

Clinical Sociology: Moving from Theory to Intervention

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ABSTRACT

In his presidential address to the American Sociological Association in 1976, titled "Sociology for Whom?", McClung Lee posed a fundamental question about the purpose of sociology and whom the discipline truly serves. Lee called for the adoption of a "humanist sociology" that focuses on serving people. He believed that sociology should be a tool for social change, not merely an isolated academic activity. He emphasized the importance of linking sociological research to the everyday realities of people, especially marginalized groups—and working to understand and address their issues. Clinical sociology - is a form of applied sociology which involves intimate, sharply realistic investigations linked with efforts to diagnose problems and to suggest strategies for coping with these problems. The current study aims to introduce clinical sociology, monitor its historical development, and its importance in activating the applied aspect of sociology, reveal the topics and issues it focuses on, and identify its state in Arab societies. The study reveals the deep rootedness of applied sociology in the history of sociology and demonstrates that the founding fathers of sociology were deeply interested in sociological practice. Consequently, we observe a significant presence of clinical sociology in Western sociological circles—particularly in the United States.

Keywords: Clinical Sociology, Applied Sociology, Sociological Practice, Intervention, Public Sociology

INTRODUCTION

Sociology, as defined by Auguste Comte, is the scientific study of society. Comte envisioned sociology as a discipline comparable to the natural sciences, such as chemistry, physics, and biology. Following his vision, sociologists generally agreed that the goal of sociology is to provide an accurate and objective understanding of human behavior. However, they later diverged in their views regarding the nature of the discipline—specifically,

whether sociology should be considered a pure science or an applied science. For a long time, many sociologists upheld the view that sociology ought to be a pure science.

In "The Social Order," Robert Bierstadt defines sociology as a pure science focused on understanding human society rather than applying that knowledge directly. The main goal of sociology is to generate insights that can be beneficial to various professionals, such as administrators and educators, but sociologists themselves do not apply this knowledge in their professional roles; their primary responsibility is to acquire it. This positions sociology similarly to other pure sciences, like physics and biology, which inform applied fields such as engineering and medicine, highlighting the distinction between knowledge generation and practical application. (Bierstadt, 1957)

There is another group of sociologists who believe that the value of sociology lies in its ability to solve social problems, promote social reform, and enhance human well-being. These are the advocates of applied sociology. Accordingly, while one of the primary tasks of classical sociology was to analyze, understand, and interpret social phenomena, the tasks of applied sociology necessarily go beyond this foundational role. Understanding leads to interpretation, which in turn leads to intervention aimed at finding practical solutions. (Abdelghani, 2025)

Alvin Gouldner was a pioneering sociologist who highlighted the significance of applied sociology, noting that the term "social engineer" once had a negative connotation, implying a loss of objectivity and scientific integrity for popularity. This view was relevant in a stable society that relied on established systems to handle tensions and was rooted in beliefs in progress and rationality. However, as these beliefs have become less certain, new pragmatic subfields have emerged, such as disaster research, industrial sociology, and military sociology. The establishment of institutions like the Air Force Institute signifies a shift towards a more respected and influential role for applied social sciences. (Gouldner, 1989)

In his 1976 presidential address to the American Sociological Association, Alfred M. Lee questioned the purpose of sociology and its service to society, criticizing the bureaucratic and exclusionary practices of academic institutions that marginalize women and minorities. He advocated for a "humanist sociology" that prioritizes serving people over supporting powerful institutions, arguing that sociology should be a means for social change rather than a detached academic pursuit. Lee stressed the need to connect sociological research with the everyday experiences of marginalized groups, aiming to understand and address their challenges. (Lee A., 1976)

Since then, many sociologists have emphasized the importance of sociological practice, which refers to the application of sociological knowledge—including theory, methods, and skills—to solve real-world problems. It is a broad term that encompasses several areas. Two distinct types of sociological practice can be identified: applied sociology and clinical sociology.

Applied sociology involves the use of research methodologies to address specific issues. It includes models such as problem-solving research, option formulation and testing, and evaluation research. The applied sociologist acts as a research specialist, producing information that helps resolve problems in settings such as government, industry, and other professional environments. In contrast, clinical sociology involves the application of sociological perspective to facilitate social change. A clinical sociologist serves primarily as a change agent, deeply engaged in the client's social environment. (American Sociological Association, 2003)

Clinical sociology, as Freedman explains, is a form of applied sociology or sociological practice that involves close, highly realistic investigations aimed at diagnosing problems and proposing strategies to address them. It applies a sociological perspective to intervention and efforts toward change. The clinical sociologist primarily acts as a change agent, rather than as a researcher or evaluator. Clients may include individuals, groups, or organizations. (Freedman, 1989)

Based on the foregoing, the study aims to introduce clinical sociology, trace its historical development, highlight its importance in activating the applied dimension of sociology, explore the main topics and issues in this field, and point out the state of clinical sociology in Arab societies.

Aims of the Study

The current study aims to:

- a) Define clinical sociology and highlight the importance of sociological practice.
- b) Trace the historical development of clinical sociology and highlight the most influential sociologists in its establishment and development.
- c) Analyze the methodological approach adopted by clinical sociologists in intervention.
- d) Explore the most important research topics of clinical sociologists.

METHODOLOGY

Research Design

To achieve the study's objectives, we adopt a theoretical and qualitative research design grounded in the use of historical-analytical methodology. The purpose here is not to collect empirical data but rather to synthesize, interpret, and critically examine existing literature on the origins, conceptual evolution, and key issues within the field of clinical sociology.

Methodological Approach

The study utilizes - as we mentioned above - a historical-analytical approach, which is appropriate for theoretical studies concerned with understanding the development of ideas, paradigms, and professional practices over time. This method enables us to:

- Trace the evolution of clinical sociology from its early conceptual foundations to its current form.
- Analyze and compare definitions, debates, and theoretical frameworks provided by different scholars and institutions.
- Identify and interpret recurring themes and issues in clinical sociology, such as intervention ethics, the sociologist's role, and the boundaries between clinical sociology and related disciplines.

Additionally, the study employs content analysis of published academic sources to identify key research areas and thematic trends in the field.

Data Sources

As a non-empirical theoretical study, data was drawn from a range of secondary sources, including:

- Books and academic journal articles.
- Some presidential addresses of the American Sociological Association.
- Institutional publications (e.g., the International Sociological Association – Research Committee 46 (RC46) and Association for Applied and Clinical Sociology).

Priority was given to works authored by prominent figures in the field, such as Louis Wirth, Ernest Burges, Jan Marie Fritz, Jonathan Freedman, and others. So, sources dated from the early 20th century to the present to ensure both historical depth and contemporary relevance.

Data Analysis

The analysis was conducted through qualitative content analysis to extract:

- Definitions and conceptual distinctions
- Thematic issues (e.g., ethical dilemmas, scope of intervention)
- Historical milestones and turning points in the evolution of the field

Limitations

As a theoretical study, this research does not include fieldwork, interviews, or case studies. The findings are based entirely on existing literature, which may reflect certain biases in source selection or regional representation (e.g., emphasis on Western perspectives).

RESULTS AND DISCUSSION

This section synthesizes the key findings obtained through the historical-analytical and content analysis approaches. It presents the results in five main thematic areas: (1) definition of clinical sociology, (2) historical development, (3) contemporary contributions, (4) methodology of clinical sociology, and (5) sociological intervention.

Definition of Clinical Sociology

The term "clinic" originates from the Greek word for "reclining" and has evolved in medicine to refer to bedside treatment. While some may associate "clinical" with "abnormal" due to its historical context of addressing diseases, modern clinical medicine focuses more on the individual case method rather than solely on pathology. Similarly, clinical sociology is not synonymous with social pathology; instead, it serves as a label for the insights, methods,

and techniques that sociology offers to understand and treat individuals facing behavioral or personality issues in clinical settings. (Wirth, 1931)

Clinical sociology is a humanistic, multidisciplinary specialization that seeks to improve the quality of people's lives. Clinical sociologists assess situations and reduce problems through analysis and intervention. Clinical analysis is the critical assessment of beliefs, policies, and/or practices with an interest in improving a situation. Intervention, the creation of new systems as well as the change of existing systems, is based on continuing analysis. (Fritz J. M., 2000)

We can look at clinical sociology as a kind of applied sociology or sociological practice which involves intimate, sharp realistic investigations linked with efforts to diagnose problems and to suggest strategies for coping with these problems. Clinical sociology brings a sociological perspective to intervention and action for change. (Freedman, 1989)

Clinical sociology is an interdisciplinary field focused on enhancing the life situations of individuals and communities through creative and rights-based approaches. It emphasizes the importance of creativity in fostering innovation and usefulness, involving the combination of diverse ideas and thinking styles to generate novel solutions. Additionally, a rights-based perspective in clinical sociology ensures that interventions aim to uphold a minimum standard of well-being that all individuals are entitled to, promoting social justice and equity in practice. (Rhéaume & Fritz, 2014)

According to Freedman, Clinical Sociology is the application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in the community. An analysis of clinical procedure indicates that it has three main characteristics:

1. The attention of the investigator is focused on a "case," i.e., on a person presenting concrete problems.
2. It is a co-operative enterprise and enlists the aid of a number of specialists.
3. The theoretical interests of the participants may be clinical procedure has an immediate therapeutic aim and includes, therefore, not merely a study of the "case," but the formulation of a program of adjustment or treatment. (Freedman, 1989)

So, clinical sociologists – as Fritz Mentions – assess situations and attempt to understand issues and/or reduce problems through analysis and intervention. (Fritz J. M., 2017)

There are two objectives that must be satisfied in clinical sociology. The first is to unify the scientific and professional aspects of clinical sociology so that academicians and practitioners who are committed to clinical research and clinical practice might work to bring these aspects more closely together. The potential rifts among colleagues whose primary commitment is to clinical research, teaching, or practice might be averted were unification achieved.

The second is to provide a comprehensive overview of the field, detailing the context for clinical diagnosis and treatment, the theoretical foundations for intervention, and the methods and techniques appropriate to group, community, and organizational change. In the process, those issues that are controversial and potentially controversial should be treated. (Swan A. L., 1981)

Those clinical sociologists who conduct research may do so before beginning an intervention project to assess the existing situation, during an intervention, and/or after the completion of the intervention to evaluate the outcome of that intervention. For some clinical sociologists, the research activity is an important part of their own clinical work. These sociologists have appropriate research training and look for opportunities to conduct research. Other clinical sociologists prefer to concentrate on the interventions and leave any research to other team members. (Fritz J. M., 2017)

Freedman distinguishes between what is characteristic of clinical sociology and what is not. (Freedman, 1989)

Clinical sociology is:	Clinical sociology is not
practice oriented - focuses on case studies	academic
works with individuals, groups, organizations, and communities.	intrapsychic
Diagnostic - change-oriented – humanistic	biochemical
tries to comprehend the societal factors which restrict the individual from being effective	value-free
can move beyond the client's formulation of the problem to consider other factors that affect functioning, especially broad social trends	accepting of the ideological basis of the client's reality
uses insights derived from immersion in the critical sociological tradition. uses sociological imagination	culture-free
leads to behavior change and growth	conservative
tends to have a liberal/cynical or radical ideological cast	relying on a single ritualistic set of techniques to discover the key

From the above, we conclude that clinical sociology is a field of sociology that applies sociological knowledge to improve people's lifestyles and intervene to treat and mitigate the problems they face. It is an approach based on immersion in social reality and changing it for the better.

Public Sociology and Clinical Sociology:

Public sociology refers to the application and uses of sociology beyond the academy. The term has been used very broadly to describe any sociological theory, methods, research findings, or commentary by sociologists that are consumed (and, ideally, used) by non-sociologists. Its central aim is "to correct - that is, to make better, social conditions for the betterment of humanity". Public sociology has also been referred to more specifically as an approach sociologists use to participate in public discussions about social issues as "public intellectuals" (Nichols, 2017)

In his 2004 presidential address to the American Sociological Association, Michael Burawoy (1947–2025) called for public sociology. He issued a call to sociologists for commitment to a common ethos, reciprocity among forms of practice, and greater societal engagement. Unique to this message is a model of discipline that has the potential to change sociology in a manner that will greatly increase both its fund of knowledge and understanding and its contribution to society. In this call for greater accomplishment Burawoy "has actually proposed a new vision for our discipline" and thus "has tried to imagine the future. (Burawoy, 2005)

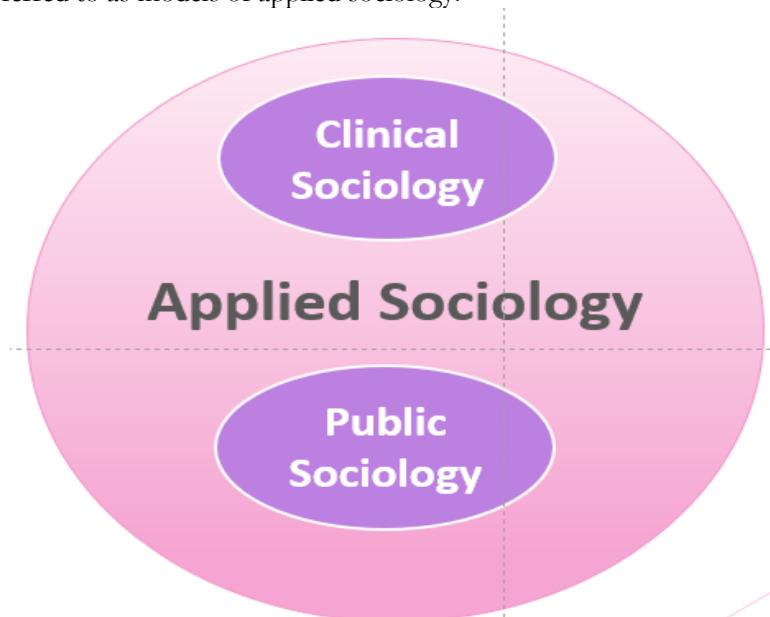
Burawoy argues that while earlier sociologists aimed to change the world, contemporary sociology has often focused on preserving the status quo. The discipline developed specialized knowledge through influential figures like Merton, Parsons, and Blau and Duncan, who contributed to the understanding of social mobility and stratification. In the 1950s, Lipset and Smelser proclaimed sociology's transition to a scientific discipline, echoing Comte's visions. However, this period of "pure science" was short-lived, as protests for free speech, civil rights, and peace emerged on campuses, challenging the consensus within sociology and its uncritical acceptance of scientific approaches. (Burawoy M., 2021)

Burawoy believes that responding to the growing gap between the sociological ethos and the world we study, the challenge of public sociology is to engage multiple publics in multiple ways. These Public sociologies shouldn't be left out in the cold. But brought into the framework of our discipline. In this way we make public sociology a visible and legitimate enterprise and thereby invigorate the discipline. (Burawoy, 2005)

Burawoy discusses the different, yet complementary and overlapping, sociologies—professional, policy, critical, and public—and explains why sociologists should devote some of their time to public sociology, to public dialogue about important issues. He shows how sharing sociological knowledge as it applies to understanding social problems and maintaining civil society in public discourse enhances democratic processes and contributes toward creating a better world. (Bell, 2009)

Fritz (Fritz J. M., 2017) notes that clinical sociology, as practiced in the United States, emphasizes hands-on intervention while applied sociology emphasizes research for practical purposes. Both specialties require different kinds of specialized training. Some sociological practitioners only describe their work as "clinical" or "applied," while others say they work in both areas. Public sociology is viewed as part of applied sociology.

The relationship between clinical sociology and public sociology can be viewed as two sides of the same coin. This coin is applied sociology, which is the framework that embraces them both. Clinical sociology and public sociology are often referred to as models of applied sociology.



To identify the nature of clinical sociology, we can adopt the following definition:

Clinical sociology is the use of sociological theory, methods, or findings to bring about change at the individual, small group, large organization, institutional or social system level. As such, it is part of the larger emphasis within sociology known as sociological practice. Practice includes the uses of sociology in a variety of settings for a variety of purposes. The uniqueness of clinical sociology is its focus on change, and it is this focus on change which distinguishes clinical from other forms of sociological practice, including applied sociology. (Kallen, 1995)

A Brief History of Clinical Sociology

Clinical sociology is as old as the field of sociology and its roots are found in many parts of the world. The clinical sociology specialization, for instance, is often traced back to the fourteenth century work of the Arab scholar and statesman Abd-al-Rahman ibn Khaldun (1332–1406). (Fritz J. M., 2017)

Ibn Khaldun has been described as a "thinker and doer". In his *Muqaddimah*, he provided numerous clinical observations based on his various work experiences. In addition to being a scholar and professor, Ibn Khaldun also was Secretary of State to the ruler of Morocco, Prime Minister and a statesperson who headed political missions. As Chief Judge of Egypt, he was known as a reformer. It has been said that many of the ideas discussed in the European West long after Ibn Khaldun's death were known "in their rudiments at least, to (Ibn Khaldun), the northwest African of the fourteenth century who founded a 'new science' in his *Muqaddimah*." Ibn Khaldun has been mentioned as the forerunner of many Western scholars—including Machiavelli, Vico, Montesquieu, Condorcet, Tarde and Comte. (Gates, 1967)

Auguste Comte (1798–1857) and Émile Durkheim (1858–1917) are among those who are frequently mentioned in the history of the field. Comte believed that the scientific study of societies would provide the basis for social action. Émile Durkheim's work on the relation between levels of influence (e.g., social compared with individual factors) led Alvin Gouldner (1965) to write that "more than any other classical sociologist [he] used a clinical model. (Fritz J. M., 2017)

In America, sociology, as we know, emerged as a discipline in the 1890s at a time when the nation was struggling with issues of democracy, capitalism, and social justice. Frustration led to public protests and the development of reform organizations. In this scenario, it is not surprising that many of the early sociologists were scholar-practitioners interested in reducing or solving the pressing social problems that confronted their communities. (Fritz J. M., 2017)

In 1906, Lester Ward, the first President of the American Sociological Society, published *Applied Sociology*, highlighting the difference between pure and applied sociology. Pure sociology focuses on questions like "What," "why," and "how," while applied sociology focuses on "What for." Pure sociology focuses on individual achievement, while applied sociology focuses on social improvement. Pure sociology is objective, while applied sociology is subjective, focusing on collective well-being. In essence, applied sociology addresses social ideals, ethical considerations, and the pursuit of social achievement. (Ward, 1906)

The American intellectual climate in the 1920s and 1930s favored clinical sociology development, while the business-economic climate was less favorable. Lasswell's work, *Psychopathology and Politics*, explored the relationship between political roles and psycho-dynamic development. The Child Guidance Clinics and the First and Second Colloquia on Personality aimed to develop knowledge about human personality. (Dunham, 1982)

The sociological approach at that time required the marriage and family therapist to understand the conditions, values, and relationships that characterized American society and influenced marital and family interactions. These conditions were unemployment and job insecurity. Values centered on extreme individualism, success, racism, and sexism. Fierce competition and exploitation were the most prominent relationships of the era. (Freedman, 1989)

Wirth's 1931 article on clinical sociology highlights the importance of sociologists in child guidance clinics. He argued that sociologists should be alongside psychiatrists and psychologists, focusing on individual cases and using a cultural approach. This article, published over nine decades ago, highlights the need for further development in clinical sociology. (Dunham, 1982)

Milton C. Winternitz, a physician and dean of the Yale School of Medicine from 1920 to 1935, is credited with the earliest known proposal for "clinical sociology," which he began developing as early as 1929. He aimed to create a department of clinical sociology within Yale's medical school, advocating for medical students to analyze cases not only through the lens of their medical specialty but also through the perspective of clinical sociology. (Fritz J. M., 2000)

Winternitz actively pursued financial backing from the Rosenwald Fund to establish a department of clinical sociology but was unsuccessful in securing the necessary funds. Despite this setback, he observed the positive outcome of a public health course in the medical school that was inspired by his clinical sociology plan. In 1930, he documented his efforts to create the department in a report to the university president, which was subsequently published in the *Yale University Bulletin*. Additionally, that same year, he delivered a speech at the dedication of the University of Chicago's new social science building, where he referenced clinical sociology. (Fritz J. M., 2017)

The first course using the words “clinical sociology” in the title was taught by Ernest W. Burgess (1886–1966) at the University of Chicago. Burgess taught the course in 1928 and then offered it twice in 1929. During these years, the course was a “special” course and did not appear in the university’s catalog. Burgess offered the clinical sociology course, as a regular course, five times from 1931 through 1933. The course continued to be listed in the catalog for the next several years but was not taught after 1933. (Fritz J. M., 2000)

The university catalogs did not include a description of the clinical sociology course, but it was always listed under the social pathology grouping. All courses in this section dealt with topics such as criminality, punishment, criminal law, organized crime, and personal disorganization. Many students who enrolled in these first clinical sociology courses were placed in child guidance clinics. Clarence E. Glick, for instance, was the staff sociologist at the Lower North Side Child Guidance Clinic and Leonard Cottrell was the clinical sociologist at the South Side Child Guidance Clinic. (Fritz J. M., 2017)

In 1931, Saul Alinsky was a University of Chicago student who was enrolled in Burgess’s clinical sociology course. Alinsky’s (1934) article, “A Sociological Technique in Clinical Criminology,” appeared in the Proceedings of the Sixty-Fourth Annual Congress of the American Prison Association. Alinsky, best known now for his work in community organizing, was, in 1934, a staff sociologist and member of the classification board of the Illinois State Penitentiary. (Fritz J. M., 2017)

Tulane University and New York University offered in 1930 clinical courses on behavior problems and social therapy. Louis Wirth, director of the New Orleans Child Guidance Clinic, was unable to teach due to a Social Science Research Council Fellowship, and the course was taught in his absence. (Fritz J. M., 2000)

New York University also offered clinical sociology courses in the early 1930s. Harvey Warren Zorbaugh (1896–1965) was a faculty member there in the School of Education which provided undergraduate and graduate preparation for visiting teachers, educational counselors, clinicians, social workers, and school guidance administrators. The major focus of the program was the solution of educational problems and other social dilemmas. (Fritz J. , 1989)

After World War I, there was limited interaction between sociologists and psychiatrists, but this period saw sociologists creatively utilizing life history documents and the influence of psychoanalysis on both fields. A notable collaboration occurred in 1937 between psychiatrist Lowell Selling and sociologist Walter Reckless, who conducted interviews with the same individual—a 30-year-old black woman transitioning from prostitution—with the aim of comparing their findings. The sociologist focused on the woman’s life experiences and her attitudes, revealing an objective personality, while the psychiatrist concentrated on her personality traits and mental status, seeking a subjective understanding tied to her inner feelings. This experiment highlighted the differing approaches of the two disciplines and captured the essence of their perspectives at that time. (Dunham, 1982)

In 1944, the first formal definition of clinical sociology appeared in Henry Fairchild’s Dictionary of Sociology. Alfred McClung Lee defined clinical sociology in that dictionary as a branch of applied or practical sociology that reports and synthesizes the experiences of (A) social psychiatrists with functional problems of individual adaptation, and (B) societal technicians with functional problems of institutional adjustment. Chiefly in the first group, at least in emphasis, is the experience of social worker, personnel managers, psychiatrists, career guidance experts, etc., and chiefly in the second group is that public relations counselling, professional politicians, sentiment and opinion analyst propagandists, advertisers, etc. Clinical sociology thus stresses the development of effective manipulative and therapeutic techniques and of accurate functional information concerning society and social relationships. (Lee A. M., 1944)

Alfred McClung Lee, the author of that definition, later(1944) used the word clinical in the title of two of his articles—”Analysis of Propaganda: A Clinical Summary” (1945) and “The Clinical Study of Society” (1955). Lee was one of the founders of the Society for the Study of Social Problems, the Association for Humanist Sociology, and the Sociological Practice Association and also was, from 1976 to 1977, president of the American Sociological Association. (Fritz J. M., 2017)

In 1946 George Edmund Haynes' "Clinical Methods in Interracial and Intercultural Relations" appeared in The Journal of Educational Sociology. Haynes, the first black to receive a Ph.D. from Columbia University, was a co-founder of the National Urban League (1910) and the first black to hold a sub-cabinet post (Director of the Bureau of Negro Economics, U.S. Department of Labor, 1918-21). His 1946 article was written while he was Executive Secretary of the Department of Race Relations of the Federal Council of the Churches of Christ in America and discusses the department's urban clinics which were set up to deal with interracial tensions and conflicts by developing limited, concrete programs of action. (Fritz J. , 1989)

During the 1953–54 academic year, Alvin W. Gouldner (1920–1980) was teaching in the Department of Sociology and Anthropology at Antioch College in Ohio. Before joining the faculty, Gouldner had been a university teacher for four years and then worked, for one year, as a consultant to Standard Oil of New Jersey. Gouldner offered “Foundations of Clinical Sociology” at Antioch. The course was taught at the highest undergraduate level, and

students who enrolled in the course were expected to have completed the department's course in social pathology. The college bulletin provided the following description of the course: (Fritz J. M., 2000)

In December 1957 James Schellenberg discussed clinical sociology in his article "Divisions of General Sociology" in the American Sociological Review. According to Schellenberg (1957:661), "clinical or concrete sociology deals with a total situation within restricted limits of time and space." He said that the term clinical meant "a general and diagnostic mode of analysis" which "does not necessarily imply . . . solving social problems." Schellenberg thought that clinical or concrete sociology was one of three divisions of the subject matter of sociology. The other two were (1) historical and cultural sociology and (2) logico-experimental sociology. (Fritz J., 1989)

In 1969 Henry Lennard and Arnold Bernstein wrote "Patterns in Human Interaction: An Introduction to Clinical Sociology. The book was about how social contexts influence social behavior. In the introduction, "Clinical Sociology: A New Focus," Lennard and Bernstein stated that their "application of research methodology and sociology theory to the data of the 'clinical' situation and to subject matter traditionally falling within the fields of psychiatry and clinical psychology seemed to us to deserve a new characterization, to which the term clinical sociology seems ideally suited. (Fritz J., 1989)

The Contemporary Contributions

The field of clinical sociology has witnessed a significant increase in publications following the establishment of the Clinical Sociology Association in 1978, which is now known as the Sociological Practice Association. This organization prioritized publishing and encouraged members to identify their work as clinical sociology, leading to the creation of several journals, including the Clinical Sociology Review and Sociological Practice in the early 1980s, which were later replaced by the quarterly Sociological Practice: A Journal of Clinical and Applied Sociology in the 1990s. The association also implemented a rigorous certification process for clinical sociologists at both the Ph.D. and M.A. levels, with the Ph.D. certification process starting in 1983 and the first certifications awarded in 1984, followed by M.A.-level certification in 1986. Successful candidates at both levels receive the designation of Certified Clinical Sociologist (C.C.S.). (Fritz J. M., 2000)

The Sociological Practice Association and the Society for Applied Sociology merged in 2005. The name of the new association, the Association of Applied and Clinical Sociology—once again gives name recognition to clinical sociology. (Fritz J. M., 2017)

In 2014 the clinical sociology division (RC46) of the International Sociological Association launched a project of Community Intervention: Clinical Sociology Perspectives, bringing together scholar-practitioners from Canada, France, the Philippines, South Africa and the United States to discuss research and interventions that take place in communities. The analyses and interventions presented aim to improve the quality of life of individuals, organizations and communities of all kinds, from neighborhoods to societies. (Rhéaume & Fritz, 2014)

Currently, the role of clinical sociologists has become increasingly important. The burgeoning social problems, intensified by the onset of the COVID-19 pandemic, have degenerated the difficulty of the marginalized populaces in the south. Political conflict, unemployment, derisory education and health access, gender-based violence, poverty, social dissonance, global warming, and food insecurity demand the intervention and creation of clinical interventions. Clinical sociologists engage with a multiplicity of intersecting factors working with interdisciplinary models to offer affordable interventions that improve the human condition in all societies. (Ehiane, 2021)

Clinical sociology is a significant and influential branch of sociology that focuses on individuals as holistic beings, considering their daily lives, personal histories, knowledge, and emotional landscapes. A key strength of this field is its emphasis on active intervention by researchers, moving beyond theoretical frameworks to engage directly with individuals and groups. Influenced by psychologists like Kurt Lewin and drawing from psychoanalytic principles, clinical sociologists aim to enhance people's ability to critically understand their circumstances and empower them to enact changes that address and potentially resolve their issues. (Wiewiorka, 2008)

We find now an intense presence of clinical sociology in various European countries, in England, France, Germany, and Italy. There are also a large number of specialists in it in countries such as Canada, Greece, Mexico, and Malaysia. There is a notable presence of it in Japan, and it is particularly linked to medical sociology. (Fritz J. M., 2017)

In Australia, one of the foremost clinical sociology pioneers was Neville Yeomans (1928 - 2000). As well as being a clinical sociologist, Yeomans was a psychiatrist, psychologist, biologist, and barrister. He was the founding director in 1959 of Fraser House, a New South Wales Health Department-funded Therapeutic Community-based psychiatric unit in North Ryde Psychiatric Hospital. Yeomans also pioneered community mental health in Australia and engaged in action research on all aspects of clinical sociology. (Spencer, 2009)

Worldwide, clinical sociologists continue to be interested in health care, quality of life, national social policy, organizational development, conflict intervention, and individual development. More recent clinical areas of analysis, research, and intervention include public participation, environmental protection, tourism, globalization, rights-based socioeconomic development, and security— all major issues in an at-risk world. . (Fritz J. M., 2017)

Methodology of Clinical Sociology

Clinical sociologists use a wide variety of research methods and techniques such as participatory action research, geographic information systems, evaluations, focus group analysis, standardized tests and surveys.

Some of them initially relied heavily on standardized tests for the purpose of effective diagnosis and intervention. Because these tests are standardized, they are perceived to be reliable and valid. There has been much debate, however, about the objectivity of such scoring systems. Clinical sociologists have not yet taken a position on the clinical value of such tests; some have found tests only partly useful because of their structural and content limitations. If other clinicians do not point out their limitations in diagnosis and treatment, clinical sociologists, because of their historical disassociation from testing, especially psychological testing, can assume this role when working with a team of clinicians. (Swan A. , 1980)

But clinical sociologists probably are best known for their case studies. Case studies involve systematically assembling and analyzing detailed, in-depth information about a person, place, event, or group. This methodological approach involves many techniques such as document analysis, life histories, in-depth interviews, and participant observation. Sometimes the cases are directly related to intervention work (e.g., a critical evaluation of program outcomes) and sometimes they are analyses of situations (real or based on reality) that will be of assistance to policymakers and administrators who are considering interventions. (Fritz J. M., 2017)

The case history method is one of the most important tools used by clinical sociologists, in which clinicians ask questions about the history of the complaint or problem and about the social situation before and during the disorder, is popular. Some clinicians typically interview other significant persons, such as friends, relatives, and even employers, who can supply additional information regarding the life history of the client. (Swan A. , 1980)

Some clinical sociologists interact freely, without asking any formal questions, in hopes of obtaining data from the unstructured interview transaction. The focus of the attention of the clinicians is on the here-and-now situation of the clients and not on the past. Usually, attention is given to the non-verbal as well as verbal communication patterns of the clients. In the process, diagnosis and treatment take place. (Swan A. , 1980)

Historically. 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. (Dunham, 1982)

The basic intervention process with a client system is divided into seven stages: (1) the client discovers the need for help, sometimes with the assistance from the change agent; (2) the helping relationship is established and defined; (3) the change problem is identified and clarified; (4) alternative possibilities for change are examined and the goals of the change are established; (5) change efforts are actually attempted; (6) change is generalized and stabilized; and (7) the helping relationship ends or a different type of continuing relationship is defined. (Fritz J. M., 2017)

Three points can be made about the stages: (1) initial assessments of the situation may be conducted during the third stage, and process and outcome evaluations may be conducted during a number of the stages; (2) it is possible not only to progress through the stages but to cycle back through them as necessary; and (3) the length of time required for each stage will depend on a number of factors, including the kind of change under consideration. (Fritz J. M., 2017)

Clinical sociology focuses basically on the analysis of one human personality as a social unit with respect to the ingressions into the 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 minuscule 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. (Dunham, 1982)

Ethical principles and values represent an important and fundamental aspect of the work of clinical sociologists. While these may differ somewhat depending on the level of intervention (e.g., individual, community, nation), the following would be among those included: having an ethical framework, practicing inclusiveness, working with the

people's interests and opportunities, encouraging recognition of the viewpoints of others, demonstrating interdependence as a factor in the change process, encouraging capacity building, and having a long-term perspective. Clinical sociologists need to be open-minded, have courage, and be able to work well with others. The characteristics of the client system are particularly important during a period of change. The largest share of work in any change initiative generally must be undertaken by the client system. Therefore, the extent and quality of the change will depend, in large part, on the energy, capability (including available resources), and motivation of the client system. (Fritz J. M., 2017)

Clinical sociologists evaluate circumstances and lessen difficulties via inquiry and clinical intervention. A clinical analysis is the perilous evaluation of philosophies, policies and practices to improve the recipient's quality of life or social situation. Clinical intervention is the conception of innovative methods and techniques that challenge traditional systems, which require continuous research and development. The role of the clinical sociologist is evident at multiple levels, reaching individuals and/ or groups of people. The objective of intervention can be different in various situations. In general, an intervenor tries to help participants understand, deal with, and/ or alter a situation and may do this in any number of ways. These interventions can include undertaking needed research, critical education, training, leadership development, strategic planning and/or assessing different kinds of actions. The tasks might be manageable or quite daunting. (Khan & Ehiane, 2021)

The sociological tradition and a good sociological imagination can partially equip some sociologists to work as clinical sociologists. In the textbook Clinical Sociology 1979, Barry Glassner and Freedman present a version of the necessary knowledge base for a clinical sociologist. This includes theoretical grounding in historical, systems, dramaturgical, conflict, and interactional approaches with the ability to develop alternative theoretical perspectives or integrate theoretical approaches; methodological grounding in the basic skills of looking, listening, questioning, reporting and critical thinking, and how these skills are used as methods in participant observation, survey research, interviewing, and documentary analysis; substantive comprehension of ethnicity, stratification, aging, family and sex roles, social change and everyday metaphysics. (Freedman, 1989)

Sociological Intervention: The Role of the Clinical Sociologist in Diagnosis and Treatment

Albion Small, the first chair of the Sociology Department at the University of Chicago and founding editor of *The American Journal of Sociology*, emphasized in his 1896 article "Scholarship and Social Agitation" that sociology's primary purpose was the practical improvement of society. He argued that scholarship should go beyond scientific inquiry to include the foresight and informed action needed to bring about social change. Small called on American social scientists to break away from passive academic traditions and merge intellectual thought with meaningful social action. (Small, 1896)

Based on this early vision of the importance of the applied side of sociology, and the denunciation of the arbitrary separation between science and practice, the work of clinical sociologists focused on improving people's lives and helping them live good lives.

It should be noted that the activities of clinical sociologists today are broader than those identified by Louis Wirth in his classic article of 1931. Wirth focused solely on sociological intervention in the medical field. (Wirth, 1931) During the period captured in his paper, there were several clinics in the United States "in which, in addition to the usual psychiatrists, psychologists, and social workers, the staff included sociologists as well." clinical sociologists were then limited to practice at these sociological clinics as part of an interdisciplinary team dealing with behavior problems of children.

Louis Wirth defined clinical sociology as the application of sociological insights, approaches, and techniques to understand and treat individuals with behavioral or personality issues, often within clinical settings. He identified three key features of the clinical approach: it focuses on a specific, real-life problem (a "case"); it involves collaboration among professionals from different fields, each bringing unique expertise; and it aims at immediate therapeutic outcomes by not only studying the case but also developing a treatment or adjustment plan." (Reback & Bruhn, 1991)

Over the years, many sociologists have actively engaged in personal development and social change by working in diverse clinical and community settings, such as mental health centers, crime prevention programs, and family development initiatives. They have applied sociological knowledge and developed therapeutic skills and intervention techniques to address issues like mental health, organizational change, and community development. This demonstrates the practical application of sociology in clinical contexts. (Swan A. , 1980)

Many clinical sociologists are full-time or part-time university professors, and these clinical sociologists may undertake intervention work in addition to their teaching and research, or they may focus on providing some combination of research and advice to those who do take actions (e.g., policymakers, the public, administrators, corporate boards, unions). If the focus of clinical sociologists is on advice/analysis for the public sector, this emphasis, in the last few years, has been referred to as public sociology. (Fritz J. M., 2017)

The clinical sociologist is essentially a change agent rather than a researcher or evaluator. Clients may be individuals, groups or organizations. Their work often involves redefining roles, identities, or situations through a range of intervention techniques. Rooted in a humanistic, holistic, and multidisciplinary approach, clinical sociology emphasizes promoting self-determination, human dignity, and social well-being. Even sociologists in teaching roles act as clinicians when aiming to change attitudes or behaviors, focusing not on conforming individuals to existing systems but on empowering them to navigate and reshape their sociocultural realities. (Freedman, 1989)

The role of the clinical sociologist can be at one or more levels of focus from the individual to the intersocietal. Even though the clinical sociologist specializes in one or two levels of intervention (e.g., marriage counseling, community consulting), the practitioner will move among several levels (e.g., individual, organization, community) to analyze or intervene or both. (Fritz J. M., 2000)

Sociologists tend to have early knowledge of emerging social problems. Clinical sociologists can develop specific intervention strategies related to emerging problems, aiding in empowering those who are potential victims of these problems. Through critical examination of any problem area of the society, a clinical sociologist can discover situations in which the application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in the community can lead to exciting approaches to practice—practice that no other profession is attempting. (Freedman, 1989)

Clinical sociologists focus on applying sociological knowledge to help individuals within systems of human interaction. They work across diverse settings, including universities, psychiatric hospitals, community health centers, schools, prisons, courts, and private practice. Their roles span teaching, research, therapy, consultation, and collaboration with legal and medical professionals. In each setting, they use research-based insights to help clients overcome barriers to growth, functioning, and positive change. (Swan A. , 1980)

Clinical sociologists have different areas of expertise—such as health promotion, sustainable communities, social conflict, or cultural competence—and work in many capacities. They are, for example, community organizers, sociotherapists, mediators, focus group facilitators, social policy implementers, action researchers, and administrators. (American Sociological Association, 2003)

The diversity of clinical sociology is best characterized by a three-dimensional matrix of clients, settings, and activities. The term clients refers to those persons on whose behalf intervention is conducted. The term settings refers to the various social and physical settings in which clinical practice takes place. Finally, the term activities refers to actions taken by clinical sociologists. (American Sociological Association, 2003)

Clinical sociologists play many roles when actively involved in social change:

Role	Description
Counselor/ Sociotherapist	The clinical sociologist brings a sociological approach to counseling, focusing on individuals' relationships with society rather than internal psychological processes. This form of counseling, known as sociotherapy, encourages problems and solutions to emerge through interactive dialogue that reveals the social roots of personal issues. It is practiced in various settings, including hospitals, clinics, and private practices, addressing a wide range of clients, from those with health issues to those facing life crises or criminal behavior.
Group Facilitator	The clinical sociologist is a master teacher of group relations and group dynamics. Issues surrounding roles, status, power, and leadership are common in all groups and are usually key in unraveling the bases for group conflict as well as understanding group cohesion. Family therapy is an example where a clinical sociologist can assist family members in understanding their relationship to each other as a step toward solving whatever issues keep them from functioning as an effective family.
Teacher/ Trainer	Clinical sociologists enact teaching roles as a way of facilitating social change in communities, organizations, and individuals. Providing people with action-usable information and training can be an important way of empowering people to be able to solve their own problems as well as become change agents themselves.
Mitigation Expert	Clinical sociologists apply a sociological perspective in both counseling and legal contexts. In counseling, they emphasize social relationships over internal psychology, using sociotherapy to explore the social roots of personal issues across various settings. In legal cases, particularly during the sentencing phase of first-degree murder trials, clinical sociologists serve as mitigation experts, presenting the defendant's life history and social background to highlight legally relevant mitigating factors.
Organizational Consultant	When working with organizations, clinical sociologists focus their interventions on roles, relationships, organizational structure, and the environments in which the organization functions. As intervention agents, clinical sociologists applying sociological methods, theory and knowledge can supply research and policy recommendations to solve problems related to such issues as power and authority, communication, and resource distribution and use.
Program Evaluator	Clinical sociologists contribute to solving social problems by developing and evaluating programs aimed at meeting human needs. They apply research and analytical skills to assess program effectiveness, either within organizations or as external evaluators. Their expertise in research methods and commitment to organizational improvement enable them to understand projects, measure outcomes, and clearly communicate findings to stakeholders such as program managers, funders, regulators, and clients.

Community Consultant	The clinical sociologist in the role of community consultant undertakes assessment and, when desired, intervention; focuses on a social system rather than an individual; and facilitates for a client or offers advice. The clinical sociologist who works as a community consultant is a resource and may work as a consultant within an organization or be an external consultant with no permanent role in the system
Mediator	Some clinical sociologists have become involved in mediation and conflict resolution. Mediation is the semi-structured process in which an impartial third party helps disputants identify their individual and mutual interests and perhaps reduce or solve their differences.. Mediation is also referred to as " facilitated negotiation. Clinical sociologists, with their humanistic approach to improving programs and people's lives, bring the following to mediation multi-level system intervention, cultural competency, empowerment, and redefining the situation

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. (Dunham, 1982)

Finally, it should be noted that despite the great interest in clinical sociology in Western sociological circles, and the significant progress in the level of scientific production in terms of the number of publications related to this specialization, and in terms of the level of practice in terms of the fields of work and institutions supporting clinical sociology, we note a complete absence of this specialization in Arab societies, where we find very few publications that refer to this field, and the actual practice of this field is completely absent, and the science is not included in the curricula of sociology departments in most Arab universities.

CONCLUSION

The study focused on a significant area of sociology: clinical sociology. This field represents the applied dimension of sociology, where sociologists go beyond mere description and interpretation to actively contribute to changing social reality.

The findings indicate that clinical sociology is a crucial field that bridges the gap between sociological theory and practice. It is uniquely positioned to analyze social problems and implement interventions aimed at enhancing the well-being of individuals, groups, and institutions.

The literature indicates that while clinical sociology shares common ground with fields such as social work and psychology, it retains its distinctiveness through a sociological lens that emphasizes structural, cultural, and systemic influences. Historically rooted in early 20th-century sociology, the field has evolved to encompass global applications, interdisciplinary collaborations, and expanding research domains.

However, clinical sociology also encounters challenges, including ethical concerns and limited recognition in some regions. Addressing these issues will necessitate increased institutional support, clearer professional boundaries, and improved international cooperation.

As societies continue to grapple with complex social issues, ranging from mental health to inequality, clinical sociology has the potential to play a transformative role in developing solutions that are both human-centered and grounded in sociological principles.

The study revealed a lack of clinical sociology in Arab societies, both in terms of academic output and practical application. It is time for social researchers to step down from their ivory towers, engage with social reality, share their experiences with people, contribute to solving societal issues, and promote a better quality of life.

REFERENCES

Abdelghani, H. I. (2025). Sociology of Pandemics: A Sociological Approach to Understanding the Social Impacts of COVID 19. *Journal of humanism*, 4(1), pp. 580 - 593. doi:<https://doi.org/10.62754/joe.v4i1.5838>

American Sociological Association. (2003). *Careers in Clinical Sociology*. New York.

Bell, W. (2009). Public Sociology and the Future: The Possible, the Probable, and the Preferable . In V. Jeffries, *Handbook of Public Sociology* (pp. 89 - 105). Lanham, USA: Rowman & Littlefield Publishers, Inc.

Bierstadt , R. (1957). *The Social Order*. New York: McGraw-Hill, Inc.,

Borawoy, M. (2021). *Public Sociology: Between Utopia and Anti-Utopia*. Cambridge: Polity Press.

Borawoy, M. (2005). 2004 ASA Presidential Address: For Public Sociology. *American Sociological Review* , 70(1), pp. 4 - 28. Retrieved from <http://www.jstor.org/stable/4145348>.

Dunham, H. W. (1982). Clinical Sociology: Its Nature and Function. *Clinical Sociology Review*, 1(1), pp. 23 - 33.

Ehiane, s. (2021). Clinical Sociology Models: Interventions and Analysis in Africa. *Alternation Interdisciplinary Journal for the Study of the Arts and Humanities in Southern Africa*, pp. 1 - 11. doi:<https://doi.org/10.29086/2519-5476/2021/SP37A1>

Freedman, J. A. (1989). Defining Clinical Sociology. *Sociological Practice*, 7(1), pp. 51 - 56.

Fritz, J. (1989). The History of Clinical Sociology. *Sociological Practice*, 7(1), pp. 72 - 95. Retrieved from <http://digitalcommons.wayne.edu/socprac/vol7/iss1/11>

Fritz, J. M. (2000). Clinical Sociology. In E. F. Borgatta, & R. J. Montgomery, *Encyclopedia of Sociology* (pp. 323-329). New York: Macmillan.

Fritz, J. M. (2017). Clinical Sociology. In K. O. Korgen, *The Cambridge Handbook of Sociology: Specialty and Interdisciplinary Studies*. (Vol. 2, pp. 339 - 347). Cambridge: Cambridge University Press. doi:<https://doi.org/10.1017/9781316418369>

Gates, W. E. (1967). The Spread of Ibn Khaldûn's Ideas on Climate and Culture. *Journal of the History of Ideas*, 28(3), pp. 415 - 422. doi:<https://doi.org/10.2307/2708627>

Gouldner, A. (1989). Explorations in Applied Social Science. *Sociological Practice*, 7(1), pp. 26 - 42.

Kallen, D. J. (1995). Some History of Clinical Sociology and Sociological Practice, Part I,. *Clinical Sociology Review*, 13(4), pp. 1 - 24. Retrieved from <http://digitalcommons.wayne.edu/csr/vol13/iss1/4>

Khan, S. M., & Ehiane, S. (2021). Clinical Sociology Models: Interventions and Analysis in Africa. *Alternation Special Edition*(37), pp. 1 - 11.

Lee , A. M. (1944). Clinical Sociology. In H. Fairchild, *Dictionary of Sociology* (p. 303). New York: Philosophical Library.

Lee, A. (1976). 1976 ASA Presidential Address: Sociology for Whom? *American Sociological Review*, 41(6), pp. 925 - 936. doi:<https://doi.org/10.2307/2094795>

Nichols, L. (2017). Public Sociology. In O. Korgen, *The Cambridge Handbook of Sociology: Volume 2 Specialty and Interdisciplinary Studies*. (pp. 313 - 321). Cambridge: Cambridge University Press.

Reback, H. M., & Bruhn, J. G. (Eds.). (1991). *Handbook of Clinical Sociology*. New York: Plenum Press.

Rhéaume, J., & Fritz, J. M. (Eds.). (2014). *Community Intervention: Clinical Sociology Perspectives* (Vol. New York). Springer Science+Business Media.

Small, A. (1896). Scholarship and Social Agitation. *American Journal of Sociology*, 1(5), pp. 564 - 582.

Spencer, L. (2009). The Expanding Role of Clinical Sociology in Australia. *Journal of Applied Social Science*, 3(2), pp. 56 - 62.

Swan, A. (1980). Clinical Sociologists: Coming Out of the Closet. *Mid-American Review of Sociology*, 5(1), pp. 87 - 98.

Swan, A. L. (1981). Clinical Sociology: Problems and Prospects. *Mid-American Review of Sociology*, 6 (2), pp. 111 - 127. doi:<http://dx.doi.org/10.17161/STR.1808.4895>

Ward, L. (1906). *Applied Sociology: A Treatise on the Conscious Improvement of Society by Society*. New York: Ginn and Company.

Wiewiora, M. (2008). Foreword. In J. Fritz, *International Clinical Sociology* (pp. v - vx). Berlin: Springer.

Wirth, L. (1931). Clinical Sociology. *American Journal of Sociology*, 37, pp. 49 - 66.