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# Teaching Note

## Teaching Clinical Sociology: The Introductory Course

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### ABSTRACT

This paper discusses the aims and format of an introductory course in clinical sociology. It reviews the process of teaching clinical sociology as a profession and teaching the theoretical basis that distinguishes the field. Case studies, guest practitioners, and practical exercises are used to prompt an application and integration of the acquired knowledge. Ideally, the course reviewed here can serve as a model for others devising courses in this emerging field or for those attempting to bring some uniformity to the clinical sociology curriculum.

Clinical sociology has a long history, but only within the last five years or so have courses emerged to teach its theory and practice. With the founding of the Clinical Sociology Association in 1978 and the increasing popularity of applied sociology, many colleges and universities across the country have adopted courses in this field.<sup>1</sup>

As yet, no uniform clinical sociology curriculum has been established. However, standards for content and teaching method may be warranted as the field moves toward increasing professionalization. Licensing authorities, clients, and contractors are increasingly likely to expect a certain knowledge base from the clinical sociologists whom they certify or employ.

This paper reviews the content and process of a clinical sociology course as one model for a clinical sociology curriculum. The course, currently entitled "Clinical Sociological Theory," presents an introduction to the field as part of a recently established clinical sociology program.

This course, with its emphasis on theory, is the first of a sequence of three courses required of sociology majors concentrating in the department's clinical sociology program, as opposed to its general sociology or applied research program. The clinical theory course is followed by a course in clinical methods that focuses on individual, group and family counseling; and a course in social

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change emphasizing community organizing, social movements, and social policy making. Students concentrating in clinical sociology must also complete an internship before graduation.

More specifically, the introductory course in clinical sociology is devoted to familiarizing the students with the assumptions of clinical sociology, including its history and origins, its professional opportunities, and its institutional obligations. The course, then, considers the prevailing theoretical perspectives in the sociological discipline and demonstrates with case studies how to apply this theory as a means of assessment. (To assure discussion of case studies and prompt feedback on a variety of written exercises, the course enrollment is limited to 25 students.)

The sociology majors at the 13,000-student state university bring a wide range of backgrounds and interests to the course. Those who enroll in the clinical theory course are expected to have junior class status and to have completed at least the introductory "principles of sociology" and another specialty course in the sociology department. The students' professional ambitions are primarily to work in human services as medical caseworkers, childcare workers, probation officers, family counselors, or gerontologists, but there are also students preparing to be ministers, corporate personnel counselors, and community developers.

### **What Is Clinical Sociology?**

The most frequent question from students at the outset is: What is clinical sociology? Since a social work program was once offered at our university, students often wonder about the difference between clinical sociology and the more common designation "social work."

Clinical sociology, for the purposes of our program, is identified as the application of the sociological perspective to intervention or social change. Clinical sociologists have training in the sociological tradition and draw chiefly on its perspective to analyze human problems and derive appropriate interventions. They may work as individual, family, or group counselors in human services or in a broad range of consulting, planning, and corporate organizations. Some also work as community organizers, consumer advocates, or policy makers.

Clinical sociology notably interprets individual problems in a social context, whether it is used to address individuals or small groups. Ideally, clinical sociology not only helps individuals to change themselves (that is, adjust to their social environment), but also assists individuals in changing the harmful aspects of their social environment (that is, enables them to act as change agents).

This characterization obviously bears some similarities with social work. The field of clinical sociology, however, might be distinguished from social work by its systematic theoretical base. Many social work programs are largely

eclectic or based on some “general” theory that is psychological in its emphasis. It often accentuates intervention skills and technique, as well. The field of clinical sociology, moreover, includes a broader professional sphere than the human service orientation of conventional social work and precludes many of the negative connotations ascribed to social work.

### **Establishing the Assumptions of Clinical Sociology**

The first half of the introductory course on clinical sociology explores clinical sociology as a subfield of sociology and as a profession. Many students come to the course with a desire to “help people” but little understanding of how that is accomplished professionally. Therefore, the course orients the students to what it means to be a “clinical sociologist.” For many students, this is the most valuable part of the course, because it tends to ease their doubts about career possibilities for sociologists and the substance of its practice.

The introductory chapters to Glassner and Freedman’s *Clinical Sociology* (1979) and the symposium in *Clinical Sociology Review* (1982) offer a basis for discussing the origins of the field rooted in the works of Wirth, Mills, and Lee. These readings also present students with the assumptions of clinical sociology. Clinical sociology is normatively based in its aim to bring social change. Therefore, the debate between applied sociology and pure sociology, social service and social action, and objective social research and subjective personal values needs to be raised to help clarify the position of the clinical sociologist. The clinical sociologist generally assumes a humanistic value base that also needs qualification. For instance, while the clinical sociologist as a humanist respects individual rights and self-determination, he or she must be prepared to interrupt destructive behavior like child abuse.

The successful practice of clinical sociology rests, in a large part, on the character of the clinical sociologist. Theory and technique merely extend and refine one’s ability to respond to others. The students, therefore, are asked to develop a self-assessment outlining their strengths and weaknesses. Interestingly, they most often cite a lack of confidence and sympathetic feelings as weaknesses, and ability to listen and be sensitive as strengths. Discussion of the self-assessments with a group helps to stabilize this open and caring character. The confirmation that others are struggling with similar personal issues helps students to feel less self-conscious.

### **Introducing Clinical Sociology as a Profession**

The role of professionalism in helping efforts must be introduced early to help move students beyond the personal sense of “do-goodism” that may bring them to the course. Students write a reflective paper recounting an incident in which

they felt helped by another, and an incident in which someone tried to help them but did not. The common elements of these incidents are discussed, and it is usually found that some aspects of professionalism are present in the successful helping cases. For instance, students note the knowledge, poise, care, and respect present in the successful cases and absent in the unsuccessful ones. The students subsequently study the Clinical Sociology Association's ethical standards and devise their own definition of ethics for helping others.

The students generally have a limited conception of the professions available to a clinical sociologist. In fact, their parents and roommates have often reinforced a negative view of the field as low paying and dead-ended. Therefore, the students are required to read the collection of jobs discussed in the "Sociologists at Work" sections of Eshleman and Cashion's *Sociology: An Introduction* (1983) and in the articles featured in part two of the Clinical Sociology Review (1982). The range of jobs includes auto industry analyst, youth drug counselor, aide to religious refugees, and city planner. The students then conceive of an ideal job description for themselves and write a letter applying for that job.

Central to the approach of clinical sociology is the notion of casework. Students are introduced to the means of gaining information about an individual, group or organization and practice doing informational interviews based on the guidelines provided by Benjamin's *The Helping Interview* (1974). They then compile a case study of their choice, outlining in particular an individual's background and definition of the situation. This case study is analyzed later in the course using different theoretical perspectives.

In the process of introducing students to the nature of clinical sociology, it is important to include a case study approach (Aguilera and Messick, 1982; Piccard, 1975). The case studies help to illustrate complex issues, encourage students to integrate new concepts, and prompt the critical thinking that is so essential to effective practice. At least half of every class session is therefore devoted to discussing some case study of an individual, group, or organizational problem in light of that week's topic.

The facility of a clinical sociologist is also influenced by the setting where he or she is employed. Therefore, a review of the differences between public and private agencies, and between human service and business organizations, is useful. There is also a brief introduction to the nature of bureaucracy and the distribution of responsibilities and decision making within it. Students are asked to read selections on the institutionalization of help, street-level bureaucracy, and burn-out to help them appreciate more the influence of the workplace (Edelwich, 1980; Gaylin et al., 1978; Lipsky, 1980).

A wide variety of professional sociologists also visit the class to discuss their careers and present case studies from their experience. For instance, a director of a neighborhood center talks of the importance of political ideology; a community organizer discusses his efforts to mobilize the unemployed; a

medical caseworker tells of the personal challenge of facing terminally ill patients and exercising her feminism; a drug and alcohol counselor explains the place for spiritual values with apparently hopeless cases; and a personnel director explains the apparatus for mediating departmental conflicts.

### **The Role of Sociological Theory**

Good intentions are increasingly insufficient to bring about substantial change. Giving massive food aide to the starving of East Africa, for instance, may inflate the population and disrupt the economy, thus compounding the suffering in the long run. An intervention of population control or agricultural development may be more appropriate, but this may be apparent only after a more thorough analysis of the situation. The intensifying complexity of the human condition demands that we more carefully sort through the interdependencies that surround our actions. Sociological theory, of course, can help accomplish this. It offers a means to identify and interpret the interrelationships that surround any individual case.

The second half of the introductory clinical sociology course is consequently devoted to exploring micro and macro social theory and the connection between the two levels of theory. Ideally, the range of sociological theory offers a kind of adjustable microscope that reveals different layers of a problem. Starting at the intrapersonal, interpersonal, familial and small group levels and moving toward the institutional, organizational, community, and societal levels, the clinical sociologist is able ideally to construct a holistic picture of a problem and its components.

In an effort to familiarize students with the range of sociological theory, students are assigned to read corresponding chapters from Glassner and Freedman's *Clinical Sociology* (1979) and Cohen's *Connections: Understanding Social Relationships* (1981). The readings consider the contributions and limitations of functionalist theories, conflict theories and interactionist theories and illustrate their applications with a variety of examples and case studies. The students are asked each week to apply a different theory to their case study, case studies available in the text, or cases developed by the instructor. The class discussion then turns into an exchange of insights and refinements of theoretical positions.

Toward the conclusion of the course, each student selects from Turner's *Social Work Treatment: Interlocking Theoretical Approaches* (1979) a different psychological theory to read and summarize for the class. This serves to at least expose the class to the contributions of psychological theories. We discuss especially the common emphasis of these theories and contrast them to the emphasis common to the sociological theories.

As might be expected, the students are fairly familiar with the psychological orientation based on the individual and personal, but find it more difficult to

grasp the sociological orientation based on the group and collective. In fact, most students prior to the course tend to reduce case studies to a matter of intrapersonal and interpersonal deficiencies, despite their participation in other sociology courses.

Toward the conclusion of the course, the students are asked to write a term paper developing a personal theory of their own and applying it to a given case study. The students then orally present their theories to the class and field the questions and suggestions of other students and the teacher. For most, this exercise helps students integrate the substance of sociological theory and exercise an explicit theoretical perspective in assessing their social world. A final segment of the course briefly considers some of the sociological determinants like class, age, and race, and the influence they tend to have on individuals and groups. These "vital factors" present yet another qualification to the personal theories developed during the course.

## **Conclusion**

The primary task of the introductory course in clinical sociology is to familiarize students with the profession of clinical sociology and the sociological theory on which it is based. It is important that the course be taught with case studies, guest practitioners, and practical exercises that require students to apply and integrate the knowledge they are acquiring. The field of clinical sociology is most definitely not a static one; therefore, students need to experience its dynamics and develop the sensitivity and perception that facilitate these dynamics. In the process students start on the long road toward the intellectual and professional, as well as personal, growth and integration that make for a successful clinical sociologist.

## **NOTE**

1 The Clinical Sociology Association recently compiled a syllabus of "Clinical Sociology Courses," published by the A.S.A Teaching Resources Center. The work is edited by Elizabeth Clark and Jan Fritz

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