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APPLIED AND CLINICAL SOCIOLOGY

A Christian Perspective

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Abstract

This chapter is a critical-constructive analysis of historic and contemporary approaches to applied and clinical sociology from a Christian perspective. Applied sociology is the application of sociological research to assist with social problem identification and diagnosis. Clinical sociology is the implementation and evaluation of interventions for groups, organizations, and communities using sociological theories and methods. First, the history and development of the field of applied and clinical sociology will be explored. Second, a critique of applied and clinical sociology from a Christian perspective, including an analysis of its value-laden and ideological dimensions, will be articulated. Finally, a constructive Christian approach to applied and clinical sociology will be offered, grounded in the seminal formulation of “clinical pastoral sociology” by William Swatos and its antecedent social situationism as conceived by W.I. Thomas.

Introduction

Applied sociology is the application of sociological research to assist with social problem identification and diagnosis; clinical sociology is the implementation and evaluation of interventions for groups, organizations, and communities using sociological theories and methods. In both cases, the aim is to translate sociological theories into practice for non-academic audiences. Inasmuch as sociology itself may be “facing a crisis of relevance” and perhaps even be “under attack,” engaged and applied approaches to sociology have been offered as a remedy (Graizbord 2019; Weinstein 1997; Milne and Cumming 2021).

As burgeoning subfields within sociology, critical analysis of its methods and assumptions considering Christian perspectives is needed. While great strides have been made toward integrating theology and sociological theory, there is less literature specifically addressing applied sociology as such. The integration of Christianity and social work practice has

been examined in detail (Scales and Kelly 1994), and groups such as the North American Association of Christians in Social Work (NACSW) publish a journal, *Social Work & Christianity*, dedicated to the subject. But applied and clinical sociology is not social work; it is a distinct movement and a developing subdiscipline within sociology which warrants examination by Christian sociologists.

Christian approaches to the application of sociological research and the design of sociological interventions can be critically and constructively examined considering normative practices within secular applied and clinical sociology. A robust Christian perspective on applied and clinical sociology, and the issues facing sociological practitioners, may encourage more Christian sociologists to consider becoming practitioners and contribute to growing opportunities in the subfields of sociological practice in the future (Kalekin-Fishman 2012).

Applied and Clinical Sociology Defined

Arguably, applied sociology has been at the foundation of the discipline since its inception (Wright 2009), but the definition of applied sociology is still essentially contested (Price and Will 2015; Milne and Cumming 2021). A focus on “change” is a distinguishing aspect of applied and clinical sociology (Kallen 1995:2). In fact, it may be argued that the key to succinctly defining clinical sociology is the concept of intervention – that is, the act of facilitating social change (Lehnerer 2003). Lester Frank Ward was perhaps the earliest sociologist to set applied sociology against “pure” sociology: “the problem of pure sociology is to explain the causes of unhappy marriages, while that of applied sociology is to show how they can be removed” (1903:409).

The definition of applied sociology was proposed by former American Sociological Association (ASA) presidents Peter H. Rossi and William Foote Whyte (1983). Harry Perlstadt noted that

applied sociology uses sociological knowledge and research skills to gain empirically based knowledge to inform decision-makers, clients, and the general public about social problems, issues, processes, and conditions so that they might make informed choices and improve the quality of life.

(2006:342)

Applied sociologists engage in evaluative research, conduct needs assessments, facilitate market research, analyze demographic data, and support community activist organizations.

According to Jan Fritz, co-founder of the Clinical Sociological Association, clinical sociology is a “creative, rights-based and interdisciplinary specialization that seeks to improve life situations for individuals and collectivities. Clinical sociologists work with systems to assess situations and avoid, reduce, or eliminate problems through a combination of analysis and intervention” (2008:7–8). Clinical sociologists may be sociotherapists, group facilitators, teachers/trainers, organizational consultants, community consultants, or mediators. Put simply, “clinical sociology is sociological intervention. It is the application of a sociological perspective to the analysis and design of interventions for positive social change” (Clark and Fritz 1986:174).

Furthermore, Marvin Olsen conceptualized applied sociology as “the process of applying sociological knowledge and techniques to understanding and dealing with social

issues and problems” (1987:3) and identified its primary purpose as the process of formulating policies and actions that will “intentionally produce social change to improve social life” (1987:5). Jammie Price and Jeff Will suggest that clinical sociologists then apply a “medical frame” to groups, organizations, or situations in terms of assessing, diagnosing, treating, and reassessing them (2015:859). Clinical sociologists conduct assessments; build collaborative relationships with organizations, individuals, and subgroups; share assessment findings “with a balance of support and confrontation[;] and make recommendations that reflect a combination of the sociologist’s and client’s understanding of the problems and solutions” (Piña 2001:343). Applied and 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” (Glassner and Freedman 1979:5).

The Association for Applied and Clinical Sociology (AACS) is the leading international organization that sponsors annual conferences and a journal and credentials both certified clinical sociologists (CCS) and certified sociological practitioners (CSP). The Applied Sociology subgroup of the ASA is friendly to both applied and clinical sociologists. In like manner, the Applied Sociology Research Cluster of the Canadian Sociological Association (CSA) supports both applied and clinical approaches to sociology in Canada (Milne and Cumming 2021).

The Commission on the Accreditation of Programs in Applied and Clinical Sociology (CAPACS) prefers the term “sociological practice” to refer to “applied, clinical, and engaged public sociology” (Milne and Cumming 2021:2–9). CAPACS defines applied sociology in terms of “the utilization of sociological theory, methods, and skills to collect and analyze data and to communicate the findings to understand and resolve pragmatic problems of clients” (17). While no sociology department in a Christian university in North America is accredited by CAPACS, Omega Graduate School (American Centre for Religion and Society Studies (ACRSS)) in the USA is a nationally accredited graduate research institution dedicated exclusively to advancing the sociological “scholar-practitioner” paradigm from a Christian perspective, including doctoral coursework in applied and clinical sociology, specifically.

A Christian Critique of Applied and Clinical Sociology

At the heart of applied and clinical sociology is a humanistic optimism. Unlike the tendency toward grievance and pessimism often associated with critical theory, applied and clinical sociologists have a history of focusing on, formulating, and implementing solutions to social problems. Lester Frank Ward (1925) argued that if antecedent causes of social problems can be uncovered through sociological methodology, and we can, therefore, understand what causes phenomena such as poverty or elitism, we can then also change those phenomena. Inasmuch as applied and clinical sociology may be viewed as a form of social activism, it is the kind of activism that first employs a sociological imagination to conceive of possibilities, and then employs sociological methods to uncover problems and test potential solutions. As such, “research and theory feed activism and application of our knowledge and skills for positive social change” (Mancini Billson 2020:127).

The value orientation of applied and clinical sociology is, at heart, “humanistic, holistic, and multi-disciplinary” (Glass 1979:513–514). Not uncharacteristic of the prevailing progressive optimism of the 1920s, Ward (1925) believed:

- 1 Poverty can be minimized or eliminated through “systematic intervention” in society.
- 2 We are not helpless.
- 3 We can use our multiple powers of the mind to take control of the situation and “direct the evolution of society” (*telesis*).
- 4 Sociology, as a practice, can be harnessed to direct scientifically the social and economic development of society.
- 5 Sociology should institute a universal and comprehensive system of education, regulate competition, connect people based on equal opportunities, cooperation – and the end of gender [inequalities] to promote – happiness and freedom (Mancini Billson 2020:128).

Ward’s optimism was that “like minds with good intentions can make our world a better place,” an optimism which continues to guide the applied and clinical sociology movement (Mancini Billson 2020:143). Such optimism surely evokes the specter of Walter Rauschenbusch’s *A Theology for the Social Gospel* (1917), which sought the application of Christian activism to social ills of the era, from economic inequality and racial tensions to alcoholism and violent crime. Like much of the naive optimism of the early twentieth century, Rauschenbusch’s vision was panned by evangelicals as liberal wishful thinking following the disillusionment of the Great Depression and the atrocities of World War II. In some ways, the social gospel may remind Christian sociologists of a rather universal Christian insight: human beings are both made in the image of God and stained by the consequences of sin (both individual and systemic). Thus, the complexity of human nature and the reality of a broken world temper aspirations of social progress.

According to Jonathan Freedman, applied and clinical sociology is not “academic, intrapsychic, biochemical, value-free, accepting of the ideological basis of the client’s reality, culture-free, conservative, relying on a single ritualistic set of techniques to discover the key factors important in comprehending the situation under study” (1989:55). Such an apophatic definition likely raises red flags for Christian sociologists, especially those from evangelical and conservative persuasions. Defining the discipline as decidedly not “conservative” and not “accepting of the ideological basis of the client’s reality” seems to be rather narrow in scope. While there surely are practicing sociologists of a conservative persuasion, the intent is to advance well-being and the common good beyond the status quo rather than solely to protect the interests of the privileged in society. The intent of the clinical enterprise is not merely a study of the “case” but the formulation of a program of adjustment or treatment (Wirth 1931). Therefore, the discipline is surely more progressive than conservative. The clinical sociologist is “acting constantly to redefine” social situations, engaging in a “constant state of reinvention” (Saunders 2001:171). Concerning ideological acceptance, clinical sociologists need not ascribe to the ideological persuasions of the clients they serve any more than a Christian physician needs to ascribe to the ideology of a patient before treating their broken bone.

In the affirmative, applied and clinical sociology is

practice oriented, focuses on case studies, works with individuals, groups, organizations, and communities, diagnostic, change-oriented, humanistic, uses insights derived from immersion in the critical sociological tradition; uses sociological imagination, leads to behavior change and growth, and tends to have a liberal/cynical or radical ideological cast.

(Freedman 1989:55; Fritz and Rheau 2014)

Of course, affirming the “critical sociological tradition” may seem intellectually restrictive to Christian sociologists. Ironically, although the apophatic definition specifically rejects the acceptance of the ideological orientations of clients, the affirmative definition specifically embraces the “liberal/cynical or radical ideological cast” with the important qualifier “tends to.” The loaded terms “liberal,” “cynical,” and “radical” used back-to-back likely raise the eyebrows of thoughtful Christian sociologists, not because of ideological (or even dogmatic) pre-suppositions, but because they are at once unnecessarily restrictive and loosely applied. Nevertheless, Christian sociologists can also resist any strictly political connotations of the terms “conservative” and “liberal.” A Christian perspective carries the possibility of transcending political persuasions *du jour*.

Rather than adjust people to the “realities” of the “way things are” or “the system” as it is, clinical sociologists are committed to helping people “cope with their sociocultural and historical situations and institutions and situations in the direction of self-determinism, human value and human dignity” (Straus 1979:480). All sociological interventions raise the Humian question of how a moral “ought” derives from an empirical “is.” Notably, Emile Durkheim also raised the question of the nature of moral epistemology within sociology. While the secular applied and clinical sociology movement affirms the advancement of human rights and human dignity, surely ideals to which Christians can assent, precisely what constitutes “positive” or “constructive” social change remains a subjective question in a purportedly value-free enterprise. Though decidedly value-laden and ideological, a Christian worldview offers a transcendent morality and a vision for a society based on a coming Kingdom in which “they shall beat their swords into plowshares, and spears into pruning hooks; nation shall not lift up sword against nation; neither shall they learn war anymore” (Isaiah 2:4). The Christian vision evokes a future that can judge the present and a spiritual justice deeper than socio-economic, gender, or racial equity alone.

A final criticism is more of a caution against heedless attempts to apply sociological interventions, which can arise from unwarranted and naive optimism about the human condition. Clinical sociologists acknowledge that “unending interventions can be iatrogenic and pathological” (Saunders 2001:169). There is a tendency within the applied and clinical tradition to attempt interventions until something works, and yet, mistakes are repeated, and the very clients who are the intended recipients of the intervention become perpetual victims instead. Suspicion of promises that do not materialize is legitimate, and remains a healthy posture toward clinical intervention. In the contemporary milieu, such interventions are often technological in nature, yet not only are technological interventions no panacea for social ills, but they also often introduce iatrogenic problems of their own.

A Constructive Christian Approach to Applied and Clinical Sociology

Unsurprisingly, aside from sociology’s tendency toward de-constructing religious institutions and their roles in society, early sociological activism took on a religious aura, a kind of missionary zeal aimed at scientifically uncovering and fixing social problems. Helms-Haynes described early sociology professors as “pioneers” who taught sociology in such a way that it was “religious in inspiration and tone and reformist and applied in nature” (2016:4). Sociology was considered a “scientific discipline that could aid in the fight against social evils” as well as “support social betterment activities” (Helms-Haynes 2016:15). Early sociologists believed it was the churches that could best do “God’s work” by “applying practical, science-based sociological knowledge in the form of ‘social service’ (social work)

to solve social problems” (Milne and Cumming 2021:15). Early sociology courses arguably had a “practical and applied orientation mixed with religious and scientific knowledge” (Milne and Cumming 2021:172).

However, insofar as some conservative Christians have continued, repeatedly, to view progressive social justice enterprises critically (Hiebert 2022), sociology, in turn, has not always looked favorably upon religious institutions or motivations. There is an opportunity for mutual critical-constructive dialog across secular public and religious private contexts, a divide sociology can help bridge (Reichard 2015). Applied and clinical sociology, which moves from theory to practice, may be particularly poised to mitigate skepticism and facilitate trust across a secular–sacred divide within the academic discipline of sociology.

Symbolic interactionism and systems theory (from a neofunctionalist or Mertonian perspective) tend to align well with Christian approaches to sociological intervention as a practical form of social situationism. Proposed by William Swatos in a seminal collection of essays, *Religious Sociology: Interfaces and Boundaries* (1987), “Clinical Pastoral Sociology” may be helpful for Christian sociologists interested in clinical practice. Pioneering the convergence of clinical sociology and pastoral care, Swatos envisioned “an alternative non-reductionist approach to religion” (157) that “emphasizes the web of social interaction” (154) and conceives of religion as a “system of interaction” (155). Though Swatos used the term “clinical pastoral sociology,” “clinical sociology from a Christian perspective” may be more inclusive of other applications. The term “pastoral” refers to sociology applied to the “pastor-congregant” relationship, but a broader definition more inclusively encompasses sociological practice within a range of religious organizations and social contexts not just churches.

Symbolic interactionism takes social symbols, and their consequences, seriously. The affinity of symbolic interactionism to religious realities in society led Swatos to embrace social situationism (the Thomas theorem: “the definition of the situation”) (Thomas and Thomas 1928) as theoretical groundwork for applying sociology to religious contexts: “a situational approach to religion overcomes all the reductionist tendencies ... while at the same time being squarely centered in well-founded and tested sociological theory” (157). Accordingly, religion can be viewed through an alternative lens of non-reductionism and, instead, be conceived as a “system of interaction” (154–157). Religious communities are an “arena of social interaction within which a given set of expectations and rules apply” (Ammerman 2021:31). But, in the situationist milieu of W.I. Thomas, however social groups define situations as real, they are real in their consequences. Therefore, the ascription of experiences and explanations to God as a legitimate social reality, whether empirically verifiable or not, is real in its consequences.

Swatos defines his approach as follows: “clinical sociology applied within the specific context of the religious institution ... It is sociology applied within a shared structure of religious value and meaning” (1987:153–154). It is “how people relate to what they consider to be supraempirical, supernatural, transcendent realities” (157). Moreover, “regardless of theological or pragmatic valence attached to a given application, the theoretical structure is fundamentally sociological: *social* variables are given explanatory priority” (154). This point is critical in that although Christians engaging in clinical sociology may employ religious symbols, values, and shared meaning within social groups, such variables are fundamentally social in nature.

Swatos also distinguishes clinical sociology practiced from a Christian perspective from alternative sociological approaches to religion: “functionalists see religion as essential to

social stability; Marxists, more like psychologists, see it as obfuscating ‘real’ conditions ... the sociological reduction of religion in the Durkheimian and Marxist formulations ... constitutes a problem for clinical [religious] sociology” (155). Clinical religious sociology “enables us to take religion seriously as an action system” (158). The theory embraces social situationism (“the definition of the situation”) as theoretical groundwork for applying sociology to religious contexts: “a situational approach to religion overcomes all the reductionist tendencies ... while at the same time being squarely centered in well-founded and tested sociological theory” (157).

In terms of translating theory into practice, Swatos proposes that clinical sociology from a Christian perspective is a “method that takes the internal logics of religion seriously” (160). It seeks to understand religion “not in terms of abstract principles, but of interactions and situations” (161). When applied to interventions, it acknowledges that “socio-cultural, economic, theological, and psychological considerations interact in a complex web of relationships that do not permit simple solutions” (161).

Perhaps the most useful sociological interventions for Christian clinicians involve, as Roger Straus (1979) noted, “redefining the situation” in religious terms, grounded in shared religious values and meaning, for groups, organizations, churches, and communities (63). Thus, sociological interventions often involve re-defining the situation in explicitly religious or theological terms, grounded in shared values and meaning (63). As Howard Rebach (2001) notes, the goal of clinical sociology is to “change clients’ definitions of the situation.” The operational definition of the situation is found in the “patterns of action and interaction of an individual or groups of persons in small or large social systems” (33). Clinical sociological intervention often moves “beyond the clients’ formulation of the problem to consider other factors that affect functioning, especially broad social trends” (Freedman 1989:27). Nancy Ammerman’s (2021) formulation of “lived religion” exposes a trending de-emphasis of the roles of religious institutions and traditions in individualized religious behaviors. For Christians practicing applied and clinical sociology, especially within Christian communities and organizations, the other factors may be social, cultural, and even spiritual influences beyond the myopic scope of a client’s perception.

However, Christian Smith’s (2014) modification of social situationism, informed by critical realism, may provide a more robust framework for Christians practicing clinical sociology. Smith argues that modified social situationism can provide a more holistic understanding of the situation, especially regarding how sociologists understand the behavior of religiously motivated actors in specifically religious contexts. The theoretical thrust of clinical sociology from a Christian perspective can thereby be articulated as a form of social situationism tempered by the metatheory of critical realism. Clinical sociology demands “intimate, sharply realistic investigations linked with efforts to diagnose problems and to suggest strategies for coping with these problems” (Lee 1979:489). Critical realism may provide Christian sociologists with a framework to be both critical of the critical orientation of sociology itself and, with a proper dose of humility, critical of their own Christian pre-suppositions. A mutually constructive dialectic of interchange between the discipline of sociology and a Christian worldview can ensue, providing, perhaps, a more holistic perspective on how best to design and implement interventions to address social problems.

Nevertheless, academic sociology itself is unlikely to make its way naturally from the pulpit to the pews. It is a mistake to suggest that “the same data and analyses will serve both research and clinical purposes.” The felt needs of clients “are different and they resist prescriptive, top-down attempts to mandate reforms or impose frames of reference and

analytical structures on them.” Clinical sociologists must “do social life” in “as naturalistic way as possible and become sensitive to the kind of information that client organizations can and will use” (Saunders 2001:175). Unlike the caricature of the “social justice warrior” often associated with activism, Saunders contends that clinical sociologists must “work softly” and “be restrained” (Saunders 2001:193). Such restraint calls for a modesty that should appeal to most Christian sociologists. In cultural environments in which “religious life is precarious and contested, the emotional dimension of everyday practice comes to the fore” (Ammerman 2021:129).

Furthermore, there is an incarnational dimension to applied and clinical sociology that challenges the ivory tower image of sociology in the academy. Indeed, “the clinical sociologist must go where the action is” (Rebach 2001:34). Clinical sociologists aspire to live mis-siologically and ethnographically, working side by side “in the trenches,” so to speak, with people living in poverty and among society’s most vulnerable. Laura Atkins and Shelley Grant call for sociologists to “dig deeper into the complex meaning of social justice” and suggest, instead, the less loaded phrase of “social uplift” (2022:328) because a “deficit approach” has driven social justice movements with a focus on “what communities and individuals lack.” Instead, Atkins and Grant propose an “asset-based approach” focusing, instead, on “what communities and community members, contribute to the social justice project” (2022:329; Bauer, Kniffin, and Priest 2015). Sociologists who teach are implicit “clinicians,” as they are agents of change for the attitudes and experiences of students (Fritz 1979:577). In the context of higher education, a sociological imagination focused on such an asset-based approach to applied and clinical sociology may advance “inclusion and empowerment” strategies and “service learning initiatives” as they “converge with social justice aims” (Atkins and Grant 2022:329).

The following are practical examples of the kinds of interventions clinical sociologists operating from a Christian perspective can offer clients:

1. Uncover how religious communities view God as a social actor in their situation.
2. Identify which social actions religious communities ascribe to God or the divine in their situation.
3. Facilitate religious communities in thinking through the social consequences of their beliefs.
4. Assist religious leaders in comparing the consequences of beliefs to the professed beliefs of a religious community. For example:
 - Are the consequences of our beliefs about God’s activity in the lives and communities of racial minorities consistent with what we believe about i) God’s character and ii) the divine value of human lives?
 - Are the consequences of our presumptions about how the local, state, and national economy function consistent with i) God’s disposition toward persons in poverty and ii) the divine value of human lives?

Christians practicing clinical sociology can help religious communities identify how their beliefs about God affect their behavior, how their behavior affects the world and others around them, and together with religious leaders, process the extent to which those consequences are consistent or inconsistent with their professed beliefs. Religious practices include “professing beliefs or claiming a religious identification” (Ammerman 2021:20).

Often, social situationism in the form of clinical sociology is the guiding theory that helps clinicians consider various factors related to particular interventions, such as:

1. How clients will receive the intervention (can it be framed in religiously familiar terms?).
2. How clients will be involved or affected (what religious objections or interests might they raise?).
3. How outcomes will impact the overall meaning-making process of communities and organizations and their missions. To what extent can mission/purpose statements be expressed in religious terms for the benefit of all stakeholders?

Finally, it is important to note that “knowledge-based interventions” alone are unlikely to facilitate lasting social change (Saunders 2001:176). Christians practicing clinical sociology must find ways to introduce meaningful (albeit modest) change within religious organizations and communities that move beyond talking about the problem toward action. As Ammerman observes, “as popular as it may be to claim to be ‘spiritual but not religious,’ most people who think of themselves as spiritual are also religiously active” (2021:52). Just as “faith without works is dead” (James 2:14), the same may be true of academic research not followed by constructive action or interventions and not followed up further with adequate evaluation. But change is “not likely to occur simply by introducing a specific set of activities” (Rebach 2001:28). The clinical sociological process of studying, diagnosing, intervening, and evaluating is neither merely descriptive nor simply program implementation. It is a complex, interdisciplinary endeavor, and Christian theology, practical or otherwise, may enrich that endeavor more. In essence, the clinical sociological enterprise can be seen as the benevolent act of healing social wounds: a ministry of “healing every kind of disease and affliction among the people” (Matthew 4:23).

Conclusion

The future of sociology surely includes the practice of applied and clinical sociology, and Christian sociologists have a role to play in its advancement. While the thrust of applied and clinical sociology has been concentrated in the critical end of the ideological spectrum, a Christian perspective can bring constructive insights and a politically transcendent spiritual vision to bear on social problems. Grounded in social situationism and enriched by critical realism, Swatos’s notion of clinical pastoral sociology may be reframed as “applied and clinical sociology from a Christian perspective” – a theoretical and practical framework for designing and delivering social interventions for Christian practitioners. Religious communities, especially, but not exclusively, can benefit from the practice of applied and clinical sociology.

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