SOCIOLOGY IN THE CLINIC*

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The past twenty-five years have witnessed a great change in the behavior of sociologists. A quarter of a century ago the majority of sociologists might fairly have been labeled either philosophers or reformers. They dreamed on the one hand of cosmic cycles in the affairs of men; on the other hand, of utopia realized on earth. Today the great majority of sociologists — at least of the younger generation of sociologists — are scientists, attempting to develop methodology and techniques which will yield a greater understanding of, and, we may hope, control over a man’s social behavior.

Many factors inherent in the cultural trends of our generation have contributed to this change. It has not been the result of sociological thought alone, much less the achievement of a particular “school” of sociology. On the other hand, it was at the University of Chicago, in the graduate department of sociology, in the decade following the war, that the sociologist’s changed conception of his role was first clarified and began to yield fruit in the type of research now characteristic of sociological science.

The sociology department of the University of Chicago was an exciting intellectual atmosphere to the graduate students of that decade. The older concept of sociology was represented in the person of Albion Small, head of the department, then in the last years of his notable career. The emerging concept of sociology as science was represented by Robert E. Park and Ernest W. Burgess. In his first year the student came under the influence of both points of view.

Small was a scholar, in the finest sense of the word. He took the student through the history of sociological thought, requiring that the student document his progress as he went. Small was a logician

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as well. He insisted that the student should, if he could, reason his way through the documentary evidence. Small, the logician, strove to force the student to clarify and sharpen his conceptual tools, giving the student a rigorous exercise in semantics. Small was, furthermore, a philosopher, and strove to stimulate his students, through their study of the history of society, to achieve a valid philosophy and valid values of their own.

Park and Burgess, on the other hand, demanded that the student apply his developing sociological concepts to an analysis of the behavior of the community about him. Park, impatient with the older sociological theory, was on fire with belief that sociology could become, was becoming, a natural science. Park had a tremendously original mind, a rate ability to stimulate the minds of his students, and to transmit to them his enthusiasm. Park was, moreover, intellectually the most generous of men. His ideas were his students' ideas. He asked only that his students put them to work. All of his students would admit that credit for whatever contributions they have made to sociology must be shared with Park.

Park's mind, on the other hand, was largely intuitive. Science was, to him, a burning ideal and a way of thought rather than a methodology. It was Burgess who kept the student face to face with the necessity of working out an adequate and valid methodology for attacking his problems. It was to Burgess students turned over and over for methodological criticism and help. It was due to Burgess's originality and generosity that many of their projects bore fruit. Every student who has gone out of the University of Chicago to make a place for himself in sociological research owes much to Burgess for the discipline necessary to make research fruitful.

Students reacted differently to this intellectual atmosphere, according to their differences in temperament and experience. Many and heated were the debates that went on, among graduate students, in seminars, over the tables of the university commons, in smoke-filled dormitory rooms. There were those who felt that there could be no such thing as a science of sociology, that the sociologist should be content to try to give meaning to the history of society. There were others who conceded that a scientific approach to society was possible,
but felt empirical studies incapable of control, could contribute little to such a science, and that its tools could be only those of logical process. The majority, however, fired with Park’s and Burgess’s enthusiasm, believed that a science of sociology must grow out of empirical studies of the social behavior of the community, and that methodology and techniques for such studies could be developed.

The establishment, in 1922, of the Community Research Fund, under a grant from the Laura Spelman Rockefeller Memorial, made possible the first comprehensive program of sociological research into the behavior of the community. This research has yielded, and continues to yield, data and generalizations that amply justify Park’s and Burgess’s belief in a scientific sociology, and have made a significant contribution to such a sociology.¹ It would seem fair to say that Park and Burgess, during this decade at the University of Chicago, played a role in the development of modern sociology comparable to that played earlier by G. Stanley Hall, at Clark University, in the development of modern psychology. As one attempts to evaluate the data and generalizations contributed to scientific sociology by their students, in the light of the trends of our contemporary society, one regrets, however, that these students do not reflect in their research more of the respect for the mind itself as a tool for arriving at truth, more of the recognition of the necessity of a valid philosophy through which truth may become socially fruitful, that Albion Small strove to give them.²

It was natural, and inevitable, that as sociologists turned from the study of documents to the study of collective behavior of men, many sociologists should become particularly interested in the social aspects of the individual’s behavior — the attitudes through which individual and group become part of a pattern, the effect of


² Louis Wirth is a notable exception, in the writer’s opinion, to this statement.
group relationship upon the individual’s behavior, the effect of the individual upon the group's behavior, the mechanisms of interaction involved. This interest has loomed large in the research of the Chicago “school.” It has led to much research on the borderland between sociology and psychology. If one chooses to call this field of research social psychology, it is evident that sociology has made significant contributions to a scientific social psychology.

This contribution has by no means been confined to the work of the Chicago “school.” All over the country, younger sociologists, through varying backgrounds of experience, were fired with the belief that the scientific method is applicable to the study of social behavior, were carrying their research into the community, were, many of them, focusing their interest increasingly upon the relationship of group and individual. No more significant contribution has been made in this area of research — to mention but one example — than the Lynds’ *Middletown* and *Middletown in Transition*.

Many sociologists interested in this field felt the need for access to clinical situations, in which their concepts and hypotheses as to the relation of the group and the individual might be tested, modified, validated. Moreover, many sociologists felt that sociology had significant contributions to make in the readjustment of the individual to social living.

Sociologists found, however, that the psychiatrist, social worker, and psychologist had staked out the clinical field as their own, and gave scant welcome to the sociologist, scant consideration to his ideas. Sociologists were perhaps largely to blame for this situation. In their newly acquired worship of objectivity they were intolerant of many of the values and procedures of the clinic and social agency. Indeed, many younger sociologists developed, with reference to the psychiatrist, psychologist, and social worker, a conflict group psychology which was a denial of the objectivity they proclaimed.

The result was that sociologists began to talk of “sociological” clinics. A “sociological” clinic was to be a clinic which the sociologist controlled, or which a particularly brash young sociologist might undertake on his own. Clifford Shaw and the writer organized two such “sociological” clinics in Chicago in 1924 — the Lower North and
South Side Child Guidance Clinics, since affiliated with the Institute for Juvenile Research. May it be said, Shaw and the writer were not brash enough to undertake to be clinics by themselves. Psychiatrists, psychologists, and social workers completed the staff. But these clinics were to be directed by sociologists, to serve as laboratories for validating sociological hypotheses as to individual adjustment and behavior.

In 1926 the writer was offered the opportunity of becoming a member of the faculty of the School of Education of New York University, where the department of educational sociology was projecting the establishment of a “sociological” clinic. The writer came to New York, eager to grasp the opportunity — sure that a clinic, sociologically oriented and directed, emphasizing research, would contribute much to the educational work of the sociology department — through testing hypotheses, developing teaching materials, affording field experience for students.

The writer vividly remembers a conversation, shortly before the clinic began its work, in which Walter Pettit of the New York School of Social Work participated. After considerable discussion and debate, Walter Pettit remarked, “You still have a lot to learn.” The writer had a lot to learn. Some of the things ten years’ experience with this clinic have taught him as to the role of a clinic in the work of a department of sociology are worth mentioning here.

In the first place, one cannot work long in a clinical situation before one is forced to accept the fact that a clinic’s first responsibility is service to its clients. Research must wait upon service. This means that, unless the clinic has a very large case load, the materials through which given hypotheses may be tested are slow in accumulating. Moreover, cases that seem to offer opportunities for critical experiments often cannot be so utilized if the clinician accepts his responsibility to the client. As a result, the clinical situation bears the fruit of research but slowly. To those impatient for immediate results, the clinic proves to be a disappointing laboratory.

Again, the clinic affords but a restricted opportunity for field experience for students of sociology. Responsibility of the clinic to the client stands in the way. Untrained students, even under
supervision, cannot enter into relationship with clients with any hope of a constructive outcome for the client. And the results may be disastrous to the client.

On the other hand, out of clinical work there are constantly arising problems that give rise to hypotheses for legitimate sociological research. For example, the finding in our own clinic that problems revolving about conflicts over the child’s eating are referred predominantly from Jewish families. Whatever psychiatric mechanisms determine the way the Jewish mother may use the food patterns of her culture, there is obviously a sociological factor involved that is not only of theoretical significance, but of practical importance in approaching and dealing with such problems.

Many other illustrations might be given. Moreover, the ramifications of many of these problems may be formulated for research by able graduate students. Considerable such research has already grown out of clinically derived hypotheses as to factors involved in children’s adjustment to the school.3

It would seem hardly necessary to warn sociologists interested in clinical research that a wholly “sociological” clinic is a fruitless undertaking. Without the meeting of minds trained not only in sociology, but as well in medicine, psychiatry, psychology, and case work, too many factors are unrecognized or unanalyzed to make case records of research value.

Such a meeting of minds is increasingly possible as sociology, psychiatry, case work, and medicine draw more closely together in understanding. The work of the Institute for Juvenile Research, the Hanover Conferences, the Coloquia on Personality of joint committees of the American Psychiatric Association and the American Sociological Society, the Institute of Human Relations at Yale are significant symptoms of this meeting of minds. The recent publication by Plant, a psychiatrist, of Personality and the Cultural Pattern, and by Faris

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and Dunham, sociologists, of *Mental Disorders in Urban Areas* vividly illustrate the promise of this meeting of minds, through achieving a more fundamental understanding of human behavior, to increase and validate the hypotheses of all the behavior sciences concerned, including those of sociology.

There is no question that clinical experience greatly enriches the sociologist’s teaching material. In this respect, the department of educational sociology clinic has paid tremendous dividends, greatly increasing the validity and vitality of the teaching of those who have participated in its work. The case records of every sociologically oriented clinic are a mine of living material on the role of social and cultural factors in shaping the individual personality and in conditioning its adjustment, on the role of sociological factors in conflict and maladjustment, on the interaction of personalities in the family, gang, school, and community, on the processes that give rise to the many types of antisocial behavior, on the effect of various patterns of group life upon members of the group. Such material aids greatly the teacher’s attempt to lead the student to apply his theoretical concepts to the analysis of the social behavior of the community.

The writer believes, then, as a result of his experience, that the clinic has much to contribute to sociological theory. The clinic, further, serves greatly to enrich the work of a department of sociology. To achieve these results a clinic need not, however, be the proprietary interest of a sociology department itself. As the behavior sciences draw closer together, sociology departments will increasingly find their clinical needs met by participation in general university clinics, and in the work of clinics and other social agencies in the community.

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