



REGULAR SESSION INFORMATION

Title of Session: Clinical Sociology: Improving Lives and Communities through Analysis and Intervention

Name of Session Convener(s): *Jan Marie Fritz*, Woodrow Wilson International Center for Scholars, Washington D.C, University of Cincinnati, University of Johannesburg; *Gwyn Overland*; Regional Trauma Centre in Southern Norway (RVTS Sør)

Chair: *Jan Marie Fritz*, Woodrow Wilson International Center for Scholars, Washington D.C, University of Cincinnati, University of Johannesburg

Comments: The session is organized on behalf of ISA RC46, Clinical Sociology.

I) *Introductory Remarks* about sociological practice (clinical sociology, applied sociology and engaged public sociology)

II) Values and Politics

Hans Petter Sand, University of Agder, Kristiansand

III) *It's not just Medical: Reducing Racial Disparities in Birth Outcomes through a Partnership between Community Stakeholders and Clinical Sociologists*

Jeffrey A. Will, University of North Florida, Jacksonville

Jammie Price, University of North Florida, Jacksonville

Irma Hall, University of North Florida, Jacksonville

IV) Clinical Sociological Contributions to the Field of Mediation

Jan Marie Fritz, Woodrow Wilson International Center for Scholars, Washington D.C; University of Cincinnati; University of Johannesburg

Session description:

Clinical sociology is a creative, humanistic and multidisciplinary specialization that seeks to improve the quality of people's lives. Clinical sociologists assess situations and prevent, avoid, reduce and/or eliminate problems through a combination of analysis and rights-based intervention. This session, organized by the International Sociological Association's RC46 Clinical Sociology, invited papers analysing situations for possible intervention and/or analyzing actual interventions at all levels of focus (individual through global

Abstracts:

I) *Introductory Remarks* about sociological practice (clinical sociology, applied sociology and engaged public sociology)

II) Values and Politics

Hans Petter Sand, University of Agder, Kristiansand

In 1998 a minority coalition government led by prime minister Kjell Magne Bondevik of The Christian Democrats, appointed a commission on values in Norway. The commission worked until 2001 when the last of three reports was delivered to the government. Of the 12 members of the steering committee of the commission, were three professors of sociology. Additionally, one member was a professor of social medicine, an associate professor of education and a professor of history of ideas.

The mandate of the commission was formulated in the following way: "The *main goal* of the commission on values is to contribute to a broad mobilization of values and social ethics to strengthen positive common values and responsibility for the environment and the community. It is important to counteract indifference and promote personal responsibility, participation and democracy. The commission on values has to contribute to create greater consciousness on questions of values, so that our lives as individuals, our cultural and social development and our relationship with nature to a larger extent can be marked by conscious choices among values".

The commission on values came in public debate to a large extent to be criticized for being a concealed work for furthering the goals of the Christian democrats, the party of the prime minister. The party had for a long time been concerned with what they saw as a decay of traditional Christian values in the country.

The tension between values and politics will be the main focus of this paper.

III) It's not just Medical: Reducing Racial Disparities in Birth Outcomes through a Partnership between Community Stakeholders and Clinical Sociologists

Jeffrey A. Will, University of North Florida, Jacksonville

Jammie Price, University of North Florida, Jacksonville

Irma Hall, University of North Florida, Jacksonville

The past decade has seen tremendous improvements in the health status of children in the United States. In 1992, the infant mortality rate in the United States was at 8.5 per 1,000 live births. By 2002 that figure had declined to 6.9, and, after peaking at 11.6 in 2004, the rate returned to the 8.5 rate from 1992. However, the infant mortality rate for the overall Jacksonville/Duval County in Northeast Florida has consistently remained higher than both the national and state rates, particularly for minority populations. Indeed, in 2009 the Black rate (12.9) was almost 3 times the White rate (5.33). While a number of medical interventions have been carried out over the past two decades to address these racial disparities, it is clear that “it’s not just medical.”

The Magnolia Project was developed by a consortium of local health care providers, a team of applied and clinical Sociologists, and concerned community agencies to address racial disparities in birth outcomes. Starting with a planning grant in 1998, The Magnolia Project will enter its 15th year of operations in May 2013. Magnolia provides well-woman clinic and case management services to women in the childbearing years residing in the urban core, where infant mortality is highest (in 2005 the target area infant mortality rate was 20.1).

In this paper, we examine the on-going evaluation results of the Magnolia Project to assess the continued impact this initiative has made on the target community in providing health services and prevention strategies to reduce poor birth outcomes. Included in such services are strategies aimed at reducing social and cultural factors associated with infant mortality, and efforts to empower women to improve their own health. These strategies have resulted in dramatically improved birth outcomes for women associated with the Magnolia Project, including a low incidence of infant mortality and low birth weight babies for participants.

IV) Clinical Sociological Contributions to the Field of Mediation

Jan Marie Fritz, Woodrow Wilson International Center for Scholars, Washington D.C; University of Cincinnati; University of Johannesburg; Kentucky Department of Education

Many individuals, disciplines and organizations have contributed to the interdisciplinary field of mediation. One of these influences, the discipline of sociology, has assisted with the theoretical analysis of conflicts and the use of dispute intervention mechanisms such as mediation. Clinical sociology, a subfield of sociology, has contributed not only to the analysis of conflicts and conflict intervention processes, but clinical sociologists also are involved in conducting mediations, developing conflict prevention initiatives, putting appropriate dispute resolution (ADR) systems in

place and working on a variety of peacebuilding activities. This paper first defines clinical sociology as well as mediation and then provides an example of a mediated case. Clinical sociological contributions to the field of mediation – multilevel system intervention, cultural considerations, empowerment, integrated theoretical analysis, redefinition of the situation – are then discussed.