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Practical Study of Social Relations: Plan for Graduate Department of Clinical Sociology at Yale

Milton C. Winternitz

I. Shall Yale Lead the Way Again?

Yale has led the way in many important developments in American education. Graduate studies began at the University almost two hundred years ago when Dean George Berkeley made a modest gift to Yale College for the maintenance of resident students during the period of study between their first and their second degree.

“Berkeley’s aim was the promotion of scholarship in the American Colonies through competent teaching in the colleges,” writes Dean Wilbur L. Cross in a recent survey of the history of the Graduate School. “Success was immediate. The philosopher was still living when the first of his Scholars became the first President of Dartmouth College and another became President of the College of New Jersey, afterwards renamed Princeton. Within a century as many as eleven Berkeley Scholars were elected to college presidencies.”

By 1830 there were usually enrolled at Yale ten or twelve candidates for advanced degrees. A department of graduate studies was organized in 1845 and in 1861 Yale took the lead among American universities in conferring the Ph.D. degree. To the notable era in Yale scholarship which followed belong such outstanding men as James Dwight Dana, William Dwight Whitney, and Josiah Willard Gibbs. It was during this period that Daniel Coit Gilman and William Rainey Harper withdrew to become the first presidents, respectively, of the Johns Hopkins University and the University of Chicago. At these newer institutions

This memo was produced in New Haven in 1930. It is found in the Records of the Dean (YRG-27-A-5-9), School of Medicine, Yale University Archives, Manuscripts and Archives, Yale University Library. It is published here by permission of the Yale University Library.

the major emphasis was placed upon graduate work and a freedom from routine, which could not in those early days obtain at Yale because of instructional duties in undergraduate schools, was accorded scholars. Yale's first obligation was to the college, an obligation which has never been neglected, but she nevertheless gave the original impetus to graduate study in American university life.

Much could be written of Yale's contributions to general and professional learning. One might speak of the Divinity School, which has provided no less than 169 presidents of other colleges as well as three presidents of Yale University; of the School of Law, which "yields to none in its recognition of law as a social science and in its teaching of law to every student in every class as a tool whose purpose is human welfare"; of the School of Medicine, among the first in this country to be definitely a part of a university rather than a proprietary institution, and a pioneer at the present time in the endeavor to liberalize the medical school curriculum and entrance requirements so that a premium will be placed upon intelligence and upon broad understanding rather than upon ability to absorb a vast quantity of more or less unrelated facts.

It has been well stated that "Yale is called upon to develop her professional schools not only for their own sake but also because of the fact that unless she does so nothing can prevent her undergraduate work from deteriorating. We are living in a generation of university growth, and Yale must compete for her teachers with other universities. Capable teachers usually desire not only the stimulus and inspiration of teaching undergraduates but the additional opportunity of teaching the more mature minds to be found in the professional schools. In the long run the best teachers congregate at the institution of learning which offers the most complete equipment for study and research."

Yale had the courage in 1846 to make an innovation, by the establishment of a department of graduate study, which has had far reaching consequences. Now another opportunity of perhaps equal importance presents itself. It is proposed to establish a department for the practical study of the environment and social relations of the individual, so that professional students may be taught to look upon human personality as the net result of the interaction of mind, body and environment.

The work of this department, which may be called Clinical Sociology, will have its most immediate bearing in the School of Medicine, but it will be open to all professional students. The plan has been carefully considered by disinterested leaders in medical education and graduate study. These authorities have found the plan sound, practicable, and desirable, and have expressed the opinion that its adoption in the great universities will certainly depend only upon obtaining the necessary means. Yale is perhaps more nearly prepared than any other university for putting the plan into practice, because the study of the mind of man has been so thoroughly organized and because the Institute of Human

Relations is designed particularly to facilitate a well-integrated study of man from physical, mental and social points of view.

With clinical sociology well organized, so that professional students may be kept cognizant of life as it really is, while pursuing the specialized interests of laboratory and class room, Yale will again make a contribution of vast importance to higher education.

II. Details of the Clinical Sociology Plan

In his 1929 report to the President of the University, the Dean of Yale School of Medicine made the following comments:

Few students have enjoyed the preliminary experiences essential for the best training of the prospective physician, as there is nothing in the curriculum of medical education, either here or elsewhere, designed to bring to the student's consciousness man as a psycho-physical entity with body and mind in mutual relation. It seems highly desirable that the opportunity should be at hand, preliminary to the actual contact of the student with clinical medicine, to acquire an understanding of man as a social as well as a biological problem.

The proposed plan for filling this gap in the medical student's education, and restoring that interest in human beings which was largely lost when the old family doctor was replaced by the highly trained specialist, provides in the first place during the pre-clinical years certain courses in the fundamentals of psychology and sociology.

The student will pursue these courses at the same time that he is mastering the essentials in biology. This is practicable at Yale, where the content of fundamental courses in biology has already been reduced so that the student has fifty percent of his time free from elective subjects.

Course in Fundamentals First

The study of psychology and sociology in the pre-clinical years can be vitalized, it is believed, by employing what might be termed a "case-study" method. Individuals, rather than abstract theories, will be considered. Beginning with specific problems, the student will proceed to a study of underlying principles of human interrelationship. These courses will not be limited to medical students. Mixing of students having different backgrounds and different interests is held to be highly desirable. According to present plans, the courses will describe a complete circle over a two-year period so the student may enter at any point and continue until that point is again reached, when he should have acquired at least a basic understanding of the principles involved.

The question then arises how the work in the sociological field may be carried into the clinical years. Fundamentals of biology have little value to the physician unless he is trained in their application. The same is true in sociology and psychology. The social worker as she has thus far functioned in the hospital has had little influence upon the attitude of the doctor. She has been regarded more or less as a secretary, engaged in gathering facts about the patient's social history which the physician may ignore or not as he sees fit in his treatment of the patient. It is clear that if there is to be progress in the coordination of knowledge concerning all the factors which bear upon human well-being, so that patients may be treated as something more than physical entities, sociology and psychology must be given proper emphasis in the clinical years of medical training.

Clinical Sociology to Rank with Departments of Clinical Medicine

Yale proposes therefore to organize in the School of Medicine a department of clinical sociology, bearing the same relationship to sociology as medicine bears to biology. The head of this department must be a man of such ability and achievement in his field that he will be considered the intellectual equal of the heads of the other five departments—internal medicine, surgery, diseases of women, diseases of children, and psychiatry. He must be acceptable to the University because of his knowledge of the social sciences, and to the practical social worker because of his understanding of field work. He will hold the rank of professor and will be a member of the board of permanent officers of the School of Medicine. He will also be associated with the Institute of Human Relations, so that in his research work he may obtain the help of other sciences represented there. Study and treatment of the sociological problems of the patients who come to the hospital and dispensary will center around the professor of clinical sociology, just as the medical problems center around the professor of medicine. On his staff the professor of clinical sociology will have associates, assistants, and instructors in clinical sociology to aid him in field work.

The department of clinical sociology will have its headquarters in the new Clinic building at the center of the hospital group.

Study of Patient to be Demanded of Every Student

In his capacity as clinical clerk, the student will make a study of the patient in his home relations and environment, at his work and at his recreation. This study will be carried on under the supervision of the clinical sociology staff, just as the student's study of the physical condition of the patient is conducted under the eyes of the medical staff. Social as well as medical treatment of the

patient will be the responsibility of senior staff members, with students acting as observers. It may be expected that social treatment will be influenced by physical therapy and that the reverse will also be true, for the assumption is that psychic, social, and physical factors are closely related in human conduct.

When both medical and sociological investigations of the patient have been completed, the student will meet in a seminar with the professor of clinical sociology and the professor of the particular clinic field or fields of medicine in which the patient has been studied. It may be, for example, that in some cases the professor of psychiatry and the professor of pediatrics will both be interested in a particular problem. In the seminar the more complete picture of the individual will be worked out. Here the student naturally will be induced to think of the patient as a human being rather than as a physical organism unrelated to his environment.

Connection with Work of the Institute

The importance of the field work in sociology which will thus be done does not end with the salutary effect upon the attitude of the future physician or even with the direct benefit derived by the patient. The mass of data collected (there are 60,000 dispensary visits and 10,000 ward patients annually) will be taken by the professor of clinical sociology to the Institute of Human Relations. Here the information will be correlated with that which has been gathered by other divisions, relating to the same group of individuals. Certainly this will be of tremendous value in approaching such questions, for instance, as the factors involved in certain types of juvenile delinquency, where home conditions, economic status, educational opportunities, the methods of law enforcement, the physical and the mental characteristics of the individual may all enter. The Institute will not only make use of the data with which it is supplied, but it will in turn suggest the further elaboration of the field studies made by the department of clinical sociology in order that they may be purposeful in the highest degree.

Thus the applied and research aspects of sociology in the Human Welfare Group will complement and strengthen each other. The benefits to medicine through this plan have already been indicated. Attention will be focused by students upon the individual as a whole, and as a result, physicians in the future should become more conscious of the part played by the mind and the environment in human conduct than they now are. Furthermore, it is conceivable and desirable that some students may become so interested in this field of work that they will do their post-graduate work in sociology, selecting this aspect in preference, for instance, to pediatrics, surgery, or any of the other three divisions of clinical medicine. Some, with a sound training in biology, may be able to make noteworthy contributions in sociological research. Others may develop

into physicians particularly skilled from the sociological point of view. Many possibilities are inherent in such a coordination of sociology and biology.

Yale is Ready for the Development

It is not too much to hope that sociology and social work will also be greatly stimulated by the association with biology and medicine. Certainly there is an exactness about medical knowledge and technique and an effectiveness in the applied field that has been lacking in sociology.

Yale has distinct assets at hand for the introduction of clinical sociology. The equipment and clientele is already at hand. Patients are already being treated for their physical ailments and will probably therefore more readily appreciate the spirit and the purpose of sociological investigations. The organization and technique already so well established for making the biological approach to the problems of the patient will facilitate the sociological approach.

The experiment is certain to be watched with interest from the point of view of determining what progress can be made in the correlation of sociological and biological factors, both in education of professional students and in actual treatment of the maladjusted. It is clear that the approach to the patient from these two vantage points covers only one sector in the complete circle which represents human activity. With success here there is the possibility of further progress in the coordination of knowledge and technique which will enable people to lead better, richer, lives.

It is estimated that to establish the department of clinical sociology will require a grant of \$50,000 a year, or an endowment of \$1,000,000. This will permit a staff composed of a professor of clinical sociology, six associates or assistants and instructors, six secretaries, and a certain amount of materials and equipment.