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Clinical Sociology: Its Nature and Function[1]

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My central purpose in this paper is to develop in a specific, formal sense what I consider to be the nature and function of a clinical sociology. To realize this purpose, it will be necessary to describe in a definitive fashion what clinical sociology is, what its history is, what its need is, what its contrasts are with other types of sociological analysis, what its criteria are and what its potential uses are.

Like a character in one of Moliere's plays who belatedly discovers that he has been speaking prose all of his life, sociologists may discover, after reading this account, that they have been using clinical sociology, if not all their lives, at least often, in their research endeavors. Clinical sociological analysis attempts to probe historical, ecological, interpersonal and cultural elements that have formed the person's social experience and to analyze his/her interpretation of these elements as they become incorporated into his psychic content. Thus, my intention here is to bring to a level of conscious awareness the nature and utility of clinical sociology in the twin tasks of personality and societal diagnosis.

With this new awareness of the value of clinical sociology, sociologists will be able to enlarge their perspective concerning the scope of the sociological enterprise. It should also help to place sociology on an equal footing with the other clinical sciences for analyzing deviant behavior where the contribution of sociological factors alongside of genetic, physiological and psychological factors will be more clearly recognized and understood. Let us turn now to a more specific examination of what can be regarded as the nature of clinical sociology.

Nature of Clinical Sociology. Clinical sociology consists basically of the analysis of one human personality as a social unit with respect to the ingression

into the psychic of various types of social experiences that emerge from the person's involvement with ecological structure, historical events, interpersonal relations and cultural patterns. A social unit as used here, is always a personality which in its organization can be regarded as analogous to a miniscule social system. The central concern, however, is always to obtain an explanation of the influence of these variables in accounting for the self image, role style, behavior pattern and psychic orientation of a person who is part of a larger social system. In a most fundamental sense clinical sociology is a method for assessing the impact of the social process on human experience, and, in turn, of human experience upon the social process.

In considering the nature of clinical sociology it would be a misconception to rely entirely on a medical analogy. In other words, because clinical medicine consists of the observation and examination of the person, it does not follow that clinical sociology studies an entire society. Nor does it follow that the employment of clinical sociology implies that society should be considered as "sick". Rather, clinical sociology consists of the observation, examination and analysis of an individual social unit, the personality. Thus, the central objective is to arrive at a judgment, supported by evidence, concerning the nature and influence of the environmental factors — physical, social and cultural — that contribute to an explanation of the organization and behavior of the personality under examination.

Historical Antecedents of Clinical Sociology. The intellectual climate of the twenties and thirties was most conducive to the development of a clinical sociology, but the business-economic climate was not. Lasswell (1930) had completed his classic work, *Psychopathology and Politics,* in which he attempted to establish a relationship between the political role of persons in various radical groups and their psycho-dynamic development. The Child Guidance Clinics (Stevenson, 1934) had been inaugurated in 1924 by the Commonwealth Fund with high hopes that early treatment might just possibly reduce adult maladjustments. The First and Second Colloquia on Personality (American Psychiatric Association, 1928) had been held which brought together leading figures in the social sciences and psychiatry. At the second colloquium it was Professor Lasswell who suggested the possibility of a new field of training and study, which would have for its central concern the development of valid knowledge relating to the human personality.

With these events as background, Wirth's (1931) article on clinical sociology almost could be regarded as a natural development. His article was published over four decades ago, and there have been few takers for the position that he took at the time. In this article Wirth viewed the establishment of the new child guidance clinics as an opportunity for the development of a

clinical sociology. Wirth emphasized that sociologists, whose expertise consisted of the cultural approach with its grasp of the function of social status and roles in conduct, had a significant part to play in the study, diagnosis and treatment of the individual case. He argued forcefully that the sociologist should take his/her place beside the psychiatrist and psychologist in these clinics. Wirth viewed the task of clinical sociology primarily as focusing on the individual case by utilizing a cultural approach.

However, in the decade prior to Wirth's article, Thomas and Znaniecki (1918-20) developed the "Life History" method which Thomas regarded as the most perfect "type of sociological material." While some of his students and others utilized the life history method in their sociological analyses, the swing toward quantitative analysis of social data with the advent of the depression pushed the life history document, as a sociological research tool, into the background. Dollard (1935), however, thought so highly of this method that he attempted to develop a series of criteria for its use with the intent of giving it greater validity as a research tool.

In a limited sense, the introduction of the life history document as a sociological research tool might be regarded as the initial beginning of clinical sociology. This was so because the probing of the experience of the person both with respect to remote and recent happenings revealed his/her developing attitudes with respect to these events and the manner in which they produced the self and the person's image of it. Dollard (1935) in his first criterion, "the person must be considered as a specimen in a cultural series," pointed to the sociological assumption essential for maximizing the utility of the life history. Further, the method contributes to an enrichment of the sociological imagination by revealing the closeness with which history and culture are tied to the development of personality.

The scattered contacts between sociologists and psychiatrists in this period after World War I, the imagination shown by sociologists in the development and use of life history documents, and the gradual impact of psychoanalysis on both psychiatry and social science did produce one attempt to compare the clinical efforts of a psychiatrist with those of a sociologist. Lowell Selling, a psychiatrist, and Walter Reckless, a sociologist, collaborated on a plan (1937) that would require each to conduct an interview with the same person and then make a comparative analysis of their respective contents. The person selected, with the help of a social agency, was a 30 year old black woman trying to make an adjustment after quitting prostitution. Both psychiatrist and sociologist knew nothing about the person except name and race. Both summarized and condensed the original interview data secured. On comparison of the two interviews, it was apparent that the sociologist obtained

a life history which stressed the situations the woman had experienced and her attitudes towards the situations in which she was enmeshed. The psychiatrist appeared to emphasize a personality trait inventory and to be interested in her experiences only to the extent that they affected her mental status. The sociologist seemed to reveal the objective personality, the one other people would recognize, while the psychiatrist seemed to be reaching for a subjective personality, the one tied to deep seated feelings, fantasies, worries and the like. This experiment was significant, however, because it caught the spirit of these two disciplines at that time — a spirit that was broken with the advent of World War II.

In a most basic sense, clinical sociology has its roots in the interview technique which permits a meaningful analysis of the structure and function of a society, shows its institutional interrelationships and points to the factors that account for the speed and direction of its changes. It is in the interview process — where the public and private experiences of the person are being revealed — that history and biography meet. As I have indicated above, clinical sociology focuses on a single personality. But at the same time, it can be regarded as a form of sociological analysis which abstracts and conceptualizes experiences from several personalities in a given culture toward the end of contributing to the central sociological task — new knowledge as to how human societies emerge, develop, change and decline.

Need for a Clinical Sociology. The mounting social pressure for the utilization of sociological knowledge points to the necessity for the development of the field of clinical sociology in order to demonstrate the role of social-cultural factors in accounting for certain types of behavior that are not acceptable to a given cultural system. With such development, sociology would have a valuable tool for pointing more specifically to the manner in which social-cultural factors influence, modify, shape, arrest and change personality organization and behavior. Thus, clinical sociology becomes an essential tool for comprehending the central processes involved in a given social system.

The need for a clinical sociology is most apparent when viewed against the efforts of a clinical psychology or a clinical psychiatry. Both of these latter disciplines begin their examinations, either for research or therapeutic purposes, with the human personality. Investigators in these disciplines aim at gathering enough significant facts about the person in order to fit these facts to some existing theory which hopefully will suggest an explanation for the person's physical condition, psychological abnormality or behavioral deviation.

In a similar fashion, there is a need for a clinical sociology whose chief function would be to discover those social factors that are crucial for explain-

ing the infinite varieties of deviant human behavior. In a final analysis, a mature clinical sociology would supplement the tasks of both clinical psychology and clinical psychiatry with respect to contributing to a more valid and complete explanation of human behavior.

Contrasted with Other Types of Sociological Analyses. Large segments of sociological research attempt a delineation and depiction of a total institution, society or culture. It does this by focusing attention on large structures and processes that will help to explain the intricate varieties of social organization and their impact on groups and persons. For example, a sociologist concerned with studying social change through revolution is led to the observation and examination of such social elements as the following: the organization and potential power of competing ideological groups, the rise in expectations of minority groups, the alignment of the intellectuals with the competing forces, institutional orientation with respect to change and the like. The examination of such data would enable an investigator to develop generalizations showing whether or not a country is ripe for revolution and showing the pattern of steps essential for revolutionary activity to take place.

In a similar fashion, if the problem is to determine the various cultural forms and their interrelationships which serve to coerce or restrain behavior, one would not only observe behavior of the various age and sex groups, but would talk to people to discover why people in that group act as they do. The result of such an investigation would emerge as a descriptive account of prescribed patterns of behavior and would say nothing about how culture affects human experience or how human experience affects cultural forms.

The development of quantitative techniques has been still another device which avoids any close-up examination of the tie between human experience and the social process. The development of indexes, percentages, rates, correlations and statistical models not only freezes the social process at some point in time, but also presents an atomistic view of social reality - whether a society, community or a social group. Quantitative analysis in sociology continually must be translated into an interpretation of society.

Perhaps the first task in arriving at a clinical sociology is to sort out its similarities and differences when contrasted with the clinical procedure as used in medicine. Here, the clinical procedure assumes that there is a state of health and a state of sickness and that when the latter is recognized by the person, he/she goes to a physician who makes certain observations and performs certain tests which, when correlated conceptually in relation to existing knowledge, are intended to reveal some cause for the underlying pathology. The physician attempts this conceptualization in order to arrive at some judg-

ment as to the source of the illness and for which he/she will prescribe some type of therapy to arrest the pathology.

On the basis of this account one difference should be immediately apparent. Clinical sociology, unlike clinical medicine, is not exclusively concerned with the abnormal or pathological. This, of course, is not to deny what Wirth saw clearly, that clinical sociology has a basic contribution to make to the study of the problem case. Clinical sociology is resorted to in order to determine and estimate the impact of the form and content of cultural patterns and unique personal experiences upon the psyche of the person and how these in turn account for certain personality traits and various behavior habits and styles.

Thus, for example, Donovan's studies of such occupational types as the waitress (1920), the saleslady (1929), and the school teacher (1938) provide examples of the use of clinical sociology in research. These studies are clinical in the sense that Donovan relies on relating intimate accounts of personal experiences with the expectations of culture and institutional structures. It is the culture and institutional structures that form the societal matrix for the daily round of life for persons in diverse statuses. By this means Donovan makes the behavior and personality of persons filling these occupations understandable to others.

This brief statement of Donovan's work should not be regarded as the only example of clinical sociology. In fact, our field is full of disparate pieces of research that might be regarded as contributing to the development of a clinical sociology. Anderson's (1923) study of the hobo, Shaw's (1930, 1931) studies of the careers of juvenile delinquents, Whyte's (1948) study of street corner men and Davis' and Dollard's (1940) study of Negro adolescents in the deep South, Dai's (1939) study of the patient as a person, Dunham's (1944, 1959) studies of the social personalities of schizophrenics, and Klapp's (1962) study of social types all can, from one perspective or another, be regarded as contributing to the development of a clinical sociology. In fact, as these studies suggest, the sociologist in his/her various case analyses has been able to demonstrate the manner in which occupational type, social type and personality type are interrelated. (See, for example, Burgess (1923), Thomas (1928), Strong (1943), Goffman (1956, 1961).)

However, for the sake of clarity, careful distinctions should be made among these three types. The personality structure can be viewed on several levels, but the level that claims the attention of the sociologist is that organization which emerges and is identified by others in a social context. The personality structure is basic, of course, to all social and occupational types and

comprises several levels. The level of sociological concern encompasses a pattern of the interrelationship of psychogenic traits, acquired traits and social attitudes that in their integration or lack of integration, influence and shape the roles played by the subject, and as a consequence, the expectations and reactions of others to the subject.

By contrast, the social type is completely a cultural product. It emerges along various institutional and peer group axes, and is an acquired attribution formed by the actions and attitudes of others toward the subject. These actions are eventually conceptualized by the others in some type of label. The occupational type is a clear variation of the social type. The occupational type can be regarded as an integrated constellation of attitudes and behavior patterns that centers around and gains its significance from a specific occupation, be it in the manual, white collar, or professional category. While the personality type is basic to the two other types, all three can be regarded both as products and initiators of the social process. However, while all can be viewed as social products, only a select number will be regarded as initiators of social processes. The clarification of the nature of these types can be comprehended through a clinical sociological analysis.

Criteria for a Clinical Sociology. I am clarifying the form and content of social factors as they are incorporated into the neurological structure to emerge as either normal or abnormal behavior in diverse cultural settings. The following criteria have been developed in order to point to the value of clinical sociology as a tool for analysis of both personality and society and to distinguish it from other types of clinical examination:

1. Its entry into the personality is through direct and/or indirect contact with the person.
2. Its focus is on the historical events, interpersonal relations and cultural patterns into which the person has been born and thus becomes involved.
3. Its data consist in the recording of conceptualizations, interpersonal relations and cultural patterns.
4. Its methods are the interview, the life history and direct observation. It utilizes not a stylized questionnaire but a series of open-ended, original guiding questions that are designed for an analytic conceptualization of the person under examination.
5. Its analytic procedure consists in probing for those private and public experiences of a person that have served to organize or disorganize the personality and to those responses and actions that have produced some changes in his/her society.
6. Its summation consists in isolating those experiences from the historical process, interpersonal relations and cultural patterns which

explain the attitudinal orientation and the overt behavior of the person under examination.

Uses of Clinical Sociology. If clinical sociology can prove its value with respect to societal and personality analysis, its many uses will become apparent. Perhaps, its more appropriate use will be found within the system where the knowledge about the interrelationship of social factors and human experience serves to create a firmer foundation for the integration of rehabilitative, corrective and/or therapeutic devices for changing human behavior in socially approved directions. In these efforts, such knowledge should also be of value in the formation of public policy with respect to these devices.

It should be clear that in clinical sociology, the sociologist has a tool not only for portraying the manner in which social elements make their ingression into the personality and emerge as behavior regarded as a problem by society, but also for studying the social structure and culture of a given society, as it is mirrored in the experience of the person. Seen in this light, the approach of clinical sociology is valuable for contributing a knowledge of the social factors that explain the problem behavior of a person, but also is of value when no problem behavior is present, but knowledge is desired about the nature of the society in which the person is embedded.

Clinical sociology has another very important use as a tool for examining the impact of a given personality upon the social order. Cultural matrices not only mold and shape people, but people mold and shape cultural matrices. True, some personalities will be more effective in shaping cultural matrices than others, and by far the greater number of people in any society will be largely "creatures" of culture according to Linton's (1936) classification of cultural types. But for those who will be "creators" of culture, clinical sociology should prove a valuable tool for conceptualizing this impact of the persons upon his/her culture by laying bare the conditions that make such an impact possible.

However, the central use of clinical sociology is, of course, the study of the problem personality. Clinical sociology has the task of determining the extent to which the cultural setting interwoven with human experience is related to role confusion, role strain, role marginality, status inconsistency, group conflict, subcultural involvement, inadequate socialization and atypical self-conceptions. The extent to which one or more of these social elements are present and can be related to current attitudes and behavior provides the knowledge for explaining the problem personality. Such findings, when verified, would then be suggestive of the type of social therapy needed to

reduce, modify or control the problem behavior. Thus, the clinical sociologist working with the clinical psychiatrist and psychologist would help to determine if the suggested therapy should be physical, psychological, social or some combination of them.

The question can be raised as to how the task of the clinical sociologist would differ in practice from the work of the social worker, the vocational counselor or the rehabilitation therapist. The differences, it seems to me, are immediately apparent. In these fields the persons are trained in techniques, available alternatives and the different types of available community resources. Their central task is to manipulate the person into a situation to which he/she has a more favorable and socially acceptable response. The person in these fields may receive in his/her training a varied assortment of psychological, sociological and educational courses without ever acquiring a basic body of knowledge about the birth, organization and development of the human personality. It is this latter material that constitutes the education and training of the clinical sociologist. Fundamentally, the work of the clinical sociologist rests on that body of empirical knowledge that is concerned with the socialization process - the process by which a new-born child is made into an acceptable functioning member of society, thereby achieving selfhood and a personality organization.

Clinical sociology would share with all other types of sociological analysis the promise that the cumulative character of social knowledge would provide the foundation for bringing about that change in society that would produce a more perfect balance between the needs of man and these essential requirements for making an organized society possible. Thus a clinical sociology starts out as a micro-sociology, but ends up by making a contribution to a macro-sociology.

Summary and Implication. In this paper I have attempted to carve out a new field of clinical sociology indicating its relevance not only in accounting for the maladjustments of personality, but also for providing insights into the society and culture in which the personality is enmeshed. I also have tried to show that clinical sociology is rich in historical antecedents and have demonstrated how a clinical sociology differs from, but at the same time supports, other types of sociological analyses. The criteria for delineating clinical sociology have been described. Finally, its uses have been indicated along with appropriate therapies which would be indicated when it can be shown that certain social conditions account for the problem behavior of a personality. Thus, in the final analysis, clinical sociology contributes knowledge not only useful in changing, reshaping and reeducating the human personality, but also in forming and shaping those social policies necessary for dealing with problem personalities in any society.

NOTES

1.   This paper is an edited version of the one presented at the annual meeting of the American Sociological Association, New Orleans, Louisiana, August 30, 1972.

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