CLINICAL SOCIOLOGY AND SOCIAL WORK

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INTRODUCTION

It seems sociology, like other disciplines, is more confused now than it was a decade ago regarding terminology. "Applied sociology" historically has been a fairly well understood term, or at least it was consistently applied. Now we have added "clinical sociologist" and "counseling sociologists." In this terminology, the concept of the practicing sociologist is much more difficult to understand and differentiate. As the confusion within sociology has grown, the disparity between sociology and social work has increased.

The observations presented will be limited to comparing and contrasting sociology and social work from a practical perspective. Some of the content will be controversial in order to stimulate thought and debate. The author is a social worker who knows a little about sociology so that the perspective presented will be necessarily limited (Munson 1978; 1979). I am assuming that the reader is generally familiar with the literature on applied sociology.

Sociology is in a dilemma in the academic and nonacademic marketplace. Is the free market competition of the political arena going to carry over to the social sciences and the helping professions? Generally, this does not seem to be the case, but Freedman has summarized the problem that faces sociology and has epitomized the issue through his question: "Is it a crisis when a field is viewed by many has having little utility outside the classroom and library?" Some have proposed, that the crisis in sociology can be solved through increased emphasis on clinical sociology (Freedman, 1980:2-3). Before this becomes the case, many problems remain to be resolved.

SOCIOLOGY AND SOCIAL WORK

Sociologists have historically abandoned their efforts to work with or understand social workers. The recent characterization of social workers by Glassner and Freedman (1979) as having primarily a psychological orientation, rarely familiar with social science concepts and creatures of the agencies that employ them, is a direct reflection of the attitudes of a half century ago, and demonstrates a lack of understanding of the developments in social work, education and practice during the past three decades. If applied sociologists and social workers are to cooperate rather than compete, more open and genuine sharing and in-depth understanding must take place. Sociology seems never to have had a propensity for genuinely interdisciplinary work. The relationship between sociologists and historians has also been disparate (Gordon, 1978).

Sociologists and social workers have historically had a different unit of analysis even when approaching similar problems and issues. The engineering model of applied sociology illustrates this. The engineering "type" clinical sociologist has been defined as taking a different unit of analysis from social workers carrying out parallel functions. The engineering "type" has been characterized by Gouldner as focusing on the interaction between management and employees in organizations and limited to defining and explaining the relationships (Glassner and Freedman, 1979:12).

Among social workers the parallel is the growing emphasis on the expanding area of industrial social work. Industrial social work has a much different focus in that clinical services are offered directly to employees and managers based on the impact of the organizational and personal situations on the person that affect efficiency or productivity. Thus sociologist have focused on *understanding* organizational relations while consciously avoiding value conflicts and commitments, and social workers have become part of the organization focusing on *intervention* strategies that promote the peculiar mission of the organization. This represents direct transfer of the traditional agency social work model to organizational settings.

Sociologists have been cautious in order to protect the integrity of their objectivity, while social workers have been more daring in lending their values to the subjectivity of the organization and its decision makers in goal attainment. Value conflicts have been considered a precondition before entry by sociologists, and for social workers value conflicts have been viewed in the context of an after-the-fact event that has not been well-documented in the exploration of the applied efforts of the two dis-

ciplines. This difference must be addressed if sociology and social work are to coexist and cooperate in such settings.

Meaningful involvement constitutes risk of value conflicts. Sociology seems to have used restraint and not resolved this basic issue as a profession, and social work has not given it sufficient consideration before taking action. While a specific situational example has been used to develop this notion, it can be applied generally to the inherent differences that separate the applied efforts of both disciplines.

The unit of analysis has varied for the two disciplines, and so has the process of theory application. Theories that explain human behavior are not sufficient for building a practice profession that will intervene and attempt to change behavior. Clinical sociologists must go beyond assessment and offer alternate intervention strategies.

While sociologists have developed an abundance of theories with broad application to explaining and predicting behavior in general, the field has failed to develop a single theory or set of theories based on intervention strategies to change human behavior (Black & Enos, 1980:7). This is the major obstacle to a practicing sociology. It is understandable that this has not taken place. All clinical disciplines have engaged in behavioral problem solving and have developed theoretical models to guide their work. Practicing disciplines have used inductive methods of theory building while sociologists have relied more heavily on deductive methods. Sociology abandoned the inductive route in the 1920's in a debate with social workers over the use of agency case records (Munson, 1979:2-3). Freud much earlier had embraced the inductive method and never abandoned it, drawing on conceptions from sociology and psychology.

Sociology has yet to identify a unique alternative to the therapeutic approach based on the medical model. A good example of this is Glassner's and Freedman's (1979) characterization of the psychological model as oppressive. In fact, they follow up their characterization with a discussion of the usefulness of functionalism as a sociological theory. Unfortunately, functionalism is probably the most oppressive and conservative theory sociologists have developed.

Glassner and Freedman characterize social work as failing in part because of its adoption of the medical model. This is really indicative of a failure to understand the structure and nature of social work. Social work has not followed the medical model and would perhaps be better off if it had stayed closer to the medical model.

However, sociology's major difficulty in practice theory building was not merely a problem of theory. The difficulty emerged from the lack of a client group upon which to formulate a practice theory. Wirth (1931) pointed out that "sociological clinics" would not emerge because sociologists were timid about practical approaches. Theories about intervention with individuals, small groups and families are dependent upon serving such groups. To date, sociology has not developed such a constituency.

If sociology had a clientele, and practice theories were to emerge, there would have to be an outlet for the theories and documentation of practice successes. This presents an additional obstacle. There are no journals or major texts that are devoted to clinical sociology. Practitioners will have to write, which is against their tradition.

LICENSING

Licensing is an issue. Legislatures are not in a licensing mood. If sociology is interested in the magnitude of the licensing problem, it should look at the social work experience. With a national organization of 80,000 members, a budget of $8 million a year, an elaborate network of state chapters, social work has been able to achieve licensing in only 22 states over the past 20 years. An average of eight years is required to get a social work licensing law passed.

In addition to the formidable problems that other professions have had in gaining public sanction of their activities, clinical sociologists will have to deal with resistance within their own professional organization. In comparison to social work, there is little support for clinical sociology within the American Sociological Association (ASA). Currently, it is unlikely that ASA would back a clinical sociologist faced with a malpractice court suit. As some sociologists have observed, in the eyes of ASA leaders, being unemployed is preferable to being considered a clinical sociologist.

Licensing requires a fair degree of public sanction and public understanding. For social work such sanction and understanding have been decades in emerging and are still only partially developed. In some respects, sociology is going in the opposite direction. The public image of sociology and sociologists is far from clear. Much public relations work remains to be done before clinical sociology can be confirmed in the public's view. In defining applied sociology, sociologists will have to answer to the public: Applied to what? As has been observed, other disciplines have been licensed through a label based on presumed activity. As the standards for licensing become more stringent, it does not appear for clinical sociology the label premise of licensing will be sufficient. In the past, licensing has been achieved on a broad activity focus, but in the future, the activity focus will have to be much more specific. The American Association of Family Counselors is an example of the broad activity focus that has blurred the commitment to the discipline of origin of the practitioner, and a reaction to this orientation appears to be occurring with respect to licensing and certification.

EDUCATIONAL IMPLICATIONS

In the 84 accredited schools of social work, approximately 80 percent of the 8,000 entering students desire to be clinical practitioners. Less reliable statistics are available for the 261 accredited undergraduate social work programs with over 30,000 students enrolled, but it appears the majority of these students desire to enter direct practice (Rubin, 1981). Within sociology programs, it is not clear whether the impetus for clinical sociology comes from students who want or desire a direct practice career, or whether the thrust comes from a small group of hard pressed academics.

If a practice component is added to sociology departments, faculty will have to develop new orientations. At present, many undergraduate social work programs are located in sociology departments, and many of the sociologists who chair these departments demonstrate little understanding of or sympathy for the unique nature of and specialized preparation needed in education for professional practice.

If a client group could be identified, practice theories developed, and appropriate literature outlets sustained, then training procedures and programs would have to built. It is recognized that these developments would not occur independently. A relevant and integrated curriculum would have to be designed, faculty standards established, and competent faculty recruited. University administrators and curriculum committees would have to be convinced of the need for such programs and the marketability of such graduates. This would be a formidable task in an era of declining public and private funding support for the helping professions. If all these obstacles could be overcome, the question remains what level of education would be appropriate for such practitioners? Would these practitioners hold bachelor's degrees, master's degrees, or doctoral degrees?

PRACTICE IMPLICATIONS

Few tangible steps have been taken by sociologists to demonstrate how they can take their place alongside the more accepted practice disciplines. This area could be a significant beginning for sociologists. A clinical orientation will have to occur through incremental steps, rather than through a major leap into direct practice. Social work practice emerged gradually through working predominatly with psychiatrists. Sociology could work in the same manner with social workers. Social workers need the aid of sociologists in theory building and developing a research orientation. Many social work practitioners admittedly have little grounding in practice theory and draw more on shallow exposure to theory achieved through weekend workshops and three-day institutes, rather than by sustained mastery of theory. Social workers fail to understand how to apply research to their practice and rarely use single-subject designs to evaluate the outcome of their interventions. These are two major areas that sociologists effectively establish themselves in the practice area.

Attacks on other practitioners' efforts are not sufficient to establish sociology in the practice arena. For example, some sociologists object to people being referred to as patients. Sociologists have attacked others for oppressing their patients and clients. While some patients are oppressed, many of the sociologist's

objections allow them to subvert the real issue of how more effective services can be delivered. A single incident, does not reflect the whole, and much of the oppression is in the mind of the sociologist. Oppression is often in the eye of the beholder. Most patients are voluntary, and if they were so oppressed, they would not continue treatment; they would have fled to the sociologists long ago. Such attacks move sociologists farther away from the opportunity to effect change in conjunction with other helping professions.

Where dysfunctional practices in social work, psychiatry and psychology exist, sociologists need to identify what is functional rather than merely identifying the dysfunctional. Sociologists need to become less timid about identifying functional practices.

One in seven Americans will need psychotherapy in their lifetime. This will require many practitioners. Currently there are 31,000 social workers, 29,000 psychiatrists, 26,000 psychologists, 10,000 nurses, 10,000 counselors, and an unknown number of untrained and unlicensed practitioners. The professions are divided within and among themselves philosophically and practically as they compete for the $13-billion spent annually for their services. There are indications that the federal government, through health policy standards, and the various professions, through stricter licensing and certification standards, are moving to limit the number of practitioners. In such a climate, sociology will be hard pressed to make a case for a new discipline in the professional supermarket. Sociology, if it is to take its place in this consultation of professions, has yet to define what it offers that is unique or different that would justify erecting a new system of professional training and production.

Recently, two social workers presented a paper titled, "Do You, Sociology, Take Social Work, to Have and to Hold, From This Day Forward?" (Iacono-Harris and Raffield, 1981). In many ways, this analogy is premature. When one looks at the state of affairs, we haven't even had our first date yet!

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