification demonstration is required. The first demonstrations were held in Boston in March 1984. Sociologists who successfully complete the process are entitled to use the designation "C.C.S." (for Certified Clinical Sociologist) after their name.

In his "Report from the Outgoing President," Freedman noted the continuing importance of seeking legitimacy for the field of clinical sociology (1985:1):

What we are engaged in is the legitimation of a career pathway—a pathway that certain pioneers have established. . . . We are putting together the components for a legitimate career in the field, courses, training and degree programs, practitioner certification, a code of ethics, our history, books, chapters, articles, journals, newsletters. . . . I am convinced that developing career pathways, job and internship opportunities is the next difficult major step in the development of the Clinical Sociology Association.

Elizabeth Clark became the fourth president of the CSA in 1985. Under her leadership, the role of the association was further expanded. The association's membership had grown considerably and included members in twenty countries. The association was at a crucial point in its development. It no longer was just a "grass-roots movement" but had taken on the characteristics of a full-fledged professional organization with an international membership.

A decision had to be made to either maintain the status quo or to continue growth. The Executive Board opted for growth. Due to size of the membership, it was no longer necessary to hold the annual meeting in conjunction with ASA. The first free-standing annual meeting was held in Thornfield, New York, in

June 1986. The association newsletter, under the auspices of the Department of Sociology at North Texas State University, became a leading newsletter in the field. The journal was courted by professional publishers (it is currently published by the Michigan State University Press), and a national traineeship in clinical sociology was funded and established under the direction of Dr. Julia Mayo, C.C.S., at St. Vincent's Hospital and Medical Center in New York City in July 1986 (see Cuthbertson, 1989, for a description of the traineeship).

Discussions on how best to continue the momentum and to further develop the field were numerous. Early in her term, Clark suggested that changing the name of the association from Clinical Sociology to Sociological Practice would considerably broaden the membership base. To fully understand this suggestion, it is important to define the terms "sociological practice," "clinical sociology," and "applied sociology."

### **Defining the Field**

Both applied sociologists and clinical sociologists are sociological practitioners. Practice is the broad, umbrella category, and clinical and applied sociology are approaches to practice (Clark & Fritz, 1989).

Sociological practice has been part of American sociology since the beginning of the field in the late 1800s (Fritz, 1985), and many of the early sociologists were reformers interested in social progress and intervention. This "practical sociology" of the early 1900s (Barnes, 1948:741) has influenced the contemporary areas of American sociological practice—applied and clinical sociology.

Despite its roots, sometime after World War II the field began to shift away from application and intervention and toward theory and statistical testing (Franklin, 1979), a trend that has continued to the present. Mauksch (1983:2) describes a reason for this shift in the following paragraph:

As part of its thrust to be accepted as a pure science, sociology, similar to other disciplines, has accorded prestige, priority, and rewards to the pursuit of conceptual and theoretical issues with little regard to their application. This climate, pervasive even today throughout many academic sociology departments - particularly at research universities places great value on purely academic careers and labels as less worthy and somewhat tainted careers in applied sociology.

Gollin (1983:443) concurs:

The search for scientific legitimacy led many sociologists in the early decades of the society to want to put as much distance as possible

between its historical roots in social reform and its aspiration to status as an academic discipline.

While the emphasis turned toward science, the field always has included scientists who were interested in application; and in the past decade, there has been a renewed interest in both applied and clinical sociology.

The term 'applied sociology' was used frequently at the turn of the century. At the very first meeting of the American Sociological Society (currently the American Sociological Association) in 1906, a decision was made that "practical sociologists" should be invited to join because "one of the best results of the new organization would be achieved by bringing into close and regular contact the 'theoretical' and the 'practical' sociologists; each has much to learn from the other" (Rhoades, 1981:4).

Also, in 1906, Lester Franklin Ward, the first president of the American Sociological Society, published a book titled *Applied Sociology* in which he framed the concepts of "pure" and "applied" sociology (1906:5-6):

Just as pure sociology aims to answer the questions what, who, and how, applied sociology aims to answer the question what for. The former deals with facts, causes, and principles, the latter with the object, end, or program. The one treats the subject-matter of sociology, the other its use. However theoretical pure sociology may be in some of its aspects, applied sociology is essentially practical. It appeals directly to interest. It has to do with social ideals, with ethical considerations, with what ought to be.

A journal entitled *Applied Sociology* was in existence from 1922 to 1927, after which the name was changed to *Sociology and Social Research*. Also, in 1927, Herbert Shenton wrote *The Practical Application of Sociology: A Study of the Scope and Purpose of Applied Sociology*. Contemporary sociologists continue to examine the meanings and forms of applied sociology (e.g., Billson, 1984; Black & Enos, 1980; Boros, 1980; Freeman & Rossi, 1984; Iutovich & Cox, 1984; Kallen, 1985, 1986; Olsen & Micklin, 1981; Straus, 1985; Swan, 1984). According to Mauksch (1983:3):

In one sense, applied sociology refers to techniques and methodology. Unlike the inquiry model which governs pure research, applied sociology starts with the definition and exploration of a real problem or mission . . . Applied sociology includes the research model of problem-solving, the research model of formulating and testing options, and the research model of evaluation.

With regard to applied social research, Olsen and DeMartini (1981) suggest that applied sociology uses five general research methods: problem exploration, policy analysis, needs assessment, program evaluation, and social impact assessment. They also formulate a current definition for applied sociology as “sociological knowledge and action oriented toward intentional social change to achieve acquired goals” (1981:2).

According to the definitions above, applied sociology employs sociological perspectives to assist in problem-solving (Boros, 1980), and the applied sociologist is generally a research specialist who produces information that is useful in resolving problems in government, industry, and other practice settings.

Fritz (1985) detailed the early roots of clinical sociology by examining the work of individuals who combined “a scientific approach to social life with an involvement in intervention work.” She noted (1985:14) that the first linking of the words “clinical” and “sociology” in a sociology journal occurred in 1931. Louis Wirth’s article “Clinical Sociology” appeared that year in *The American Journal of Sociology*. In 1944, the term became more firmly established when a formal definition of clinical sociology (written by Alfred McClung Lee) appeared in H. P. Fairchild’s *Dictionary of Sociology*.

Following Wirth’s usage and Lee’s definition, the term has been used to refer to sociological intervention in a variety of settings. It is the application of a sociological perspective to the analysis and design of intervention for positive social change at any level of social organization. Clinical sociology is not meant to indicate primarily medical applications (the word ‘clinical’ originally meant bedside), nor only a microsociology perspective such as individual counseling or small group work. Instead, it is essential to recognize that the role of the clinical sociologist can be at one or more levels of focus from the individual to inter-societal. In fact, the translation of social theory, concepts, and methods into practice requires the ability to recognize various levels, as well as to move between the levels for analysis and intervention (Freedman, 1984).

Clinical sociologists have specialty areas—such as organizations, health and illness, forensic sociology, aging, and comparative social systems—and work as action researchers, organizational development specialists, sociotherapists, conflict interventionists, social policy implementors, and administrators, to name but a few. In their work, they frequently use qualitative and quantitative research skills for assessment and evaluation. The field is humanistic and interdisciplinary.

Applied sociology and clinical sociology have a somewhat different but compatible, and often overlapping, focus. Together, these two approaches constitute a modern definition of sociological practice. Sociologists tend to have early knowledge of emerging social problems. Research about these problems is essential, as is the development of specific intervention strategies that relate

to emerging social problems. What is important is that the numerous roles that sociologists can fulfill be recognized and developed.

### **Broadening the Association Base**

In a letter to the membership of the CSA dated May 26, 1986, Clark detailed the reasons for her proposal to change the name of the association. She wrote (1986a):

I am pleased to report that at our Annual Business Meeting in Thornfield on June 21, 1986, the Board and the Founding Presidents of the Clinical Sociology Association will bring forth a motion recommending that the CSA change its name to the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists. We feel this new name will better reflect the broad interests of our expanding membership.

The Board has been approached by many of our members regarding a possible name change, and we have studied the national and international trends. We strongly agree that there is a continuing need for clinical and applied sociologists to have an independent voice in the future of sociology. The CSA has had an important impact on the discipline of sociology in the past eight years. We have worked hard to have practicing sociologists recognized. We have been the catalyst for many changes and improvements, and we have been the leader in establishing certification for sociologists. But there is much more that needs to be done. By expanding our base to better include practicing sociologists who use an applied approach (applied research, policy formulation, impact assessment), and those who teach clinical and applied sociology, we will strengthen not only our association, but our impact.

This "umbrella" association will, of course, continue to reflect the needs of clinical sociologists. We will continue to certify and to award the "Certified Clinical Sociologist" (CCS) designation. Our impressive journal, the *Clinical Sociology Review*, will continue to add to the growing body of literature on clinical and other forms of practice. And, we will not only continue, but expand, our training opportunities for sociological practitioners.

The membership responded favorably, and on June 21, 1986, the following motion to change the name of the CSA was passed with only one negative vote:

The Officers, Board, and Presidential Advisory Committee of the Clinical Sociology Association move that effective July 1, 1986, the name of the Clinical Sociology Association shall be changed to the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists.

Persons speaking in favor of the motion included, among others, John Glass, founder of the CSA; Jonathan Freedman representing the CSA Presidential Advisory Committee; Louisa Howe, Chair of the Ethics Committee; and other longstanding members, such as Alfred McClung Lee and Julia Mayo. Their arguments in favor of the motion included: (a) broadening the base of membership support in order to be more effective politically; (b) better representation of the diverse and growing membership; and (c) the need to work on behalf of applied sociologists as well as clinical sociologists (Clark, 1986b).

Following the name change, a "Celebration of Practice" was held at the 1989 annual meeting of the American Sociological Association in New York City in August. Planned by the Sociological Practice Association (SPA) to emphasize its name change and to set direction for the future, it was co-sponsored by fourteen other practice oriented groups and was attended by over 150 persons. Alfred McClung Lee offered the exciting keynote address entitled "Practitioners in the Sociological Struggles" (for a revised version of this presentation, see Lee, 1989), and there was a ceremony recognizing the pioneering work of twenty-eight outstanding contemporary clinical and applied sociologists (Clark, 1987:1-2).

As hoped, the name change did serve the purpose of broadening the membership base and facilitating continued growth of the association and the field. Clark finished her term as president of the CSA and was elected to a two year term as the first president of the SPA. One of her goals had been to heighten the cooperation not only among the practice groups but among academic sociology groups as well. This effort was continued by Robert Bendiksen, who succeeded Clark as president in 1989, and by Phillip Robinette, who became the sixth president in January 1990.

The late 1980s also saw other changes. The newsletter of the association was renamed *The Practicing Sociologist* (Church, 1987). It currently is edited by Peter Maida and published by the Institute of Criminal Justice and Criminology at the University of Maryland. In addition to the newsletter and the *Clinical Sociology Review*, in December 1986 the association bought the rights to an existing journal called *Sociological Practice*. Since purchase, two volumes (Volumes 7 and 8) have been published. Volume 7, edited by Fritz and Clark in 1989, had as its theme the development of clinical and applied sociology. Alvin Lackey was guest editor for Volume 8 (1990), which is devoted to community

development and other community applications of sociological practice. Three other theme volumes are in progress. These are dispute processing, edited by Peter Maida and Maria Volpe; health sociology, edited by Elizabeth Clark and Jan Fritz; and gerontology, edited by Joyce Iutovich.

The utility of clinical sociology continues to be noted both internationally and by those outside the field. For example, in 1984, a Working Group on Clinical Sociology was established within the International Sociological Association. Also, in the 1988–89 edition of the *Occupational Outlook Handbook* (U.S. Department of Labor, 1988–89:30–32), clinical sociology is listed as a field of specialization for sociologists, and students are encouraged to select for their graduate programs a school “that has adequate research facilities and offers appropriate areas of specialization such as theory, demography, clinical sociology, or quantitative methods.” Further, when discussing job outlook, the handbook indicates that “demand is expected to be much stronger for sociologists with training in practice areas—such as clinical sociology . . . than for specialists in sociological theory.”

The field of clinical sociology has a strong organizational base and has gained acceptance as having a legitimate role in contemporary sociology. This transformation has taken place in ten short years. It is a tribute to the efforts and dedication of a small group of individuals who believed that sociology could, and should, be useful and meaningful. As Straus wrote in 1979(b), clinical sociology is an idea whose time has come—again.

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### REFERENCES

- Barnes, Harry (Ed.)  
 1948 *An Introduction to the History of Sociology*. Chicago: The University of Chicago Press.
- Billson, Janet Mancini (Ed.)  
 1984 *Clinical Sociology Review* 2. New York: General Hall, Inc.
- Black, Clifford, & Richard Enos  
 1980 Sociological precedents and contributions to the understanding and facilitation of individual behavioral change; The case for counseling sociology. *Journal of Sociology and Social Welfare* 7(5): 648–664.

- Boros, Alex  
1980 Applied sociology suggested as best generic term. Washington, D.C.: American Sociological Association Footnotes, May.
- Church, Nathan (Ed.)  
1987 *The Practicing Sociologist* 8(4). Denton: North Texas State University.
- Clark, Elizabeth  
1986a Letter to membership of Clinical Sociology Association. May 26.  
1986b Membership affirms name change. *Clinical Sociology Newsletter* 8(3): 1.  
1987 1986 Celebration of practice held in New York. *The Practicing Sociologist* 8(4): 1-2.
- Clark, Elizabeth, & Jan Fritz  
1986 The clinical approach to successful program development. *Clinical Sociology Review* 4: 173-181.  
1989 Sociological practice in the United States: Past progress and future concerns. *Newsletter of the International Sociological Association's Research Committee on Sociotechnics/Sociological Practice* 11: 24-32.
- Cuthbertson, Beverley  
1989 The first national traineeship in clinical sociology. *The Practicing Sociologist* 11(1): 4-5.
- Dunham, H. Warren  
1972 Clinical sociology: Its nature and function. Paper presented at American Sociological Association annual meeting (August). Published in 1982 in the *Clinical Sociology Review* 1: 23-33.
- Franklin, Billy  
1979 Clinical sociology: The sociologist as practitioner. *Psychology, A Quarterly Journal of Human Behavior* 16(3): 51-56.
- Freedman, Jonathan  
1981 First Cooperative Conference in Clinical Sociology. Conference Brochure. Jamesville, NY: Clinical Sociology Association.  
1984 Integration of levels of focus: Is this what makes clinical sociology unique? Clinical Sociology Association presidential address. San Antonio, TX (August).  
1985 Report from the outgoing president. *Clinical Sociology Newsletter* 7(1): 1.
- Freeman, Howard, & Peter Rossi  
1984 Furthering the applied side of sociology. *American Sociological Review* 49: 571-580.
- Fritz, Jan (Ed.)  
1982 *Clinical Sociology Review* 1.
- Fritz, Jan  
1985 *The Clinical Sociology Handbook*. New York: Garland.
- Fritz, Jan, & Elizabeth Clark (Eds.)  
1986 *The Clinical Sociology Resource Book*. Washington, DC: American Sociological Association Teaching Resources Center.  
1989 *Sociological Practice* 7.
- Gardner, Hugh  
1979a Our goals. *Clinical Sociology Newsletter* 1(4): 16.
- Gardner, Hugh (Ed.)  
1979b *Clinical Sociology Newsletter* 1(2): 2.

- Glass, John  
 1970 Toward a humanistic sociology. *Newsletter of the Association for Humanistic Psychology* 6(4): 1-2.  
 1976 Clinical sociology: A new profession. Roundtable presentation at the American Sociological Association annual meeting (September 3).  
 1977 Clinical sociology: A new profession. Annual Proceedings of the 72nd Annual Meeting of the American Sociological Association.  
 1979a Renewing an old profession. *American Behavioral Scientist* 23(3): 513-530.  
 1979b From our coordinator. *Clinical Sociology Newsletter* 1(4): 3-4.  
 1980 Feedback. *Clinical Sociology Newsletter* 3(5):13.
- Glass, John, & Jan Fritz  
 1982 Clinical sociology: Origins and development. *Clinical Sociology Review* 1: 3-6.
- Glass, John, & John Staude  
 1972 *Humanistic Society*. Pacific Palisades, CA: Goodyear Publishing Company, Inc.
- Glassner, Barry, & Jonathan Freedman  
 1979 *Clinical Sociology*. New York: Longman.
- Gollin, Albert  
 1983 The course of applied sociology: Past and future. H. Freeman, et al. (Eds.), *Applied Sociology*. San Francisco: Jossey-Bass Inc.
- Gouldner, Alvin  
 1965 Explorations in applied social science. *Social Problems* 3(3): 169-181.
- Iutovich, Joyce, & Harold Cox (Eds.)  
 1984 *Journal of Applied Sociology* 1. Edinboro, PA: Society for Applied Sociologists.
- Kallen, David (Ed.)  
 1985 *Clinical Sociology Review* 3. New York: Brunner/Mazel, Inc.  
 1986 *Clinical Sociology Review* 4. New York: Brunner/Mazel, Inc.
- Lackey, Alvin  
 1990 *Community. A special issue of Sociological Practice*, 8. East Lansing, MI: Michigan State University Press.
- Lennard, Henry, & Arnold Bernstein  
 1969 *Patterns in Human Interaction*. San Francisco: Jossey-Bass Inc.
- Lee, Alfred McClung  
 1944 Sociology, Clinical. P. 30 in H. P. Fairchild (Ed.), *Dictionary of Sociology*. New York: Philosophical Library.  
 1955 The clinical study of society. *American Sociological Review* 20(6): 648-653.  
 1966 *Multivalent Man*. New York: Braziller. Pp. 327-341.  
 1973 *Toward Humanist Sociology*. Englewood Cliffs, NJ: Prentice-Hall.  
 1976 What kind of sociology is useful to social workers? *Journal of Sociology and Social Welfare* 4: 4-13.  
 1989 The convergence of science and humanistic intervention: Practitioners in the sociological struggles. *Sociological Practice* 7: 65-71.
- Maesen, William  
 1979 Tentative code of ethics for the Clinical Sociology Association. *Clinical Sociology Newsletter* 1(2): 7.
- Marconi, Katherine  
 1983 CSA Credentials Committee update. *Clinical Sociology Newsletter* 6(15): 1-3.

- Mauksch, Hans  
 1983 Opportunities and obstacles to teaching applied sociology. Pp. 2–8 in Carla Howerly (Ed.), *Teaching Applied Sociology: A Resource Book*. Washington, DC: American Sociological Association Teaching Resources Center.
- Olsen, Marvin, & Joseph DeMartini  
 1981 Pre-doctoral and post-doctoral training in applied sociology. Paper presented at the American Sociological Association Workshop on Directions on Applied Sociology. Washington, DC.
- Olsen, Marvin, & Michael Micklin (Eds.)  
 1981 *Handbook of Applied Sociology*. New York: Praeger.
- Rhoades, Lawrence  
 1981 *A History of the American Sociological Association 1905–1980*. Washington, DC: The American Sociological Association.
- Shenton, Herbert  
 1927 *The Practical Application of Sociology: A Study of the Scope and Purpose of Applied Sociology*. New York: Columbia University Press.
- Sociological Practice Association  
 1987a *Ethical Standards of Sociological Practice*. Chester, NY: Executive Office of the Sociological Practice Association.  
 1987b *Certification Instructions and Application*. Chester, NY: Executive Office of the Sociological Practice Association.
- Straus, Roger (Ed.)  
 1978a Editorial comment. *Clinical Sociology Newsletter* 1(1): 1.  
 1978b *Clinical Sociology Newsletter* 1(2).  
 1979a Special issue on clinical sociology. *American Behavioral Scientist* 22(4).  
 1985 *Using Sociology: An Introduction from the Clinical Perspective*. New York: General Hall, Inc.
- Straus, Roger  
 1979b Clinical sociology: An idea whose time has come—again. *Sociological Practice* 3(10): 21–43.
- Swan, L. Alex  
 1984 *The Practice of Sociology and Psychotherapy*. Cambridge, MA: Schenkman.
- U.S. Department of Labor  
 1988–89 Sociologists. Pp. 30–32 in *Occupational Outlook Handbook: Education, Social Service and Related Occupations* (Bulletin 2300–5). Washington, DC: U.S. Government Printing Office.
- Ward, Lester  
 1980 *Applied Sociology*. Boston: Ginn and Company.
- Wirth, Louis  
 1931 Clinical sociology. *American Journal of Sociology* 37(1): 49–66.