

Clinical Sociology Review

Volume 4 | Issue 1

Article 5

1-1-1986

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Recommended Citation

McDonagh, Edward C. (1986) "An Approach to Clinical Sociology," *Clinical Sociology Review*: Vol. 4: Iss. 1, Article 5.
Available at: <http://digitalcommons.wayne.edu/csr/vol4/iss1/5>

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An Approach to Clinical Sociology

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The clinical approach as a means of sociological research is essentially a group way of studying and solving problems.¹ Perhaps this group approach has been most extensively developed in the fields of medicine, psychology, and social work. It is difficult to explain why a discipline which analyzes and studies social relationships has relegated to the background or never developed the possibilities and values of clinical sociology.²

I

In the medical clinic the interaction and interstimulation among physicians have made possible a better quality of care than can be rendered by the individual physician. It is well known that in the medical clinic professional personnel and scientific equipment are pooled, making available not only a desirable division of labor but the full utilization of the magic eye of science. The same general scheme has been used to excellent advantage in experimental psychology. A perusal of courses in psychology as taught on the graduate level will disclose the following as representative of group thinking in that field: child guidance clinic, speech clinic, clinical psychology, and auditory clinic. Several universities now insist on a minimum number of hours of work and observation in a psychological clinic for all Ph.D. candidates in psychology.³ Social workers, too,

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¹ For a significant classification of the fields of social research see the work by Dr. Emory S. Bogardus, *The Development of Social Thought* (New York: Longmans, Green and Company, 1940:535).

² Dr. Clarence Marsh Case has noted that the term “sociological research” refers to the method of studying social phenomena and that the term “social research” describes the field investigated. See his article “What Is Social Research?” *Sociology and Social Research*, 12:132-36, November-December, 1927.

³ For example, Indiana University requires a minimum of 720 clock hours in the psychological clinic as an observer and therapist for its Ph.D. candidates in that field.

have used the clinic approach as a means for the effectual solution of difficult cases. Not only have social workers cooperated in the discussion of the problems of their clients, but they have been eager for reports on their cases from physicians and psychologists. It may be worth considering that medicine, psychology, and social work frequently have studied the individual by group methods, whereas in most instances sociologists have analyzed group problems and situations by somewhat individualistic methods, often without the collaboration of other sociologists.

Despite the courageous words of Lester F. Ward and his urgent plea for an applied sociology stressing social teleosis, American sociology has been for too many students and instructors a classroom experience only. It may be that in the past sociologists thought it necessary to devote considerable time to the integration and evaluation of the social theories and findings of the other social sciences including anthropology, economics, ethnology, history, and political science. A glance at the author index of a text on general sociology will serve to corroborate the intellectual eclecticism of sociology. Since sociology is so eclectic, it is somewhat difficult to understand why it has not adopted and incorporated the advantages of clinical thinking.

II

Are there any evidences of tendencies toward clinical social research? Perhaps the thesis course for the master's degree in our large universities approaches some of the elements and characteristics of group research, especially on the part of the student. These courses might be improved if faculty specialists in the sociology department attended and took an active part in presenting divergent points of view.

A second evidence of an approach to group research has been developed in a few departments of sociology under the course title of "social research clinic." For example, at The University of Southern California, Dr. E. S. Bogardus has organized a social research clinic. Advanced graduate students, many of whom are Ph.D. candidates, present to the clinic their research topics for study and evaluation by the clinicians. Often the principal topic for consideration and discussion centers on the merits of rival methodologies which may be used in a particular piece of research. Hence, many a worthwhile study is saved from possible mortality by the constructive suggestions of the professor in charge, the graduate students of the clinic, and the point of view of an invited specialist. It has been found that social welfare agencies welcome the opportunity to present their research problems to the clinic for study and consultation. The clinic may hear an important Y.M.C.A. official discuss the problem of determining the best ecological site for its proposed building. Not only will such a challenging problem necessitate considerable study and thought by the students, but the ecological method may thus be given a pragmatic emphasis when students are confronted

with some of the actual problems of social agencies. It is regrettable that so few universities have organized a social research clinic.

The Social Research Science Building on the campus of the University of Chicago is a promising example of group research. Dr. Louis Wirth of the sociology department of the University of Chicago has said of the structure:

It has encouraged intimate association between mature scholars who otherwise might have had little more than a bowing acquaintance with one another and who, because of this association, have received the benefit of enlarged points of view and close interstimulation, which has been reflected in their work.⁴

In the closing section of the book, *Eleven Twenty-Six*, is listed a bibliography of publications emanating from the University of Chicago. Even a critic of the University of Chicago would admit that some of the great pieces of contemporary research have come from the Social Research Science Building. However, a practical question arises as to how many persons in Illinois and surrounding states are aware of these publications and their implications for society. For the most part, very few residents of the Chicago metropolis are conscious of the findings of the social scientists for at least two reasons: 1) most of the topics studied are specialized and technical; and 2) the results of the investigations are published almost exclusively in professional journals.

III

One area of research which has not been explored enough is regional clinic research. Regional areas are being selected as the natural boundaries for postwar planning.⁵ Special interest groups in many communities are attempting to design programs for the postwar era, many of which upon close examination are found to be inadequate and specialized.⁶ Here is a fertile field for the alert sociologist to learn about the social forces operating in his community and to lend guidance to the more worthwhile and promising plans. The academic training of the sociologist should enable him to assist interested groups in the social diagnosis and prognosis of a number of community problems.

A social research clinic can be organized in most departments of sociology. Ideally, the social research clinic is composed of representatives from the social

⁴ Edited by Louis Wirth, *Eleven Twenty-Six: A Decade of Social Science Research* (Chicago: The University of Chicago Press, 1940:ii).

⁵ An interesting description of the location of the research clinic is offered by Joseph H. Bunzel, "The Sociological Laboratory," *American Sociological Review*, 8:472-75, 1943.

⁶ A critical statement of the role of sociology in planning better communities is to be found in the article by Dr. B. A. McClenahan, *Sociology and Social Research*, 28:182-93, January-February, 1944.

sciences with a person trained in sociology serving as director. As indicated, the sociologist is likely to view problems in terms of their social antecedents and implications.⁷ Evidence of social disorganization to the sociologist is not a fragmentary phenomenon, but one with several probable causes which may call for more than one remedy. The director of this regional social research clinic should have the academic grasp of the sociologist and the perspective and balance of the philosopher.

As soon as the social research clinic has been organized and some moderate publicity is given concerning the purposes of the undertaking, it will not be long until interested persons in the community may begin asking for help in solving problems.⁸ Some community problems and regional difficulties may be resolved without much research, while for other worthy inquiries it may take several months or even years to effect a satisfactory solution. In order to make the social research clinic a more dynamic part of the region and community, it is well to have business and labor groups aware of the disinterested purposes of the organization. Divergent interest groups such as veterans' organizations, labor unions, women's clubs, and service clubs will, of course, call for a great deal of tact and empathetic perception.

The social research clinic can study regional housing standards and conditions, probable postwar employment, juvenile delinquency, and health indices. There will be splendid opportunities to work with draft boards in the immediate demobilization period and to help them in determining efficiently the number of positions available and to evaluate the skills and work experiences of the applicants. Studies of the postwar period are likely to indicate the necessity for constructive public works. It is good policy to ask community leaders and citizens what public works are most needed. Thus, the director of the social research places himself in the position of reviewing not what he thinks the community needs, but what the community leaders designate.

IV

The social research clinic probably will demand only a limited amount of the director's time during its initial stages, but if the clinic proves to be a worthy enterprise it should not be difficult to arrange a reduced teaching load for the director. Most college administrators are anxious to extend the educational influence of their institutions and will welcome this form of academic research.

⁷ For an evaluation of sociological research methods see the article by Dr. L. L. Bernard, "An Interpretation of Sociological Research," *American Journal of Sociology*, 37:203, 1931.

⁸ Sociologists interested in a description of basic equipment necessary for a social research clinic are referred to an outline prepared by Dr. Howard W. Odum of the University of North Carolina. Professor Odum points out the structural features, furniture, equipment, supplies, statistical calculators, and mimeograph facilities of the Institute for Research in Social Science at the University of North Carolina.

Not only will the director of the clinic find many challenging problems for investigation and publication, but his teaching and thinking will be marked by a greater understanding of social problems and his students will appreciate the fact that he has a practical insight into the community.

The findings of the social research clinic that are of local interest can be printed inexpensively and distributed widely. Radio scripts can be prepared and information of regional interest presented. In fact, community radio stations are likely to have an audience concerned with the problems analyzed. If democratic learning situations are needed, the director of the social research clinic might participate as the leader of discussion groups.⁹ It may be possible to organize a regional discussion clinic to serve as the final arbiter of a particular piece of research.

It is essential that the relation between the social research clinic and those served be direct and mutual. Clinical social research must interest itself in the problems of the community and thus should relegate to the background a large number of narrow and forensic questions of social theory. The social research clinic can do a great deal to obviate the criticism that sociology has little to offer of a practical nature. Academicians and community leaders of a skeptical nature will begin to appreciate the fact that clinical sociology can throw light upon common problems and suggest feasible solutions. Indirectly, clinical sociology may make a contribution to theoretical sociology by testing assumed premises and principles. Social research clinics located in different areas of the United States may be able to answer these two questions: Are social problems the same in all regions? Are the principles underlying social problems the same in all regional areas?

In summary, democracy and the good way of life probably are best preserved, not in Washington, DC, but in the local community. If local communities fail to plan for the postwar period, they are asking the state to assume a dangerous responsibility. Democracy seems to fade out when the state and the individual are no longer joined by community interests and groups. The social research clinic under the direction of local auspices serves as an agency which throws light on community and regional problems. In another sense the social research clinic, like the consumer cooperatives, may serve the vital needs of the primary group. Clinical sociology can stress the development of effective therapeutic techniques, and collect and classify significant information concerning society and its problems.¹⁰

In short, now is the time for the social research clinic to plan and study; tomorrow will be the time for community leaders to use the findings of this form of clinical sociology so that a better and greater America may be developed.

⁹ E. S. Bogardus, *Democracy by Discussion* (Washington, D.C.: American Council on Public Affairs, 1942:41).

¹⁰ See Alfred M. Lee's definition of "clinical sociology" in the *Dictionary of Sociology*, edited by Henry P. Fairchild (New York: Philosophical Library, 1944:303).