



# General Psychologist

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## A CALL FOR REVOLUTION!

# Is It Time for the Third Force in American Psychology?

by George W. Albee, PhD, ABPP

**Presidential Address of Division 1, the Society for General Psychology  
Presented at the 114<sup>th</sup> APA Convention, New Orleans, LA,  
Saturday, 12 August 2006**

*Dr. Albee finished writing his Presidential Address in June 2006, shortly before he died. It was his last formal contribution to the field of psychology. The address was distributed in printed form at the convention, and the time scheduled for his talk was devoted to reminiscences by his friends and colleagues.*

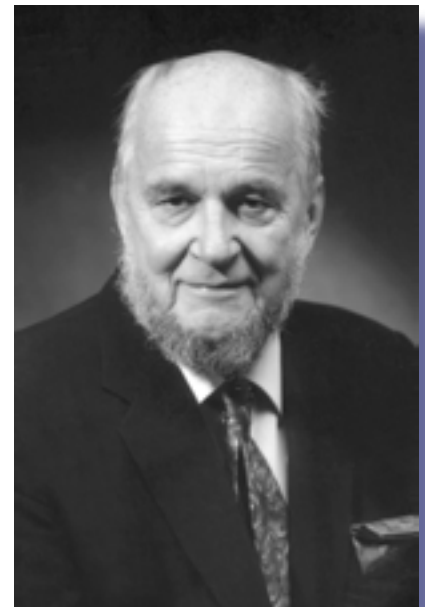
**OVERVIEW OF A DISASTER** Any intelligent person with an open mind can learn how wrong is the current approach of our society to mental/emotional disorders:

1. Most of these conditions are *not* diseases caused by biological defects or brain pathology. These false explanations are pushed for economic, political, and/or power motivations.

2. Individual one-to-one treatment, even when successful, has little or no effect on the rate of the condition in the population. We have learned from Public Health that *no disease or disorder has ever been treated out of existence*. Despite this knowledge most of medical education, medical research, medical treatment focuses on individual treatment. Little attention is paid to prevention.

3. Psychiatry is twice wrong. It is wrong about cause and wrong about treatment.

4. Psychological practice, tied irrevocably and financially to the errors of psychiatric diagnosis and pharmaceutical treatment, is ultimately doomed.



**George Albee**

**EARLY IGNORANCE** A major problem for the early clinical psychologists was the near-total lack of experience and lack of understanding of psychopathology by the field of psychology.

Undergraduates majoring in psychology took a course called abnormal psychology. Most of the course content was a mix of weakened psychoanalytic theory of the neuroses (hysteria, depression, neurasthenia, psychasthenia, multiple personality) and tradi-

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tional psychiatric theory of the functional psychoses (dementia praecox, soon changed to schizophrenia, and manic-depressive psychosis) and a smattering of organic conditions like epilepsy, senile psychoses, and mental retardation. The abnormal psychology class was always taken to visit a nearby state mental hospital to stare in awe at selected catatonics, paranoids, and hebephrenics chosen by the staff to “put on a good show.” As students we thought psychiatry had reliable knowledge.

We made the profound error of accepting this psychiatric “knowledge” as valid. Little did we realize that psychiatry knew nothing of the causes of psychosis and little of other functional disorders.

The whole development of clinical psychology was distorted and misdirected by our acceptance of psychiatric beliefs as valid.

During the latter part of the 19<sup>th</sup> century, medicine had made real progress in understanding the causes of disease. A major figure, Rudolf Virchow in Germany, had led to the understanding that most diseases had a specific cause, usually a specific microorganism or organ defect. Each disease also had a specific treatment. Progress in medical diagnosis and treatment expanded rapidly as scientific investigations were developed.

An unfortunate exception was the field of psychiatry. A real mental disease—syphilis of the brain, called general paresis—was identified as a separate disease, and it was found that fever had the effect of arresting the disease. For a time, persons with general paresis were deliberately infected with malaria—the resulting fever arrested the brain syphilis. Success in finding the cause and treatment of one genuine mental illness spurred hope that other causes and cures would be discovered. Such hopes have not been fulfilled for most deviant mental conditions.

**PSYCHOTHERAPY** The burning issue for clinical psychologists in the late 1940s and 1950s became psychotherapy. The tranquilizers—thorazine and reserpine—appeared in the mid-to-late 1950s. Before that, psychiatric treatment usually involved some form of convulsive shock (electric, metrazol, insulin) for severe symptoms. (For a short time pre-frontal lobotomy was used on thousands of unfortunates.)

Psychotherapy for the less severe was common. Psychologists, mostly young, and recent arrivals in Veterans Administration (VA) hospitals and clinics, and at community clinics, were restricted to diagnostic testing chores. As a VA clinical psychology trainee in the late 40s I gave “patients” the Wechsler-Bellevue Intelligence Test, the Rorschach Inkblot test, the Human Figure Drawing Test, and other individual tests chosen from a dozen available. My written test report was appended to the case-file, together with

the social worker’s interview and the report of the admitting psychiatrist. All of these reports were presented at the case conference staff meeting, where a diagnosis was assigned by the chief psychiatrist, and treatment was planned. Treatment usually was electric shock or drugs for the psychotic, talking therapy for the less severe.

Psychologists, especially young clinicians-in-training, were eager to do psychotherapy. The acute shortage of psychiatrists sometimes resulted in the assignment of “case work” treatment by social workers. Only very gradually were psychologists allowed to do psychotherapy—and always under the supervision of a physician. Any physician—even an internist or neurosurgeon would do.

As psychologists-in-training we read books by Freud, Carl Rogers, Rollo May, Eric Fromm, and others, about psychotherapy. Some older psychologists rebelled against the psychiatric domination of treatment and began to practice psychotherapy independently in the community. This group began actively striving to obtain certification and licensing—the right to practice independently. Medicine and psychiatry fought these efforts. After years of struggle—state by state—psychologists finally won the legal right to practice psychotherapy, if they were licensed. To be licensed they had to have a PhD (or EdD) from an accredited university graduate program, where they had to be trained also in research, complete a research dissertation, and pass comprehensive exams in a range of psychological subjects. This process slowed the time for completion of training and limited the number available for independent practice. Eager for more practitioners, APA was pushed to drop language requirements, doctoral dissertations, and to approve professional schools. A long series of struggles and changes led to new programs in (often) free-standing professional schools with (mostly) part-time practitioner faculty, few research requirements, and a new degree: the PsyD, Doctor of Psychology. The desire to become psychotherapists has drawn large numbers of young people to these PsyD professional programs. Today PsyD students and annual graduates outnumber new PhDs in America.

But medicine (psychiatry) does not give up because of a few lost battles. By continuing legally and officially to classify all mental problems as medical illnesses with causes located in bio-physical defects—and requiring psychology to agree to this classification in order to be paid—psychologists have been trapped in a hopeless cul-de-sac.

To be paid for their therapy currently, psychologist’s “patients” must be given a diagnosis from the current Diagnostic and Statistical Manual of the American Psychiatric Association. Insurance companies, HMOs, etc., not therapists, decide how



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many visits a patient may make (and be supported by insurance payments). The average number of visits is six, clearly not enough for most traditional relationship psychotherapy which, in earlier times, was often weekly for a year or two, often longer.

So psychotherapy, the favorite strategy for the independent practice of clinical psychology, no longer assures an adequate income. But the large number of students being trained as individual therapists continues. How will they make a living?

**EUREKA: A SOLUTION!** Suddenly, a solution appeared. Give psychologists the legal right to prescribe drugs for mental disturbances. Psychopharmaceutical therapy has taken over the field of treatment for the mind. The giant drug manufacturing corporations provide much of the funding of psychiatry departments in medical schools where young psychiatrists are trained. The psychiatric journals are largely subsidized by drug advertising. Research in drug treatment is supported by drug firms that will also analyze the data and write the papers and give generous fees to professors who are authors of the papers. Money to pay for conventions and cruises is available. New, more expensive, drugs are constantly being created. Drug treatment dominates the field and the public is constantly told by clever advertisements and by psychiatric authority that drug treatment is the best choice for mental diseases.

Surely practicing psychologists should get aboard this train. If nurse practitioners, dentists, and podiatrists all prescribe drugs why not psychologists? Clearly it would be a salvation for those who can no longer make a living doing psychotherapy. And, best of all, the powerful drug companies support the effort by psychologists to become prescribers. As practicing psychology has largely abandoned research, getting into bed with "brain disease" models is easier and easier.

**THE BIG SWITCH** The series of changes described briefly above has had the effect of changing the field of study called clinical psychology. Where once we struggled earnestly to be a science we now have switched to becoming a profession. The scientists have abandoned APA and despise the people in practice who dare to call themselves psychologists.

Many of the stresses and conflicts in contemporary psychology are a reflection of the change from a focus on science to a focus on professional practice. The nature of each group is quite different.

Perhaps the major difference is that *no one* is adjudged competent in science until they have made original contributions to knowledge, usually in the form of publication in high quality referred journals. In contrast, *everyone* in a profession is adjudged competent if they complete prescribed training and pass a licensing exam. Scientists are not licensed. Their curriculum is not prescribed—they study what they need to know in order to do their research, often on a narrow topic.

The professional, who may be called on to intervene with a broad range of people with diverse problems, must have broad training so as to be ready for any or all these different demands. Much of the training of the professional is apprentice training. Students observe and imitate the master's intervention. If the master is identified with a particular method the student becomes a member of that point of view—a Rogerian, a Freudian, an Adlerian. Occasionally a scientific lab technique is adapted to treatment, so the student becomes a Behavior Therapist or Skinnerian.

The current drive for people who are in practice to become drug prescribers is a matter of survival. Society has been sold the fallacy that mental/emotional disorders are all brain diseases that must be treated with drugs. The only way for psychology practitioners to survive is to embrace this invalid nonsense. The APA governance (Council) has been taken over by people in practice.

Let us not misunderstand. Psychologists will get the legal authority to prescribe. They have the strong support of the powerful pharmaceutical industry. Psychologists can and will learn to be competent prescribers. (They could also learn to give electric shock and lobotomy.) But doing so will finally stamp us as an integral part of the invalid, unreliable psychiatric explanation of emotional distress. Writing prescriptions for "drugs for the mind" will cement us into a system from which there is no escape. (Albee, 1998).

**WHAT IS NEXT?** With the loss of our scientists and the assumption of control of APA by practice, the future is bleak. Left wandering in the desert are those psychologists dedicated to human welfare: those favoring research-based efforts to eliminate social injustice, the social inequalities of gender, social class, ethnic identity, sexual identification and age—all those aspiring to building a more equitable social world.

My hope, about which I am not optimistic, is for a new Association built around BAPPI, its Committees, Public Interest, SPSSI, and the Divisions truly concerned with multi-cultural issues and human welfare.

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An additional tribute to George W. Albee, in the form of photos and comments by his friends, appears near the end of this issue of *The General Psychologist*, on pages 45-47.

# The Science-Practice Divide

This issue of *The General Psychologist* focuses on the science-practice divide—in the hope that it will encourage some bridge-building. That hope, however, may be naive. I knew, of course, that partisans on both sides harbored strong feelings, but, I was altogether unprepared for the level of rancor I encountered while communicating with potential contributors. More generally, it seemed that everyone sensed that the opposing camps were not listening to each other.

It also became clear to me that there were more than two perspectives on the issue. In addition to the scientists and the practitioners, those with a stake in the outcome include the academic clinicians, who uncomfortably attempt to straddle an ever-widening split, as well as thousands of teachers of psychology, who find themselves caught up in the fray mainly because their professional organizations have been so wracked by conflict.

To some extent, such conflicts always involve people talking past each other, focusing on the most egregious trespasses and ignoring each other's legitimate concerns. Accordingly, I have endeavored to find representatives of both sides who could present their respective positions clearly—although the science side is numerically underrepresented herein, because several of its most outspoken proponents told me that they had abandoned all hope of resolving the issue.

My own sense—and I must emphasize that I am speaking for myself, not for the Society—is that two issues constitute much of the problem.

While the scientists say that clinicians should employ empirically supported treatments, those in practice counter that such a stance not only falters on the lack of operational definition but could greatly restrict the scope of practice. After all, there are only a few disorders for which scientifically validated best practices exist. (It is well to remember that huge numbers of therapy patients/clients do not clearly fit a *DSM-IV* category but fall under the rubric of "Other Conditions that May Be a Focus of Clinical Attention"—a fuzzy category that takes up 12 of 886 pages in the *DSM-IV*.) Thus, if only empirically supported treatments for discrete disorders were reimbursed by insurance companies, the consequences to clinical psychologists could be ruinous.

Financial concerns aside, clinicians also make the reasonable point that the science shows the therapeutic relationship to be just as important as orientation and technique. Skilled clinicians who are able to establish therapeutic relationships with their clients can claim a large proportion of the variance in outcome studies. For an expansion of this argument, readers are urged to see Drew Westen and Rebekah Bradley's (2005) analysis.

From the other side of the gap, scientists feel horrified that some clinicians, in the name of psychology, use techniques that have no scientific basis

whatsoever—or worse, can be demonstrably erroneous and even harmful. From a scientific perspective, therapies aimed at recovering "repressed" memories are iconic examples of these misdeeds. Scientists wonder: Do clinicians know the science? And, if so, why do they not cleanse their own house of the small minority who persist in such pseudoscientific treatments? Carol Tavris (2003), for example, has offered a provocative and no-holds-barred explanation of this viewpoint.

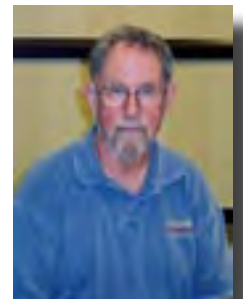
A larger problem lurks in professional politics. Organizations such as APA and APS can be reluctant to risk loss of membership revenue by taking positions that alienate those who ignore the best science and clinical practice. And that may be the segue for yet another perspective—the favorite theme of our late SGP President George Albee. In this view, neither the science nor the practice of *treatment* can ever be as important as *prevention*. (See Albee's Presidential Address in this issue of *TGP*.) Accordingly, psychology should be in league with government and the other helping professions, all of whom should devote far more attention and resources to preventing distress rather than to treating the world's mental and behavioral problems one by one by one.

Alas, even with the benefit of George Albee's counsel, I don't have the solution to the science-practice problem. One unhappy possibility is a widening split that sees psychological scientists and practitioners separating completely. That would make us (the experts in human behavior and mental processes, by the way) just another example of a world polarized. The only course I can imagine involves some sort of dialogue among moderates from all constituencies. Yet, fresh from reading Levitt and Dubner's (2005) *Freakonomics*, I can't help but wonder how we might rearrange the incentives on all sides of this issue.

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—Robert L. Johnson



Bob Johnson

# We Are All Clinicians

by Joel Weinberger, Derner Institute, Adelphi University



Joel Weinberger

The science-practice divide in psychology is so great that it has caused many of our colleagues to leave our parent organization, the APA, and found a new, avowedly non-clinical organization, the APS. The APS identifies itself with science writ large. Its poster for the 2006 conference declared that the meeting was "IN THE NAME OF SCIENCE" (Caps in original). This implies two things: One, the APA is not sufficiently scientific. (The subtext is that those damn unscientific clinicians have taken over and we will have no truck with them.) Two, there is, dare I say it, a Freudian slip in the declaration. Rather than declaring the conference devoted to scientifically obtained data, the conference is devoted to the "Name" of science. The connotation is religious, not empirical. Merely substitute the word "Jesus" or "God" for "Science" and the point is clear. The conference is for true believers.

The APA is more ambivalent about where it stands. It claims to embrace the "scientific" approach but also caters to its large clinical membership. It has an identity crisis. If you doubt this, merely read the statements of those running for the Presidency of the APA.

The divide between self-identified clinicians and scientists in the aforementioned scenario is a political one. It really boils down to competition for resources and preferred style of expression. I am not going to address these politics, although I think they are enormously important and are damaging our field. I will instead argue that, philosophically speaking, there need not and, in fact, is not all that much difference between the two sides. My argument is that all scientists have an important clinical component to their work and that all clinicians have an important empirical component to their work. If they do not, they are hacks or unethical. Let me parenthetically add that I have a foot in both camps. I am a practicing clinician and I conduct empirical research, which I publish in peer-review journals.

Let me begin with what I mean by my title: "We are All Clinicians." The term *clinical* has come to have two meanings in psychology. When Meehl (1954) contrasted clinical with statistical prediction he was referring to a distinction between two ways of aggregating data for purposes of prediction. Clinical prediction was subjective, synthetic and inferential; statistical prediction was objective, actuarial, and mechanical. The other use of clinical refers to clinicians, who claim expertise in making judgments in a certain domain, usually psychotherapy diagnosis and outcome (Westen & Weinberger, 2004). When I use the word "clinical" in this paper, I am referring to the former definition (clinical as subjective, synthetic and inferential).

With that in mind, let me elaborate on my thesis that all of us are clinicians. How do scientists come up with their ideas? There is no scientific way to do so. If there were, the huge differences in talents that exist would vanish. If there were, we could program a computer to generate worthwhile ideas and designs. Generation of ideas, creativity, noticing gaps and weaknesses, are clinically-based. This is perhaps self-evident and even trivial. Yet it is rarely remarked upon. Does the fact that Einstein claimed that he was inspired to his theory of relativity because he assumed that God would create an aesthetically pleasing universe make relativity unscientific? Of course not.

Let me present further evidence in favor of my thesis. No research paper, no matter how scientific, simply presents data whose meaning is then self-evident to the reader. The data are interpreted. Further, these interpretations are also not self-evident. The meaning of the data are, more often than not, disputed. To be sure, fur-

ther studies are then conducted to adjudicate these disputes. But are they ever truly conclusive?

Consider the case of behaviorism. Behaviorism defined itself as science and claimed that all non-behavioristic investigations were unscientific. Internal processes were ruled out of consideration. Scientists do not study them. They are vestiges of superstition and religious beliefs (Skinner, 1953). Behaviorism dominated our field for well over half a century. Was it science? Yes. Was it correct in excluding internal phenomena? No. Was it overthrown by data? Not really. Behaviorism was a philosophy, as Skinner (1974) seemed to acknowledge late in his career, and it was overthrown by a change in the Zeitgeist. I challenge the reader to point to the critical work that dethroned it. Now we are in the midst of the cognitive revolution. It seems promising to us. If the history of science is any guide, it too will be overthrown one day by a newer and more attractive theory. The Zeitgeist will change again (cf. Kuhn, 1962).

The reader may argue that meta-analytic techniques can adjudicate disputes about data. After all, the data are now combined empirically rather than anecdotally. I agree that meta-analyses are a real advance. I have used them (Weinberger & Hardaway, 1990). But even they do not seem to override the clinical judgment of the scientists who read them. I offer two examples. Ever since the Smith, Glass, and Miller (1980) classic meta-analysis of psychotherapy studies, it has been shown that psychotherapy is effective and that different schools perform about equally well. On those few occasions when this seemed not to be the case, allegiance effects virtually always accounted for the differences (Luborsky et al., 1999). That is, the "superior" treatment was the treatment championed by the scholar reporting the results. I do not imply dishonesty here. This is, in my opinion, an example of an experimenter expectancy effect (Rosenthal & Rubin, 1978). It is exactly the kind of thing practitioners are so often accused of. It is a clinical phenomenon (in the way I have defined clinical). Are the results accepted? Does the field accept outcome equivalence? No (Chambless, 2002; DeRubeis, Brotman, & Gibbons, 2005). (See Weinberger and Crasco, in press, for a review of the arguments pro and con.) And who disputes the findings? Why, those who argue for the superiority of a particular brand name treatment or for the search for uniquely effective treatments. They may even be right. That is not the point.

My second example concerns a meta-analysis I was directly involved in. A research program argued that subliminal presentation of a psychoanalytically inspired phrase (MOMMY AND I ARE ONE) resulted in a host of positive effects (Silverman & Weinberger, 1985). These results were repeatedly challenged (e.g., Balay & Shevrin, 1988). It was claimed that the results were not replicable, that only the main investigator (Lloyd Silverman) could obtain them with any regularity, that non-supportive results were hidden from public scrutiny, and that the whole enterprise was silly besides (a real clinical argument—cf. Weinberger, 1992). Hardaway (1990) and Weinberger and Hardaway (1990) conducted a series of meta-analyses that bore on these issues. They found that the effects were reliable, of decent effect size, equally obtainable in

# Weinberger: We Are All Clinicians

or out of Silverman's lab, and that the number of possible hidden non-significant results would have to be enormous to obviate the number of significant results reported. The implications of such results seem theoretically important to say the least. You will not see them mentioned in any standard psychology text or review article concerning unconscious or implicit processes. You are unlikely to see them mentioned at all except by advocates of this research. I do not bring this up as a complaint (except during lunches with colleagues). I bring it up because it shows a clinical bias. Scientists are as susceptible as anyone else.

An argument with which I am in sympathy is that science is self-correcting and that, ultimately, the truth will out. First, although I believe this, it is an article of faith and therefore belongs in the clinical realm. Also, as Keynes (1924), the eminent economist, pointed out when told that economic cycles even out in the long run, "In the long run, we are all dead" (p. 88). I, and I believe most scientists, would like to see my insights accepted while I am still young enough to appreciate it.

Now let me briefly get to my practitioner brethren. (And here I am referring to the second meaning of clinical: practitioners of psychotherapy who claim expertise in diagnosis and treatment.) I do not wish to let them off the hook. They are often, in my opinion, guilty of two related sins: hubris and immunity to experience. Practitioners have a habit of prognosticating in areas outside of their areas of expertise. For example, we will no doubt be treated to all sorts of theories as to the motivations of Jon Mark Karr (of Jon Benet Ramsay infamy). This will be egregious but, happily, relatively rare. More common are clinical predictions concerning things like school success, recidivism, and suicide. Some practitioners believe that they can outperform objective tests in these areas. As Meehl (1954) showed more than a half century ago, they cannot. They ought to stop trying. (There are things they *can* do, but those are beyond the scope of this paper. See Westen & Weinberger, 2004, 2005, for a discussion of these issues. Suffice it to say, judgments of practitioners can be aggregated, just as lay self-reports can, to predict a host of clinical phenomena.)

The flip side of clinical thinking, the part that makes it worthwhile ultimately, is empirical learning and testing. It is OK to have whatever beliefs and theories you want. It is not OK for them to be

**My argument is that all scientists have an important clinical component to their work and that all clinicians have an important empirical component to their work. If they do not, they are hacks or unethical.**

Let me summarize the points I have tried to make. Scientifically minded psychologists often criticize practitioners for behaving exactly as they do—like human beings. People have difficulties overcoming expectancies, preconceptions, and biases. The Zeitgeist holds us all in its thrall. This is as true for scientists

immune to experience and shielded from testing. Practitioners have, too often, been guilty of this. Their attempts to predict beyond their levels of expertise is one example. Hide-bound theories and practices that will not change with new knowledge is another. Practitioners would do well to read the latest findings in neuroscience, cognitive science, and social psychology. Too often they do not. It would also be a good idea for them to record what they do and how it turns out. Stricker (in press) refers to this as the local clinical scientist. It should be required reading for practitioners.

as it is for practitioners. Practitioners for their part could do with a bit of humility concerning the range of their expertise. They could also be more open to their experience and record it, as suggested by Stricker (in press). Broader reading in the sciences would also be helpful. Ultimately, what I am saying is that scientists should acknowledge and embrace their clinical side. Practitioners should open themselves up to empiricism. My clinical belief is that they would find they had more in common than they thought. They might even learn to get along.

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# The Science-Practice Schism

by Clark D Campbell, PhD, ABPP - George Fox University

As one who teaches clinical theory and supervises skill development and as one who practices clinical psychology, I am very aware of the schism between science and practice in our field. Although there are many interesting and useful research findings in the broad field of psychology, I am most interested in those that relate to psychotherapy, and therefore I will restrict most of my comments in this article to those research and practice issues related to therapy. I am particularly interested in ways that I can help graduate students understand and use science in their approach to helping people.

In the classroom I find myself teaching first year doctoral students about the evidence for the effectiveness of psychotherapy for particular disorders and the research support for various therapeutic strategies and techniques. In the clinic, however, I find myself working with clients who do not fit the research protocols and do not seem to present with straight-forward problems. I search the literature for answers, and most of the time the best that I can find are generalities—research findings based on group data for general rather than the specific issues my clients present. It seems that our journals are filled with reports on excellent research studies that bear little relevance to the actual things I do in clinical practice. Early in my academic career, I would hang my head when students asked about this discrepancy. Now I am much more likely to offer some thoughts about the nature of this schism.

There are several reasons for the disconnect between research and practice. Researchers and practitioners have different interests and they operate in different arenas where the incentives and reinforcements vary considerably. The purely academic psychologist often seeks knowledge about human functioning that may not be readily applied to particular clinical situations. Academic psychologists carefully formulate research questions and conduct their studies with methodological precision that hopefully results in significant findings journals will publish. Frankly, publication is necessary to be eligible for promotion and tenure. Although these findings may be interesting and useful in theory building, they may have little relevance to clinical practice. Peterson and Trierweiler (1999) bluntly state that they “are skeptical about the time devoted to supposed scholarly problems in psychology that no educated

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person outside the field would recognize as meriting effort” (p. 350). The practitioner on the other hand is rewarded for obtaining practical results that are reinforced by payment of fees. Seeing several paying clients who are pleased with the results and refer others is important for staying in business. Keeping an eye on both client satisfaction and symptom improvement is necessary for successful practice.

Another reason for the gap between research and practice may be that human problems are so complex and personal. Many narrowly targeted research findings

are based on large group studies that seem to bear little relevance to the person in pain sitting in front of the clinician. Carefully controlling the research to make adequate interpretations of the findings may decrease the application possibilities to the complex nature of human problems. Over-reliance on efficacy studies that isolate and specify problems makes for interesting findings, but lacks connection to the real world. The use of effectiveness studies, as described by Seligman (1995), provides better connection to the clinical situations actually encountered in practice.



Clark Campbell

There may never be the direct application of science to practice that some seem to desire because of the limitations and boundaries imposed on the professionals who function ethically in these arenas. The conditions necessary to form controlled and replicable scientific observations do not easily fit the conditions of the therapy office. Similarly, the conditions necessary to form a solid therapeutic relationship may violate the conditions necessary for sound scientific observation. Stricker and Trierweiler (1995) make this point in saying that “science, in its traditional form, seeks answers that are public and general. Practice, in its traditional form, is private and personal rather than public” (p. 998). The two arenas—practice and science—have different agendas, reinforcements, and boundaries that make it unlikely for them to connect easily.

So, what are some helpful ways to approach the science and practice schism? First, it would be useful to change our expectations of how these two professional areas relate to each other. It is unlikely that a practicing psychologist will have scientific support for every interaction or therapeutic strategy. The goals of the Boulder Conference (Raimy, 1950) in setting up the scientist-practitioner model of training were likely aspirational more than statements of reality. Science and practice can inform the other, but there will not be a perfect correspondence between the two.

A second response to the schism is to adopt the “local clinical scientist” model recommended by Stricker and Trierweiler (1995). They call upon researchers and clinicians to join forces in trying to resolve problems that are relevant to the local community. Rather than focusing intense efforts on general and public research findings, they recommend efforts aimed at solving local problems by viewing the local community as a scientific laboratory and by approaching the problems with a scientific attitude.

A third way in which the schism can be addressed is to recognize the ways in which science and practice can influence each other. Knowledge, method, and attitude/value are specific domains of influence between science and practice.

**Knowledge.** Perhaps most of the frustration in the field is over the lack of knowledge generated by science that directly

# Campbell: The Science-Practice Schism

relates to practice. Although many of us would like to think that every statement the practitioner makes to a client is backed up by evidence gleaned from research, this is not the case and never will be. Many advances in our knowledge of psychotherapy have been made through research, but it is unlikely that everything that happens in the therapeutic encounter will be based on research findings. Levant's recent presidential initiative on evidence-based practice (APA, 2005) gave weight to clinical trials, clinician's experience, and cultural aspects of treatment in developing evidence based treatments (<http://www.apa.org/practice/ebpreport.pdf>). Clearly, the knowledge for effective practice won't come solely from clinical trials.

Research has shown us that the therapeutic alliance is very significant in the outcome of psychotherapy and that empathy is important in establishing this alliance. Work in the last two decades by researchers such as Safran and Greenberg (1991) have helped establish specific change events and processes in psychotherapy that are part of therapeutic success. This is an area where knowledge is very helpful in determining what happens in practice. However, the findings are slow in coming and will not be directly applicable to all psychotherapy encounters.

**Method.** Rather than findings from research literature creating a knowledge base that has direct influence on practice, perhaps it is the scientific method that has more promise for influencing practice. George Kelly describes this best when he writes, "I suspect that the best scientist is one who approaches his subject intimately as a clinician may be expected to approach it, and the best clinician is one who invites his client to join him in a controlled investigation of life" (Kelly, 1969, p. 60). He goes on to describe how his work with graduate students is very similar in method to his work with clients. He attempted to get both the student and the client to "pinpoint the issues, to observe, to become intimate with the problem, to form hypotheses, to make test runs, to relate outcomes to anticipations..." (p. 61). Kelly was using the scientific method as a way to help both student and client make progress in their respective endeavors. Beck (1995) has done much the same thing in describing the importance of the clinician using collaborative empiricism. It appears that there is considerable influence between science and practice on using the scientific method to help solve problems.

**Perhaps most of the frustration in the field is over the lack of knowledge generated by science that directly relates to practice.**

using science to enhance our understanding of ways to help others. As an educator, it is important to continually espouse an attitude that values research contributions and the scientific endeavor.

Perhaps recognizing the commonality between science and practice in the attitude or value placed on science, on solving human problems, and on the utilization of the scientific method for approaching both research and human problems will help us be more patient in waiting for the knowledge gleaned from science to influence practice and vice-versa.

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# Why the Scientist-Practitioner Schism Won't Go Away

by Jonathan Shedler, PhD - University of Denver



Jonathan Shedler

Discussions about the scientist-practitioner schism rarely rise above the level of cliché. To judge from the rhetoric, there is broad consensus that the schism is pointless and self-defeating. We hear periodic reminders (often coincident with *American Psychological Association* elections) that the fates of science and practice are intertwined. We hear exhortations that we should just “all get along.”

The exhortations are probably well meaning, but they are sadly naive. The schism is getting wider, not narrower. The issues that divide clinicians and researchers run too deep for feel-good answers.

## The Role of Psychology Departments

In years past, university psychology faculties included both researchers and clinicians. The groups came into regular contact, and even researchers with little interest in clinical matters developed some understanding of the clinical enterprise. This is no longer true. Over the past ten to fifteen years, real clinicians have been disappearing from major research universities. The faculty members who remain know less and less about clinical practice. At worst they are antagonistic to the clinical enterprise and at best they do not understand it. This is true even in clinical psychology programs, which are now dominated by faculty members who do not actually treat patients.

There are structural reasons for this, and they are not likely to change soon. One reason has to do with “publication inflation” (analogous to “grade inflation” in our public schools). The quantity of publications needed to get and keep a faculty appointment at a major research university has become extreme. With precious few exceptions, no one who devotes real time to patient care can publish at the necessary rate. University departments also depend on the grant money researchers generate. For these reasons, as clinicians retire from university faculties, they are replaced by “clinical researchers” with little or no psychotherapy experience. The trend is toward clinical psychology departments without clinicians.

A graduate student in Yale’s “clinical” psychology PhD program told me she wanted to learn to do in-depth clinical work, but felt she could not let this be known in her department because it would be a black mark against her. In her clinical program, actual clinical practice is frowned upon. She confided that she did not even know where to turn to get in-depth clinical training. She recounted an incident in which she had asked a senior clinical faculty member for advice on finding a personal therapist. He responded, “Why would you want to do that? Research shows it doesn’t do anything.”

**Managed healthcare companies use research results to bludgeon clinicians and deny treatment. They justify this by citing studies that purport to show that frequency and duration of treatment are irrelevant.**

Most real clinicians regard significant personal therapy as prerequisite to doing serious clinical work. And of course, hun-

dreds of studies attest to the benefits of psychotherapy. But in this “clinical” professor’s eagerness to malign the clinical enterprise, he forgot about the hundreds of published studies. Apparently he was thinking of a recent study that failed to show a treatment effect, which (in his mind) overrode decades of prior research. Inexplicably, he also forgot a fundamental research principle—that a study cannot prove the null hypothesis.

If this were an isolated incident, it would not deserve mention. But it is not isolated; it is illustrative. The professor is a renowned clinical researcher at one of our finest universities, and the attitude he expresses is found in academic departments everywhere—including APA accredited clinical doctoral programs. Faculty members communicate in subtle and not so subtle ways that clinical experience is unimportant and that students can learn whatever they need from a manual. The departments routinely farm out the truly clinical components of the curriculum (e.g., psychotherapy supervision) to adjunct faculty who have little say in department affairs. Clinical researchers disregard the cumulative insights of generations of clinicians and instead conduct studies that implicitly (or explicitly) assign greater evidential weight to the self reports of college freshman. Indeed, researchers often regard clinicians as too “biased” to provide useful research data. (No one would argue that college freshman are better at reading x-rays than radiologists, because the radiologists are too biased by prior theory and experience; but we see analogous arguments in the psychological literature all the time.) In these and other ways, researchers undermine the clinical enterprise daily.

As clinicians have disappeared from the ranks of university faculties, real clinical training has moved increasingly to the professional schools. The consequences for psychology are unfortunate. In university departments, theory and research develop in isolation from the crucial data of clinical observation. In free-standing professional schools, clinical training may occur in a context divorced from the scholarly and intellectual traditions of university life and the critical thinking it fosters. Training in both kinds of institutions is thus impoverished, and the scientist-practitioner schism grows ever wider.

## The Role of Outcome Research

Clinical psychologists are under siege in the current healthcare environment. Some believe this is an area where researchers benefit clinicians, by conducting outcome and efficacy studies that clinicians need to respond to managed care. *In fact, the opposite is more often true.* Managed healthcare companies use research results to bludgeon clinicians and deny treatment. They justify this by citing studies that purport to show that frequency and duration of treatment are irrelevant. Most academic researchers are unaware of how managed care companies use and misuse their findings.

# Shedler: Schism Won't Go Away

The problem is not just that academic psychologists are unfamiliar with the practices of managed care. Generations of researchers have taken delight in outdoing each other in their efforts to “debunk” psychotherapy. Far from working to demonstrate its efficacy, many cannot wait to demonstrate its uselessness. They demand proof of efficacy that outstrips anything that has ever been demanded of any other healthcare profession. They conduct clinical research using populations that are not representative of real-world patient populations, and research on short-term therapies that few clinicians actually practice. Then they confuse empirically *non*-validated with empirically *invalidated*, and declare it “unethical” to practice any form of therapy they have not researched. If physicians had to meet the standards that research psychologists routinely demand of clinical psychologists, surgeons would no longer perform heart surgery. (This is not a random example; the effect size of psychotherapy is considerably larger than that of coronary bypass surgery.)

In fairness, many researchers are responding to pressures that are not fully under their control. Given the present publication inflation, they are under pressure to conduct studies they can complete and publish quickly. It would probably be professional suicide for an untenured faculty member to study long term psychotherapies while his colleagues accumulate publications based on twelve- to sixteen-session treatments. The problem is that these short term treatments do not mirror real world clinical practice.

A study by Drew Westen surveyed a random national sample of experienced clinicians, asking them to recall the last treatment they conducted in which meaningful psychological change had occurred. Then the clinicians were asked how long the treatment had taken. Irrespective of theoretical orientation, the clinicians reported that the treatments had lasted about one year. The findings dovetail perfectly with the findings of Martin Seligman's “Consumer Reports” study, which are based on patient report. One might think, therefore, that most clinical researchers would investigate treatments of approximately a year's duration. They do not. In general, clinical researchers ignore the views of both clinical practitioners and patients when designing “clinical” research. The result, inevitably, is clinical research that has little to do with the practice of psychotherapy.

## Differing World Views

Some academicians may take offense at the suggestion that they are not real clinicians. But there are important differences between clinical researchers and clinical practitioners. Clinical researchers' allegiance is to data and hypothesis testing. They spend little or no time with patients. If they treat patients at all, it is in the context of a study and rarely for more than twelve to sixteen sessions. (If the patient is still in distress after that, they refer them elsewhere—i.e., to a real clinician.) If they treat patients at all, they select them based on specific study criteria. This usually means that suicidal patients are eliminated, and patients with dual or multiple diagnoses are eliminated. This eliminates the majority of patients seen in real-world practice.

In contrast, clinical practitioners' allegiance is to their patients. They treat the people who actually seek help, not just the fraction with highly circumscribed problems who meet specific study inclusion criteria. They develop intimate relationships with patients over time. They maintain their commitment for as long as it takes. They consult with physicians, hospitalize patients who cannot function, and accept responsibility for treating people who want to die. These are real differences. Nothing is gained

by pretending that clinical researchers and clinical practitioners are “really” in the same line of work.

We need to find ways to bridge the gap between scientists and practitioners, for the sake of both groups. Researchers need clinicians for the rich observational data they can provide. Clinicians need researchers to help counter a professional culture in which charismatic authority and cult-like “brand allegiances” often take precedence over critical thinking and evidence. But clinicians need researchers who take their clinical observations seriously. They do not need researchers who dismiss with disdain the data of the consulting room.

**It would probably be professional suicide for an untenured faculty member to study long term psychotherapies while his colleagues accumulate publications based on twelve- to sixteen-session treatments.**

## Coda

The *de facto* bifurcation of psychology training into university departments and free standing professionals schools has institutionalized the scientist-practitioner schism. Our educational system ensures that future generations of clinical practitioners will have little appreciation for empirical research, and future generations of researchers will have little appreciation for clinical work.

The last hope for meaningful dialog may lie with journal editors and funding agencies. Empirical journals could include real clinicians (not just clinical researchers) as reviewers for “clinical research” papers, and NIMH could include clinicians as grant reviewers for clinical research projects. The clinicians just might point out the emperor's new clothes with respect to clinical interventions that could never be implemented in the real world, or methods so artificial that the findings could never plausibly inform clinical practice.

Likewise, practice-oriented journals could include empirical researchers among manuscript reviewers. The research-oriented reviewers might identify theoretical assertions and assumptions that are, in fact, empirical questions. They might encourage empirical research on these topics. They might force clinical theorists to consider and cite relevant empirical research where it exists.

The goal in both cases really boils down to “keeping them honest.” Of course, this solution requires that people who wield power and authority voluntarily relinquish some of it, in the service of a greater good. This does not seem to be human nature.

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# Reading into the Soul of Science

by Maryanne Garry, Victoria University of Wellington, and Elizabeth F. Loftus, University of California, Irvine

When we—a pair of scientists—were first asked to write about the science-practice divide in psychology, and to discuss ways of building bridges, we despaired. After all, others have been trying to tackle this issue for decades, yet the divide is still wide.

And so we talked. We talked about what a big divide it is. We talked about why it's not getting any better. We talked a little bit about where we might go for dinner later, so we wouldn't have to talk about our despair at trying to suggest a fix for the seemingly unfixable. And then, both at once, we began to talk about a frequent irritation—the experience of being misquoted and misunderstood, and seeing our colleagues' ideas be mangled.

Some of the misquoting, misunderstanding, and mangling were so extreme as to defy explanation. Often it was criticism of scientific opinion put forth by people who appeared to have not actually read the science itself. Now, we understand that full-time clinicians already have a heavy work week, and that they don't need the added pressure of having to spend a lot of time combing through dozens and dozens of journals, and reading hundreds of scientific papers all so they can distill out the bottom line. Of course we understand that; even as full time academics we spend untold hours just trying to keep on top of a few very specialized journals in our field.

And so, we wondered, is this part of the problem—that full-time clinicians do not have the time to even start to get on top of a scientific field? After all, scientists have the luxury of specializing in a particular field—say, attachment, or anxiety, or depression, or as in our case, memory. Yet the best clinicians need to know about attachment and anxiety and depression and, yes, about the malleability of human memory. So what can they do? We realized that the answer was right in our faces. Literally, right in our faces, because we were having this discussion right in front of a large wall of bookshelves. *A ha!* Sometimes, books can be a friendlier introduction to scientific ideas and evidence.

So we've compiled a top ten list of recent, timely books. They summarize what scientists are actually saying, what scientists are appreciating in the writings of non-scientists, or what scientists see as good representations of the soul of science. We hope that our practitioner colleagues read them and enjoy them. Most of all we hope that these books help to reduce the misquotings, misunderstandings, and manglings and begin to bridge the divide.

Here then, our *Top 10 Divide-Closing Books for Clinical Practitioners*, presented below in no particular order.

**Number 10 - Richard McNally, *Remembering Trauma*.** McNally, a clinician and a professor of psychology at Harvard, has written a thoroughly engaging and comprehensive examination of both the scientific and clinical evidence for the effects of trauma on memory. He pulls no punches in this book—readers expecting one of those “there's evidence for both sides, and can't we all just get along” themes from someone with a foot in clinical psychology and another foot in the ivory tower will be surprised. After all, if the question is whether the earth is round or flat, McNally reminds us, it does not get us very far to suggest that the world is oblong. In the end, readers will come away knowing why the very diagnosis of PTSD is so controversial, who gets PTSD and who does not, what makes trauma worse rather than

better, and what is the evidence for the existence of repressed memories. Robert Ursano, writing in *The New England Journal of Medicine*, said that this book teaches lessons that neither scientists nor clinicians should forget.

**Number 9 - Richard F. Thompson & Stephen A. Madigan *Memory: The Key to Consciousness*.**

Thompson and Madigan are both psychology professors at the University of Southern California. We've chosen this book because of its clear prose, up-to-the-minute science, and its breadth. From emotion to hypnosis to photographic memories, this book is an excellent overview. The famous neuroscientist Larry Squire called the book “a superb introduction to the psychological science of memory.”

**Number 8 - Frederick Crews. *Follies of the Wise*.** Crews is a professor emeritus of English at the University of California, Berkeley. Readers may well ask why we would put a book by an English professor on a list of must-read science books. But Crews is one of the best skeptics around, and this book is a collection of his many wonderful essays on topics ranging from Freud to psychological testing. Crews writes with snap and wit; we have both long said that if we could write like anyone, it would be him. Michael Shermer, the publisher of *Skeptic* magazine and a regular columnist for *Scientific American*, calls this book “a delightful romp across the landscape of science and pseudoscience.”

**Number 7 - Joel Best *Flavor of the Month: Why Smart People Fall for Fads*.** Best is professor of sociology and criminal justice at the University of Delaware. This book is about fads—from the harmless hula-hoop to the dangerous fads in science, education, medicine and criminal justice. Best's goal is to help us understand fads so that we can spot them, urge their earlier abandonment, and save a lot of time, money—and suffering. One fad he takes up is multiple personality disorder (MPD), now usually described as dissociative identity disorder (DID). We learn that in the 50 years before 1972, fewer than a dozen cases of MPD had been reported in the US. But then the number starting climbing—and during the 1980s, MPD diagnoses rolled in by the thousands, and have since dropped off. You'll have to read the book to find out. Lucy Sussex, writing in *Australia's Sunday Age* said, “Best mixes the academic with the entertaining.”

**Number 6 - James M. Doyle. *True Witness: Cops, Courts, Science and the Battle against Misidentification*.** James Doyle is a litigator who has taught at a variety of law schools. Eyewitness errors are the number one factor driving wrongful convictions, and eyewitness testimony is one of the key types of evidence introduced at trial. The problems and politics are obvious. Doyle's book is a fascinating study of the problems with eyewitness evidence, and the role of science in helping first to illuminate—and more recently to reduce—the problem of incorrect eyewitness identifications. Many describe the book as reading like a thriller, and no less a “top cop” than William Bratton, the Chief of Police in Los Angeles and former Police Commissioner in both New York City and Boston, says that Doyle's book could not have appeared at a better time.



Maryanne Garry

## Garry & Loftus: the soul of science

### Number 5 - Scott D. Lilienfeld, Steven J. Lynn, and Jeffrey M. Lohr (Eds.). *Science and Pseudoscience in Clinical Psychology*.

Scott Lilienfeld, Steve Lynn and Jeffrey Lohr are all well respected clinical scientists who study such topics as anxiety disorders, testing and diagnosis, hypnosis, dissociation, and domestic violence. They put together this book because they observed that "a growing minority of clinicians appear to be basing their therapeutic and assessment practices primarily on clinical experience and intuition, rather than on research evidence" (p. 1). Both the editors and the contributors take on treatments for depression, alcoholism, trauma, ADHD, and autism, separating the good science from the junk science. Harvard Psychiatrist Harrison Pope said "At last—a book that pulls no punches, names names, and isn't afraid to portray junk science for what it is." He calls it "invaluable reading" for practitioners and "an essential reference" for students.

### Number 4 - Susan A. Clancy. *Abducted: How People Come to Believe They Were Kidnapped by Aliens*.

Susan Clancy is a post-doctoral fellow in psychology at Harvard. Her book grew out of an attempt to do some research that would satisfy hard-nosed scientists who question whether even some recovered memories of sexual abuse are false, and mental health professionals, who argue that laboratory research has nothing to with memories of trauma. What if, she wondered, she studied a group of people with indisputably false memories—people who remember being stolen by aliens? Clancy reasoned that surely such a group would satisfy the worries on both sides of the memory wars. But no. A must read that illuminates not only the fragility of memory but the funny and often warm side of science.

***Is this part of the problem—that full-time clinicians do not have the time to even start to get on top of a scientific field?***

Writing in the Baltimore Sun, Clare McHugh said, "Clancy's subjects are memory, personality and truth as each individual experiences it. Even if the idea of alien abduction is absurd, you will find her work fascinating and revealing."

### Number 3 - Daniel L. Schacter. *The Seven Sins of Memory: How the Mind Forgets and Remembers*.

Dan Schacter is a renowned expert in the field of memory and cognitive psychology at Harvard, and a former chair of their psychology department. As the title suggests, Schacter has identified seven ways in which memory goes bad—nearly every day. They include things like absent-mindedness, blocking, and bias. Amazon.com called the book one of the best of 2001, the Chicago Tribune called it "compelling" and Oliver Sacks said it was "at once weighty and delightful."

Our last two books are the most recent—so recent, in fact, that you can't even buy them yet. But here's a sneak preview.

### Number 2 - Sergio Della Sala (Ed.). *Tall Tales about the Mind and Brain: Separating Fact from Fiction*.

This book is a follow-up to Della Sala's wildly popular books "Mind Myths." Like Mind Myths, Tall Tales is also a collection of essays written by experts on many topics—these were, Della Sala says, the same topics people would want to talk about with him at cocktail parties. So, Tall Tales takes us through the myths and reality of the alleged intellectual benefits of classical music, the effect of the moon on behavior, and the reliability of intuition. For the purposes of this article, however, we'd suggest two chapters on memory: the first presents more than ten years of scientific research on adult false memories, and the second presents an overview of recent research on children's suggestibility. In the interests of full disclosure, we're coauthors.

### Number 1 - Carol Tavris and Elliot Aronson. *Mistakes Were Made but Not by Me: Why We Justify Foolish Beliefs, Bad Decisions, and Hurtful Acts*.

We've been lucky enough to read an advance copy of this book. Tavris is a psychologist and well-known science writer, and Aronson himself is a well-known social psychologist. Together, they tackle the questions society seems to be asking a lot: when things go wrong, how come nobody takes responsibility? Instead, there's constant justification and self-serving explanations. Do people really believe their self-aggrandizing stories? Tavris and Aronson take us on a trip through the world of cognitive dissonance, and show us how yes, we make up stories—stories that deflect our responsibility, and help us maintain our belief that we are smart, moral, and right. What's worse, we don't just make up stories, we believe them. In other words, our memories change to help us create and maintain our own illusions. Written with the perfect combination of science and snap, this is a book that will change the way you think about self-deception—how it works, the harm it can cause, and how we can overcome it.

That's our list, and now what next? In our ideal world, some top-notch writers from the clinical world might write longer, in-depth book reviews on these books, perhaps emphasizing their implications for clinical practice. Such acts from clinical leaders would enhance the likelihood that practitioners would want to read one or more of the books from start to end. Clinicians might also provide a comparable list of books for scientists to read. Hopefully those books will emphasize theory-driven practices that are backed by solid evidence—books that convey well the soul of clinical practice. These small steps, on both sides, could be vital for closing the large divide.

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Elizabeth Loftus



# Minority Perspectives in Psychology: The Disconnect Between Science and Practice

by Frank C. Worrell - University of California, Berkeley

The following article is based on a presentation made by Dr. Worrell, as part of the symposium, "Transforming APA—A Time for Revolution," given at the 2006 APA Convention in New Orleans.

The American Psychological Association (APA) is a large, complex organization with many constituencies. Two of the primary constituencies are science and practice, and these constituencies are not always in agreement. In this paper, I speak briefly about the disconnect between science and practice using racism and the achievement gap to illustrate a couple of points. My goal here is not to be right, but to stimulate discussion and dialogue.

## Racism and Discrimination

The first guideline in APA's (2002) multicultural guidelines is as follows: "Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of, and interactions with, individuals who are ethnically and racially different from themselves" (p. 17). In short, "all individuals exist in social, political, historical, and economic contexts" (APA, p. 1), and no one is immune from these influences.

Although APA as an organization is committed to making everyone welcome—there is a survey on this very issue being conducted this year—there are some members who believe that making everyone welcome is not an issue within APA. Dismissing these concerns is not only not in keeping with the spirit of the guideline quoted above, but also ignores a large set of evidence that speaks to these concerns. In addition to a large number of books that indicate that race matters in America, studies have indicated that 90 to 100% of African Americans report being discriminated on the basis of race at some point in their lifetime (Klonoff & Landrine, 1999; Landrine & Klonoff, 1996). Irregularities in the 2000 and 2004 presidential elections and the response of the federal government to Hurricane Katrina fuel these perceptions. To say that APA is above all of this dismisses the actual experiences of many members.

However, stereotyped perceptions are not limited to majority groups; members of minority groups are equally susceptible to this phenomenon. At the consolidated meeting where the penultimate draft of the Multicultural Guidelines was circulated to governance groups, as is typical, a Conference Committee was held to provide feedback on the document. Every governance group, with one exception, endorsed the document and gave their approval for it to move forward. However, the Board of Scientific Affairs indicated that it could not support the document, unless some changes were made. Many participants were not surprised at the BSA's stance—indeed, they had expected it—and they were also convinced that the decision was related to overt racism and a lack of concern for diversity and inclusion. However, one of BSA's primary objections was that the draft document did not indicate that *all* psychologists are cultural beings subject to biases; rather, it stated that *majority* psychologists are cultural beings subject to biases, a narrower interpretation that is not supported by science. Once the change was made, BSA endorsed the document.

## The Achievement Gap

It is not an exaggeration to describe the achievement gap as one of the more longstanding and intractable problems in education. American Indians, African Americans, and Latinos have lower aca-

ademic performance than their White and East Asian counterparts at all levels of schooling. Several individual explanations have been advanced for the achievement gap, including intelligence, socioeconomic status, racism, and teacher expectation effects, and two major social identity theories, cultural ecological theory (Ogbu & Simons, 1998), and stereotype threat (Steele, 1997). It is beyond the scope of this paper to discuss all of these perspectives, although it is important to note that each of these explanations is ignored or dismissed by some scholars. In this piece, I focus on *stereotype threat* and *cultural ecological theory*.

The stereotype threat phenomenon refers to the decrease in performance that occurs in a stigmatized group when the stereotype is active. Stereotype threat yields effects in the moderate to large range and has been demonstrated in both racial and gender groups, across a variety of domains, and in K-12 and college samples (McKown & Weinstein, 2003; Shih, Pittinsky, & Ambady, 1999; Stone, Lynch, Sjomeling, & Darley, 1999). Although it is unlikely to be the sole explanation for the achievement gap, to dismiss stereotype threat as irrelevant to a discussion of the achievement gap (e.g., Rushton & Jensen, 2005) ignores the evidence of the effect.

Cultural ecological theory also focuses on stigmatized groups in society and is based on three questions: Was the group incorporated into U.S. society voluntarily or involuntarily? Is the group valued and embraced by my mainstream society, or is it excluded and discriminated against? And how does the group respond to society's treatment? Ogbu argued that members of involuntary minority groups that are discriminated against in society may develop an oppositional identity to mainstream culture. This oppositional identity is also directed towards schools, resulting in low engagement in educational activities and behaviors that are incompatible with academic achievement. Fordham and Ogbu (1986) claimed that doing well in school is perceived as *acting White* by some minorities, and as such, a betrayal of their cultural heritage.

Cultural ecological theory has been dismissed by many scholars, in part because it is seen as "blaming the victim." For example, based on data from the National Educational Longitudinal Survey, Cook and Jens (1998) concluded African Americans are not more alienated from school than their White peers and that academic success does not lead to social ostracism. However, other researchers have reported more nuanced findings. Oyserman, Kimmelmeier, Fryberg, Brosh, and Hart-Johnson (2003) classified African American, Latino, and Native American students on the basis of interviews into four identity groups based on racial/ethnic self-schemas: an aschematic identity group that adopted an individual focus and no racial-ethnic self schema, an inward focused identity group that focused on their own ethnic group, a dual identity group that incorporated both an in-group focus and a sense of connection to the broader society, and a minority identity group that recognized their in-group focus, but were determined not to allow their minority status to limit their choices. The dual and minority identity groups reported greater academic engagement and achievement. Oyserman et al. argued that the higher academic performance in these two groups was due to their combination of an in-group and out-group focus.

More recently, Ford (2005) reported that over 80% of African American students had heard of acting White and acting Black, and that they described the former as achievement oriented and intel-



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lignant and the latter as dumb, stupid, and acting *Ghetto*. In another study, Gardner-Kitt (2005) found that anti-White attitudes had a negative relationship to school climate and a positive relationship to engaging in problem behaviors in school.

## Preponderance of Evidence

Over the past 15 years or so, compelling social psychology evidence has indicated that the face of racism has changed. Much of contemporary racism is not only subtle but also unconscious, although it still has profound effects on behavior and leads to discriminatory actions (e.g., see Dovidio, Gaertner, Kawakami, & Hudson, 2002; Dovidio, Gaertner, Nier, Kawakami, & Hodson, 2004; Hodson, Dovidio, & Gaertner, 2002). Data also indicate that there are African Americans whose racial identity attitudes are dominated by beliefs about the negative stereotypes of African Americans or by strong anti-White attitudes (Worrell, Vandiver, Schaefer, Cross, & Fhagen-Smith, 2006), and that level of mistrust in White institutions is mediated by one's level of race-based rejection sensitivity (Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002). The current scientific evidence tells us that unconscious attitudes affect the behavior and experiences of individuals from diverse backgrounds in subtle ways, and that we must pay attention to these factors when interpreting behaviors and imputing motives.

Similarly, the data on the reciprocal relationship between intelligence and education are robust and compelling (Brody, 1997; Neisser et al., 1996), and there is an emerging consensus in the literature demonstrating the impact of attitudes and beliefs on academic performance (e.g., McKown & Weinstein, 2003; Oyserman et al., 2003; Shih et al., 1999; Steele & Aronson, 1998). Most complex human behaviors are the result of interactions of several variables, and the most parsimonious explanation of achievement differences should include a combination of factors, including IQ, education, attitudes, and behavior. What is not yet clear is the amount of the contributions of the attitudinal and behavioral factors.

In sum, practice and science are twinned aspects of APA and are both dependent on the other. On issues related to minority populations, science and practice are often pitted against each other. To avoid this disconnect between science and practice, scientists and practitioners must begin to give greater weight to data, even when the data clash with deeply held beliefs. Both groups need to commit to a culture that places a preponderance of evidence above position papers, and must recognize that the answers to questions will always involve some give and take between the laboratory and the practice domains. All of us must be willing to have respectful conversations with those who do not agree with us. Finally, we must recognize that although science is inherently adversarial, argument is not synonymous with attack, and disagreement is not the same thing as disrespect.

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# What Are the Great Ideas of Clinical Science and Why Do We Need Them?

by Scott O. Lilienfeld - Emory University

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The following article is excerpted, with minor modifications, from Lilienfeld and O'Donohue's forthcoming book, *The Great Ideas of Clinical Science: The 17 Principles that Every Mental Health Professional Should Understand*, published and copyrighted by Routledge. Reproduction without permission is prohibited.

As the eminent psychology historian Ludy Benjamin (2001) observed, "A common lament among psychologists today, particularly among those with gray hair, is that the field of psychology is far along a path of fragmentation or disintegration" (p. 735). Indeed, the two authors of this article, although still managing to stave off the inevitable progression toward heads of completely gray hair, have heard much the same plaint on myriad occasions.

## The Resistance To a Common Core of Psychological Knowledge

The field of psychology, so the story goes, possesses little or no intellectual coherence. From this perspective, psychology might meet Kuhn's (1962) definition of a pre-paradigmatic field, in which there is considerable debate about such fundamentals as the domain of inquiry, legitimate research methods, and standards of evidence. We should therefore focus, the narrative continues, on training specialists rather than generalists, because there is no general body of psychological knowledge from which to draw. Indeed, many contemporary psychologists doubt that a core body of psychological knowledge exists (Griggs, Proctor, & Bujak-Johnson, 2002; see Henriques, 2004, for an interesting discussion). A problem with this view is that it raises a troubling and embarrassing question: In what way, then, are we psychologists experts? How do we justify all the benefits and honorifics associated with our professional status if indeed we do not possess unique knowledge and skills (O'Donohue & Henderson, 1999)?

Still others suspect that such a core body of psychological knowledge exists but are reluctant to specify it, perhaps out of fear that by doing so they would hold graduate programs accountable to unduly stringent curricular standards. We can find no better illustration of this point than the conclusions drawn from the 1958 Miami Beach Conference on Graduate Education in Psychology (Roe, Gustad, Moore, Ross, & Skodak, 1959; see also Benjamin, 2001). Eight days of prolonged discussion yielded the following unintentionally humorous consensus: "First, there is a common core [of psychological knowledge]. Second, we should not specify what this is lest we in any way discourage imaginative innovation in graduate training" (p. 44).

Regrettably, precious little appears to have changed in the intervening 38 years. Indeed, the accreditation standards of professional graduate psychology programs have shifted increasingly toward abandoning the effort to develop a core curriculum (Benjamin, 2001). For example, in the recent accreditation standards of the American Psychological Association, clinical psychology graduate programs are evaluated not by how

well they fulfill consensually adopted educational and training criteria, but by how well they adhere to their own individually constructed criteria (American Psychological Association, Committee on Accreditation, 2002). Nevertheless, this renunciation of core content may have baleful consequences for the profession. As one of us (along with several colleagues) argued,

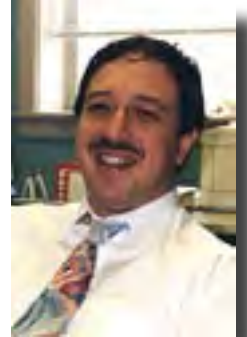
Although we welcome creativity and innovation in how clinical psychology programs elect to meet fundamental educational goals, this does not mean that the nature of these goals should be left largely to programs themselves. We believe that psychology has advanced to the point where at least the rudiments of a core "critical thinking curriculum in clinical science" can be identified for all clinical programs. By permitting clinical programs to select their own training models and evaluating how well they hew to these models, accreditation bodies are abdicating their responsibility to ensure that future generations of clinical psychologists become thoughtful and informed consumers of the scientific literature (Lilienfeld, Fowler, Lohr, & Lynn, 2005, p. 207).

Nevertheless, this is not to say that psychologists should just become adept at critical thinking—that psychologists are in some sense philosophers skilled at uncovering assumptions, analyzing weaknesses in definitions, detecting contradictions, evaluating claims, and analyzing the soundness of arguments. These skills are indeed extremely important. Still, the question remains, given all proffered candidates for belief, which ideas still stand after such winnowing criticism has been applied? In our recent edited book, *The Great Ideas of Clinical Science: 17 Principles that all Mental Health Professionals Should Understand* (Routledge, 2006), we have attempted to identify the survivors.

## Fragmentation Between Science and Practice

Although intellectual fragmentation poses a threat to virtually all domains of psychology, this threat appears to be especially acute in clinical psychology and allied disciplines, including counseling psychology, school psychology, and social work. Indeed, if there is one thing on which clinical psychologists can agree, it is that there is little on which clinical psychologists can agree. The past few decades have witnessed an increasing schism between researchers and practitioners marked by mutual mistrust. Much of this "scientist-practitioner gap" (Fox, 1996; Tavris, 2003), as it has come to be known, reflects a deep-seated disagreement concerning the nature of knowledge claims.

Whereas scientists agree that controlled research should be the final arbiter of truth claims in clinical psychology, many practitioners believe that their subjective clinical experience should be accorded such privileged status. Moreover, some practitioners dismiss the relevance of research findings on psychotherapy and assessment to their everyday practice, maintaining that these findings should be disregarded when they conflict with clini-



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cal intuition, clinical anecdotes, subjective experience, or some combination thereof. The partisan divide has probably been exacerbated by the tendency of some scientists to express a condescending attitude toward clinicians, and the tendency of some clinicians to express an unwillingness to examine scientific evidence that could constrain their favored practices. To many outside observers, the "war" between researchers and practitioners, as psychologist and science writer Carol Tavris (2003) termed it, appears about as amenable to common ground as a political debate between Michael Moore and Rush Limbaugh.

The problems do not end there. Even within competing camps of researchers and practitioners, sharp and often acrimonious debates rage over a plethora of fundamental questions. When making clinical decisions, should we

place greater in trust in data from actuarial formulas or from intuitions derived from personal experience? Are single case reports worthless as evidence, or can they offer valuable insights in some cases? Does the current system of classifying mental disorders do more good than harm? Are different schools of psychotherapy associated with important differences in efficacy? Are genetic influences critical in the causes of mental disorders, or has their importance been overestimated? Are evolutionary explanations of

psychopathology useful, or are they merely fanciful "just so stories" cooked up to account for behavior that we can't otherwise explain? Do mental disorders remain essentially fixed across generations, or do they morph over time in accord with prevailing social and cultural expectations? The list, although not endless, is certainly formidable.

Understandably, graduate students in clinical psychology and cognate disciplines sometimes leave their courses profoundly confused about the status of their discipline. With so much disagreement concerning so many foundational issues, many of them conclude that there is no core body of knowledge in clinical science with which to turn. Others go even further, taking the present state of intellectual chaos as an implicit license to "do almost anything" as clinicians. After all, with so little consensual knowledge regarding psychotherapy, assessment, and diagnosis, why be constrained by the injunctions of a relative handful of researchers in the Ivory Tower?

## Yes, There Is a Core Body of Clinical Science Knowledge

This perplexing and troubling state of affairs suggests a pressing need for common ground between researchers and practitioners, as well as within these two groups. The recent passing of the most influential clinical scientist of the second half of the 20<sup>th</sup> century, Paul E. Meehl of the University of Minnesota (see Waller & Lilienfeld, 2005), affords an auspicious occasion for reminding researchers, practitioners, and students that the field of clinical science *does* possess a number of basic unifying principles. As Meehl (1973) noted wryly in the preface to his book, *Psychodiagnosis*:

If one really believes that there is no appreciable validity in the existing corpus of psychological knowledge that bears upon mental health problems, as to either substance or method, then the obvious conclusion is that we should liquidate our training programs and turn to making an

honest living selling shoes. I record my prediction that this "thin beer" phase of clinical psychology is a passing fad... (p. xxi).

We concur wholeheartedly with Meehl that such a body of dependable knowledge in clinical science exists. The significant ongoing debates regarding specific questions in psychotherapy, assessment, and diagnosis should not overshadow the fundamental domains of agreement among established scholars of clinical science. There is, we contend, substantially more consensus than meets the eye. But what comprises this core body of clinical science knowledge?

In a classic article in the *Journal of Consulting and Clinical Psychology*, Meehl (1978) delineated five "noble traditions" of clinical psychology: descriptive psychopathology, behaviorism and learning theory, psychodynamics, psychometrics, and behavior genetics. Although not hewing rigidly to Meehl's list (for example, readers of this book will find no explicit mention of psychodynamics as a core concept, although they will find residues of it in several chapters), we have been inspired by it to generate a more fine-grained list of what we, and what we suspect most clinical psychologists, would regard as the 17 "Great Ideas" of clinical science. These ideas comprise the framework for our recent edited volume (see box).

## What Makes an Idea Great?

Although we will not attempt to offer a definitive answer to the question of what makes an idea "great," we'll outline the admittedly rough criteria we adopted. Fortunately, Fathali Moghaddam (2005) recently provided helpful guidance in this regard. According to Moghaddam, great ideas in psychology possess four key features: they (1) influence our perceptions of human nature, (2) exert an applied impact, (3) stimulate research, and (4) stand the test of time. We concur with his criteria, although we would offer a friendly amendment to his fourth criterion by noting that great psychological ideas have survived repeated scientific tests over long spans of time. We (and Moghaddam, we suspect) would not, of course, wish to commit the logician's *ad antiquitatem fallacy* of concluding that an idea must be meritorious merely because it has endured for numerous generations. Astrology, for example, has survived largely intact for five millennia despite the wholesale absence of any scientific support for its claims (Hines, 2003).

To Moghaddam's four useful criteria, we add a fifth: the capacity of an idea to generate *consilience* (Wilson, 1998) across diverse domains of knowledge, especially those at different levels of scientific explanation (e.g., physiological, psychological, social). Most or all of the great ideas in our edited volume, we maintain, have fostered connections among disparate intellectual approaches.

We regard these 17 Great Ideas as the fundamental concepts—philosophical, conceptual, and methodological—that every mental health researcher and practitioner should know. The eminent analytic philosopher Wilfred Van Orman Quine (see Quine & Ullian, 1978) suggested that our belief systems can be thought of as

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consisting of a core belief, with some beliefs highly connected to others, many strands flowing to and from them. Core beliefs, according to Quine, are of particular importance because they prop up so many other peripheral beliefs. We believe that these 17 Great Ideas are central to the clinical scientist's web of belief. They are key to how the clinical scientist sees the world; they animate research programs, they help define what are taken as legitimate research questions; they serve as sources of theories; they help define what is and is not legitimate evidence; they assist in devising new therapies or evaluating preferred ones; and they play a key role in case formulation. In short, we regard them as forming the bedrock foundation for the education and training of all aspiring clinical scientists.

We believe that the knowledge imparted by these Great Ideas is directly relevant to the ethical aspiration of "First do no harm," often taken to be a succinct distillation of the physician's Hippocratic Oath. Such knowledge allows the clinician to appreciate the complexity and substantive matters that need to be considered when rendering important clinical decisions. We have argued elsewhere (O'Donohue & Henderson, 1999) that professionals possess *epistemic duties*—obligations to acquire and apply specialized knowledge. These 17 Great Ideas comprise the backbone of this knowledge set for the clinical scientist.

Almost certainly, many thoughtful readers will quarrel with our selection of precisely 17 Great Ideas, not to mention these specific 17 ideas. Such debate is healthy, and we eagerly await recommendations from readers concerning candidates for other Great Ideas of clinical science.

Nevertheless, we humbly believe that most readers will agree that these 17 concepts embody most, if not virtually all, of the core body of dependable knowledge that the field of clinical psychology has accumulated. Moreover, we believe that these 17 Great Ideas offer the promise of bridging the ever-widening gulf between researchers and practitioners by offering a *lingua franca* for enhancing dialogue between these two increasingly isolated groups. We hope that we are not expecting too much by suggesting that our edited volume may provide one modest step toward narrowing the scientist-practitioner gap from a Grand Canyon to a flowing ravine.

## Provisional List of the 17 Great Ideas of Clinical Science

- 1. Science is an essential safeguard against human error.**
- 2. The clinician as subject: practitioners are prone to the same judgment errors as everyone else.**
- 3. Decision research can increase the accuracy of clinical judgment and thereby improve patient care.**
- 4. Psychometrics: better measurement makes better clinicians.**
- 5. Classification provides an essential basis for organizing mental disorders.**
- 6. Psychotherapy outcome can be studied scientifically.**
- 7. Clinical case studies are important in the science and practice of psychotherapy.**
- 8. Treatment and assessment take place in an economic context.**
- 9. Learning mechanisms contribute to adaptive and problematic behavior.**
- 10. Behavior genetic approaches are integral for understanding the etiology of psychopathology**
- 11. Evolutionary theory provides a framework for understanding abnormal behavior.**
- 12. Personality traits are essential for a complete clinical science.**
- 13. The cognitive neuroscience perspective enhances understanding abnormal behavior at multiple levels of complexity.**
- 14. Early developmental processes inform the study of mental disorders.**
- 15. Mental and physical health influence each other.**
- 16. Some forms of psychopathology are partly socially constructed.**
- 17. Cultural factors influence the expression of psychopathology.**

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# The Clinical-Experimental Chasm: A Bridge Too Far or a Leap of Faith?

by Jeffery Scott Mio, California State Polytechnic University, Pomona



Jeff Mio

Throughout my professional life, I have heard of the clinical-experimental chasm in psychology. As someone with collectivistic tendencies who received his Ph.D. from a "matrix" system of education, I have always wondered why this chasm has existed and why some feel it is unbridgeable.

Let me explain what I mean by a "matrix" system of education. I received my Ph.D. in clinical psychology from the University of Illinois, Chicago (UIC), where at the time, the psychology department was designed after the scientist-practitioner model.

Graduate students at UIC applied to an academic, an industrial/organizational, or a clinical track. Once accepted into one of these tracks, students then specialized in a "substantive area": developmental psychology, physiological psychology, social psychology, methods and measurement, and cognitive psychology. My own selection was to be a clinical/cognitive graduate student. Therefore, I essentially had to complete two degrees: one in clinical psychology and the other in cognitive psychology. As a result, I had to take comprehensive examinations in both areas. And while I could have chosen to conduct a strictly clinical or strictly cognitive doctoral dissertation, I chose to try to combine the two, testing two models of concept formation against the learning of thought disorder categories in the Exner scoring system of the Rorschach Psychodiagnostic Test.

At the time I was a graduate student, I was somewhat envious of my academic track counterparts. While I accepted the fact that clinical students needed certain specialized courses, the number of courses we had to take in comparison with the academic students was substantial. The academic students merely had to take a course in teaching issues, a course learning how to operate classroom equipment (mainly the reel-to-reel films that we used to show), and to actually teach a class. As far as I could count, clinical students had to take about ten courses plus clinical placements and concomitant supervision courses to complete the clinical degree. (My I/O counterparts seemed to have a few more courses to take—in organizational psychology—plus they had field placements or internships that were required to complete their degrees.) However, as I look back on my education, I am quite pleased, although I am aware that some other programs at other schools offered many more courses on clinical techniques or courses on specific clinical populations than our program did. I also really liked the cognitive courses I took and, as a result, continue to conduct research related to my cognitive interests. (My dissertation was on concept formation, and my current interest is in how metaphors are used in political persuasion; Sam Glucksberg is a model for moving from concept formation to metaphor understanding). Thus, my training has underscored for me the importance of understanding both clinical and experimental approaches to our profession.

I carried this matrix mentality to my position at Washington State University, where I was the only faculty member who was formally in both the clinical and experimental divisions of the department. My experience in my eight years at WSU was that almost all of the discussion in the meetings of these respective divisions involved the issues centered on the divisions themselves, with little discussion about the common ground shared with the other division—or complaints about the other division. Certainly, there were times when the clinical-experimental chasm was discussed, but for the most part, the two divisions acted independently of each another. Thus, while I was aware of the chasm in the broader organization, I did not witness it on a large scale.

Much of the tension between the clinical and experimental domains seems to stem from the fact that the experimentalists historically had primary governance of our profession, and now the clinicians have primary governance control. While many experimentalists may feel alienated by this transition, my own feeling is that if we had never changed as a profession, we would still be studying rats and not humans. While such research was and is very important, it does not represent the entire domain of psychology. Clearly, the breadth of psychology as a profession is largely due to the growth of clinical issues in psychology. Thus, it only makes sense that the governance should gravitate to the clinical domain. However, to the extent that we remain a scientist-practitioner profession—a model that clearly distinguishes us from our psychiatry cousins—our clinicians should never forget the scientific roots of our profession.

As most academicians know, Ernest Boyer was one of the giants in writing about issues of scholarship. His very influential 1990 book, *Scholarship Reconsidered*, discussed the importance of four elements of scholarship interacting to define our profession: the scholarship of discovery, the scholarship of integration, the scholarship of application, and the scholarship of teaching. The scholarship of discovery is what we traditionally think of as basic research, and the dominant scholarship of application in our profession is clinical psychology (not to devalue health psychology, consulting psychology, I/O psychology, or other forms of application). The scholarship of integration involves the ability to integrate theories from seemingly quite different domains to come to new understandings of one's profession, and clearly our scientist-practitioner model is an example of this form of scholarship. Finally, academic departments need to be able to teach all aspects of psychology in order to give our students a complete sense of the domains of our profession. For those familiar with my writings about diversity, you will recognize that I had applied Boyer's four kinds of scholarship to multicultural psychology (Mio & Awakuni, 2000).

So, is the chasm between the clinical and experimental branches of psychology "a bridge too far," or is this chasm easily leapable? I feel that I have been able to find a way across, but I recognize that some people may be standing at a place where the chasm is wider than it is for me. I believe that if we were to keep a historical perspective in mind, we can find ways to walk to the place where the chasm is relatively small. This place begins with respect for the contributions one sub-discipline can make to the other. Most of us recognize that research informs practice, and practice tests models developed through research. After all, psychology has advanced because of the scientist-practitioner model, not despite it.

**Much of the tension between the clinical and experimental domains seems to stem from the fact that the experimentalists historically had primary governance of our profession, and now the clinicians have primary governance control.**

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## The Practitioner Research Cooperative: A Division One Initiative

by Mark Koltko-Rivera

Many of the articles in this issue of *TGP* address the split between clinical science and practitioners. One source of this problem, as noted in the Editorial to this issue, is that there are relatively few rigorously validated treatments for the many disorders with which the practitioner is faced, especially if one takes into consideration the many complicating variables (e.g., client and practitioner culture, age, personality, worldview and client-practitioner worldview match) that may well mediate therapy outcomes. Another often unacknowledged issue is that a treatment may well be effective, yet not have attracted sufficient research funding to be *proven* effective: "unproven" ≠ "invalid." What is needed is a set of large research projects, designed along the line of Paul's (1967) famous dictum:

The question towards which all outcome research should ultimately be directed is the following: *What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances. (Paul, 1967, p. 111; italics in original)

The support of massive conventional projects may be unlikely in the current funding climate. **However, what one clinical researcher or laboratory cannot accomplish in isolation, a great mass of clinicians and researchers united may well be able to accomplish.** Every single working day, across the United States, tens of thousands of clients are seen in clinical settings—clinics, private practice, hospitals—for every conceivable dysfunction and distress. In aggregate, these individual therapeutic and counseling encounters could provide a large pool of data to validate a variety of treatment modalities, taking into account the many varieties of mediating variables mentioned earlier. **What is needed is that these practitioners be linked, with a common research vision and record-keeping protocol, to bring these data together. Members of Division 1—the Unifying Division, as I would call it—should take the lead in the effort to address the science—practice split.**

One way to address this challenge is to generate data regarding the effect of different aspects of clinical/counseling practice on treatment outcome. The Practitioner Research Initiative, a committee of Div. 1, will design and conduct an innovative practitioner research cooperative, pooling data from practitioners in all types of settings (e.g., private practice, clinics, hospitals), to provide data about the effectiveness of practice methods, including those that have not attracted sufficient research funding.

The first stage of the Initiative will involve planning, and we request the involvement of counseling and psychotherapy researchers for this stage immediately (see below). The second and ongoing stage of the Initiative will involve data collection, and for that we need many, many clinicians as associate researchers; interested parties are invited to contact us as soon as possible (see below). Although many details are yet to be determined, clinicians participating in the Initiative will give their clients the opportunity to participate in the research, and will report data periodically to the Initiative. At this point, we anticipate that data reportage will include the following: (a) an initial one-time survey of the practitioner; (b) an initial one-time survey of the client; (c) repeated but very brief surveys of client status (e.g., symptom picture, self- and clinician-rated client function, approach taken in session). Much or all of the data will

be reported via secure Internet server, although participation by mail will be possible where Internet reports are not an option.

We anticipate that many publications will be based on the data generated by the Practitioner Research Initiative. All publications based on these data shall carry the Practitioner Research Initiative as a co-author, and the list of (we hope hundreds, even thousands) of practitioners contributing data to the project will be listed on the Internet (thus allowing individual members of the Initiative to share in authorship of any such articles).

The greatest benefit to be realized from this innovative project is that it will enlarge the scientific basis of psychotherapy and counseling, without sacrificing the rich diversity of clinical practice. With the Initiative, we can generate more solid, useful, actionable data than has ever been gathered regarding counseling and psychotherapy. We can lay a scientific foundation for practice in the 21<sup>st</sup> Century that acknowledges the diversity we see in our clients, their concerns, the methods of our practice, and our own characteristics as practitioners. We can advance the science of practice in a quantum leap. But we cannot do this without the cooperation of many, many clinicians.

What one researcher or lab cannot do alone, a great mass of clinicians and researchers united can accomplish. Individuals and groups who are interested in planning or conducting this research should contact Mark E. Koltko-Rivera, PhD, by e-mail: [koltkorivera@yahoo.com](mailto:koltkorivera@yahoo.com).

### Reference

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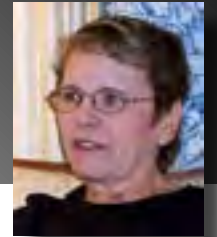


Mark E. Koltko-Rivera, Ph.D., is the Director of Research at Professional Services Group, Inc., a contract research firm specializing in psychological research. In 2005, he was the winner of Division One's George A. Miller Award.

Dr Koltko-Rivera has agreed to chair a new Division One effort, called The Practitioner Research Initiative. His committee will design, recruit for, and administer a practitioner research cooperative, organized to pool data on the treatment outcome effects of various clinical/counseling practices. Consisting of both scientists and practitioners, the group will combine results from many practitioners in various treatment settings. With this initiative, the Society for General Psychology hopes to encourage the integration of science and practice in ways amenable to the concerns of both groups.

# The Unification of Psychology: APA Presidential Candidates Respond

by MaryLou Cheal - Arizona State University and President of the Coalition for Academic, Scientific, and Applied-Research Psychology of APA Council



MaryLou Cheal

In mid-October, you will be receiving the ballot for election of APA president. Please open it immediately and cast your vote before it gets buried under the mountains of paper we all have in our offices. If you have any doubts about how to vote, perhaps this will help. Division One does not endorse particular candidates, but we do encourage you to vote and we try to help you choose your candidates wisely. APA uses the Hare system, so it is necessary to rank the candidates. With this system, if your first choice candidate is not elected, your vote goes to your second choice, etc.

We are fortunate to have exceptional candidates running for president this year, with Nora Newcombe, Alan Kazdin, and Rosie Bingham having been elected as Fellows of Division One. Each candidate has a different background and would bring a different agenda to the office. Accordingly, the five candidates were asked to write short statements in answer to a specific question designed to give you an idea of how each candidate would serve the goals of Division One. Their responses are listed below in the order received.

In addition to their responses below, you can obtain additional information from recent copies of the Monitor, and you can learn more about the candidates from electronic space: The candidates have given you a Web address below. You can also learn about each of them by doing a Web search (Google or other) on their name.

As an aside, I found it interesting that this year's candidates tended to thank our division for making this opportunity available. In contrast, last year some made negative comments on being asked to do "another task" and one declined to participate (not the one you elected).

Here's the two-part question for the APA presidential candidates that was posed by the Executive Committee of Division One: **Is unity within psychology important? If so, how would your presidency encourage unity?**

## Nora S. Newcombe

The existence of a discipline called psychology is widely taken for granted. At some level, most of us assume that the organization of the world of knowledge will remain as we have always known it. We also believe, without too much reflection, that the relation of practice and science will continue in the traditional way, a strained yet long-term marriage that both partners have doubts about. But actually there is good reason to believe that revolutionary changes are underway. Managing these changes represents an exciting



Nora Newcombe

challenge that APA is uniquely well-situated to address. First, in an era of translational research, scientists must clarify the relation of their work to questions that concern policy makers and the public. The best way to accomplish this goal is by forging dynamic new connections between science and practice/application. The linkages between the two communities can become more intimate than they have previously been, and more clearly mutually beneficial. APA must provide the contexts in which dialogue can occur and productive partnerships can be formed. Second, knowledge is simultaneously becoming more specialized and more interdisciplinary. Therefore, many scientists' allegiance is no longer to the traditional discipline of psychology, and therefore not to APA. APA must seek new ways to connect both to its science and to its practice/applied constituencies, leading the way to a transformed psychology by organizing the "big picture" activities that only an over-arching organization can offer. Third, in an increasingly evidence-based environment, for both practice and education, APA must build on what it has done recently, to delineate the most appropriate ways in which to generate new kinds of evidence and evidence on uncharted areas, as well as addressing what is best done when evidence is unavailable yet decisions must nevertheless be made. My commitment to these interconnections, and to the idea of a general discipline of psychology, is the primary reason I have chosen to run for APA President.

For more information, check out my website: <http://www.temple.edu/psychology/FacultyWebs/Newcombe/newcombe.html>.

## Stephen A. Ragusea

Of course unity is important. We are, after all, one profession. Any significant division weakens us, while our collective voice brings greater strength. Here are two of my priorities designed to strengthen our unified voice. In particular, my fifteen-year devotion to developing Practice-Research Networks most addresses the issue.

**Increase Psychology's Relevance.** APA must encourage more relevant psychological research and encourage all psychologists to involve themselves with our culture in more meaningful ways. Publish meaningful research or perish should be our mantra! For example, there is no public issue more deserving of psychology's attention than our prison system. The United States incarcerates a higher percentage of its population than any nation in the world! More than 1% of the entire U. S. population, a number equal to that of every person in the three



Stephen Ragusea

# Presidential Candidates Respond

states of N. Dakota, S. Dakota and Delaware is behind bars. Psychologists, the experts in human behavior, should be leading us toward new answers to the joint problems of crime and punishment. As APA President, I will convene a national conference at APA to address this growing social crisis. This is just one way psychology can increase its relevance to society.

Another example? Find a way to reduce the divorce rate by 50%, and society will give Psychology more research funding than we've ever imagined! If our profession ignores social needs, we risk oblivion.

**Establish Practice-Research Networks.** Psychology is a wonder. In a mere century, psychology has significantly altered humanity's view of itself. Our profession has experienced explosive growth based upon the foundation laid by our science. But we must further enhance the link between the two halves of psychology's soul. Clinicians must base their practice on science or be dismissed as charlatans and researchers must conduct meaningful research, or the science and profession will disappear into historical oblivion. APA must involve all the directorates to encourage the development of Practice-Research Networks and ensure our mutual success.

As chair of Pennsylvania Psychological Association's Practice-Research Network (PRN) for seven years, I worked with my friends Tom Borkovec and Louis Castonguay to encourage a rebirth of a new kind of scientist-practitioner model in which clinicians and research scientists work together to conduct relevant and meaningful psychological research. (See *Clinical Psychology Science and Practice*, V. 8 N 2) As president of APA, my focus will be the development of national and regional PRNs. The model will provide unparalleled research opportunities for our scientific community while simultaneously validating the work of our practice community. We are, after all, one profession.

My name is Steve Ragusea and I'd like your support. Please explore my website: [www.raguseaforapa.com](http://www.raguseaforapa.com).

*Stephen A. Ragusea, PsyD, ABPP is a family and forensic psychologist, practicing in Key West, Florida after 25 years in Pennsylvania. Ragusea is past-president of the Pennsylvania Psychological Association and past Chair of PPA's Practice Research Network. He served on the Pennsylvania Board of Psychology. He is currently on the Board of Directors of the Florida Psychological Association and is Chair of FPA's Ethics Committee.*

## Alan E. Kazdin

Unity within psychology is more important now than ever before because of increased specialization. There is a natural tension between the unity of psychology and separation and melding of psychology with other areas. I view these different facets as an unusual strength of our field and want to feature both. I will use conferences, APA convention events, and the *American Psychologist (AP)* to reflect the status (unity and melding), provide a status report of our field, and generate resources that can be used in graduate training and education. Three unity-re-



Alan Kazdin

lated foci will be emphasized:

**1. Unity of Psychology**—In collaboration with this Division, I would like to emphasize our commonalities. Sources of our unity stem from our heritage, conceptual and methodological approaches, and levels of analyses that focus on: 1) individuals, 2) groups, and 3) systems, contexts, and environments and themes I have elaborated as Editor-in-Chief of the APA 8-volume *Encyclopedia of Psychology*. It is important to make explicit common underpinnings among areas distinguished in training programs (e.g., social psychology, developmental psychology, cognitive neuroscience).

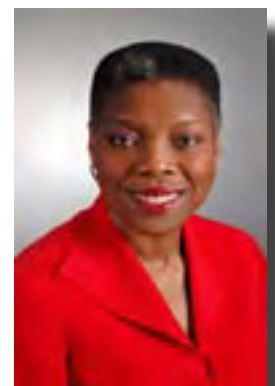
**2. Unity of Research and Application**—Our unity and interconnectedness ought to be underscored in relation to basic (human, animal) research and applications (public service, clinical care). Basic research has generated principles and techniques that palpably help people (e.g., reduced the incidence of HIV in sub-Saharan countries; identified neurotransmitters that can be activated to improve extinction-based psychotherapy); and 2) clinical work has fostered research programs (e.g., on the therapeutic alliance, the self, attachment) that generate, as well as test, critical hypotheses about human functioning.

**3. Diffusion and Fusion into other Areas**—Our disunity or divisions are critical to our science and our viability. We are merging and melding with other sciences (e.g., epigenetics—child rearing can suppress gene effects, and the results continue transgenerationally). Other sciences are fusing as well (e.g., medical geology, systems biology, molecular oncology, network science). I want to feature those areas where psychology has moved to create new inter- and transdisciplinary or fusion fields that we cannot completely call our own only. Health psychology and neuroscience are two rich areas with multiple examples.

The success, evolution, and viability of our science will come from both clarifying unity as well as conveying how we merge into new areas. I would like the Division (e.g., journal) to take a lead role in conveying that unity and diffusion as our strengths. I am deeply committed to all of psychology as evident in my activities, (e.g., Associate Editor of *Annual Review of Psychology*, Book Series Editor on *Perspectives in Psychology* for Yale University Press, Editor of 5 journals including *Current Directions in Psychological Science*). I am eager to represent all of psychology, to make salient our common ground, and to underscore our adaptability and merging with other areas as a meta-unifying theme (please see <http://votekazdinapa.yale.edu>).

## Rosie Phillips Bingham

I absolutely believe that unity within psychology is important today; it was important yesterday, and it will be even more important tomorrow. In January, 2006, as I began my fifth year on the Council of Representatives, I found myself growing more and more concerned about the continued split in science and practice within APA. Initially I tried to rationalize that my time on the Council was coming to an end, and someone else could take on the challenge of this growing chasm.



Rosie Bingham

# Presidential Candidates Respond

This rationalization did not last very long, and my personal passion for unity took over as I decided to give as much of myself as I can professionally to work to heal this divide. Thus my campaign theme evolved to become "Exclusion is Easy; but Inclusion is Power." I hope that you will visit my website at <http://saweb.memphis.edu/binghamforapapresident/>. There you will see that I have issued a call for all psychologists to unite to work on real life problems through action-based solutions.

To further this call for unity, I plan to establish a task force that will be charged to bring back action-based solutions for strengthening the science-practice collaboration within APA and within the profession. I will use my discretionary monies to help us build models of that collaboration that can be used to take on major problems within APA and within society. I would like to see us host a summit that is structured as a practice/science collaboration that is problem-based and solution-focused. The problem could be "Managing Managed Care: Insuring that Psychologists Can Earn a Living," or it could be "Funding the Science of Psychology." I believe that it is the duty of the President to present the larger picture and then ask our colleagues to bring their time, talent, and treasures as practitioners, educators, and scientists to help us specify the problems and find methods that direct us towards solutions.

Unity has played a role in my current position at my university, as well. I am a full professor in the Department of Counseling, Educational Psychology and Research, as well as the Vice President for Student Affairs. As a university leader, it is very clear to me that the two worlds of academic and student affairs must be unified if an institution is to thrive in a climate where education standards are vital and funding becomes more restricted everyday. This same set of skills is what I would like to bring to the office of President of APA. I embrace the Division 1 philosophy of "creating cohesion" and bring it to the presidency. I am so proud of the Division 1 focus on unity because, if we really want to be an organization and a profession that makes a difference, then we must be unified.

## James H. Bray

Unity within our field is critical. By electing a president who understands the broad spectrum and diversity of psychology we can realize the potential of our great discipline. As a member of APA governance for over 15 years, I will work tirelessly to enhance psychology through expanding opportunities in science, practice, education and public interest for **all psychologists**. This broad experience earned strong endorsements by science and practice divisions, APA caucuses, and state psychological associations.

APA is a strong and powerful organization, much better than when I ran for president in 2002. However, in discussions with hundreds of psychologists, scientists, educators, and practitioners, many are deeply concerned about their future in psychology.



James Bray

**Science Issues.** Over 50% of health problems are caused by psychosocial factors, yet less than 7% of the NIH budget is spent to research them. Although NIH budgets are at record high levels, many scientists cannot get their research funded. It is time for APA to join with other behavioral science groups to increase the percentage of the NIH and NSF budgets for psychological science, which will provide incentives for young scientists to join APA. We also need to stop Congress from undue interference with the peer review process. Furthermore, APA and APS should work together for the mutual benefit of **all psychologists**.

**Practice Issues.** Practitioners are besieged with threats to scope of practice from other professions. Over 60% of mental health problems are treated by primary care physicians, without assistance from psychologists. Minority, underserved, and elderly patients suffer even more from these systems of care. Psychologists are often not involved in treatments because we are not an integral part of the healthcare team. Psychologists can provide solutions to effectively treat the major health and mental health problems of our nation because we are the profession that knows the most about human behavior and how to change it. We need to use our psychological science to better enhance our practice and expand our practice opportunities into primary care and gain prescriptive authority.

**Education Issues.** Educators are also struggling with funding cutbacks. Our young psychologists are leaving graduate school with record levels of debt, making it difficult for them to make a reasonable living. Students considering a career in psychology are re-thinking their decisions because of economic limitations within the profession and this disproportionately impacts students from disadvantaged backgrounds. The president has the power to keep a focus on issues and diversity and problems related to socio-economic status will be priorities.

We need to work together to support **all psychologists**. Through my extensive experience and established working relationships within APA, we can do this and much more. Please visit my web page: <http://www.bcm.tmc.edu/familymed/jbray> for more information.

*James H. Bray, Ph.D. is Associate Professor of Family and Community Medicine and Psychiatry, Baylor College of Medicine. He teaches psychology students, resident physicians, and medical students. He conducts research on divorce, remarriage, adolescent substance use, and applied methodology. He has a clinical practice in family psychology and behavioral medicine.*

**Vote!**

**Vote!**

**Vote!**

# Exactly What Is General Psychology?

by Harold Takooshian, Fordham University, SGS President

What is "General Psychology"?

- A highly decorated Korean War hero.
- A superficial overview of psychology.
- A sort of "wastebasket" classification for psychologists who do not have a specialty.
- The common core of psychology shared by all its diverse specialties.

In this first presidential message, I am pleased to share with you some uplifting information about our APA Society for General Psychology (SGP)—in three parts: Its past glory, present challenges, and future promise.

**Past Glory** Due to the rapid growth and fractionation of U.S. psychology in the early 1940s, APA nearly died. Then, in 1945, it brilliantly saved itself by adopting "unification through division" (Dewsbury, 1996)—a new structure that recognized 19 specialty divisions. Several key psychologists like Anne Anastasi and Ernest Hilgard feared fractionation and wisely insisted that the very first such division be a non-divisive, integrative division of "general psychology" (Wertheimer & King, 1996, p. 21). And so it was. Some readers will recall that APA bylaws once required everyone to be a member of at least one division, so those with no specialty were automatically members in Division One, "thus generalists rather than psychologists without any special interests" (Benjamin, 1997, p. 730).

Such is the glorious history of our Division One, which officially renamed itself the Society for General Psychology (SGS) in 1998, to better express its mission to advance psychology across specialties. People today often ask: Why is the very first division called "General Psychology"? We can answer that this was the prescience of our far-sighted leaders. When a special issue of the *American Psychologist* looked back in 1997 on the fiftieth anniversary of the restructured APA, the several articles agreed that this APA reorganization was a brilliant success—balancing the strong, outward centrifugal forces towards specialization, with the strong, inward centripetal force to maintain unity of the field. Indeed, from its origin, Division One has always acted as a strong force for unity within psychology, enjoying apparent support even from specialists who recognize that we are all mutually dependent on each other's activities—be we scientists, practitioners, educators, or advocates (Sternberg, 2006).

**Present Challenges** As APA past-President Bonnie Strickland handed the Presidency of Division One to another APA past-President George Albee in August 2005, George noted two perturbing trends within SGS: (1) Its membership had dropped sharply, from a high of 6,234 in 1988 to under 2,000 in 2005. (2) Of these 2,000 members, the number under age 30 was low—in fact, just 1. (Thank you Matt Goodwin!) What could SGS do in 2005 to engage more psychologists (including young psychologists) in the Society's noble mission to unify psychology? In place of a formal midwinter meeting of the 11-member Executive Committee, George convened an emergency retreat on 21-24 October 2005, where six SGS officers spent three full days in Bonnie's lake-side home in Massachusetts, focusing on this question of restoring luster to our Society. Indeed, many good ideas flowed, and were implemented since then.

As part of this retreat, Susan Whitbourne kindly arranged for two focus groups that Bonnie and I conducted at the University of Massachusetts-Amherst: a group of early career psychologists (ECP) and a class of undergraduate students. We asked the simple opening question above, "What is general psychology?" Their answers surprised us. No one was quite sure, but several guessed: Maybe a sort of superficial psychology, without depth; or topics that do not fit into a specialty; or psychology from different perspectives. A few confessed "I have no idea what is general psychology." While many visibly filtered their answers so as not to offend, I felt like hugging one ECP who offered his blunt verbatim—that general psychology is "a waste-basket, for those who lack a specialty." No wonder ECPs and other psychologists do not flock to the Society for General Psychology. In contrast, the Society's leadership is a veritable *Who's Who* of APA past-Presidents and other leaders of psychology—key figures who understood the centrality and value of general psychology. This gap among perceptions of general psychology is the Society's current challenge.



Harold Takooshian

**Future Promise** Following its 2005 retreat, the Society has undertaken several promising initiatives to renew its mission:

- Students.** As its one member under age 30, Matt Goodwin kindly chaired the new Early Career Psychologists committee which recruited, in just three months, over 150 psychology students to join SGS gratis for one year. (That's an ECP increase of 15,000 percent!) We hope this can segue into a mentoring program for ECPs (Lipsitt & Goodwin, 2006).
- Program.** For APA in San Francisco, our 2007 Program Chair Rivka Bertisch Meir is working with program maestro Dick Meegan to craft a much-expanded program with a hospitality suite, and a first-ever, students-only poster session.
- Committees.** SGS has formed several new committees to adequately address important issues that cut across specialty divisions—such as IRBs/Scientific Integrity (John Mueller), Coping with Technology (Richard Velayo), and Evolutionary Psychology (Jason R. Young). A few other committees still seek a chairperson, such as Humor in Psychology, PC/Viewpoint Tolerance, National Speakers Bureau, and (George Albee's favorite) Revolution!
- Bulletin.** Editor Bob Johnson now seeks more submissions, as he expands *The General Psychologist* from a Newsletter into more of a magazine or bulletin that publishes not only division news but feature articles and commentary.
- Awards.** Under Awards Chair Nancy Russo, SGS is expanding the nominations process for its four awards in 2007.

## A Word from Our President...

- (f) **Speakers.** SGS is partnering with two other divisions (52 International, and 2 Teaching) and a few other groups (Psi Beta, Psi Chi, TOPSS, PT@ CC) to propose a bold new National Speakers Bureau for psychology in 2007. If successful, student and community groups across the USA could check a zip-code data-base for APA experts who live in their region to serve as speakers for their events. Similarly, psychologists, both in the U.S. and overseas, could check the data-base to find which local groups on their itinerary might host their presentations.

**Opportunity for Involvement** Would you like to be more actively involved in APA and its Division One? If so, the SGS door is wide open to become active in the glorious mission of our Society—as a committee chair, public speaker, or program participant. Simply contact me at [takoosh@aol.com](mailto:takoosh@aol.com) to receive printed details, so you can see our “roster,” and consider adding your contact information for a leadership position in the wonderful work of our society.

Oh, and what is the answer to the test question with which we began? It is “d,” of course—which suggests that general psychology is the common core of all the diverse specialties within the broad field of psychology. General psychology, in my view, is also the goal or ideal of a unified psychology, where behaviorists find common ground with cognitivists, evolutionary psychologists interact with physiological psychologists and social psychologists, and where the scientist-practitioner divide disappears.

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## Call for Papers

Division One seeks stimulating, high-quality submissions for its 2007 program at the APA convention in San Francisco. While the Division program consists primarily of invited addresses and symposia, awards, and social hours, proposals for innovative formats, such as debates or dialogues, will be considered.

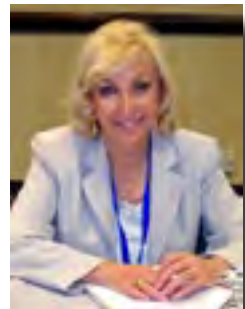
In addition, a students-only poster session welcomes proposals within the broad theme, “Psychology Across Specialty Areas or Nations.”

Submissions must be made by APA members, but they need not be members of Division One.

All proposals must be submitted through the APA online *Call for Programs*: <http://apacustomout.apa.org/ConvCall/>. The deadline is December 1, 2006.

For further information, see the *Call for Programs* insert in the September issue of *Monitor on Psychology* or the online site above.

Rivka Bertisch Meir, PhD, MPH  
Division One Program Chair  
[aparivka@aol.com](mailto:aparivka@aol.com)





# Announcements...

## ***The William James Book Award***

Nominations materials should include three copies of the book (dated post-2001 and available in print); the vita of the author(s) and a one-page statement that explains the strengths of the submission as an integrative work and how it meets criteria established by the Society. Specific criteria can be found at <http://www.apa.org/divisions/div1/awards.html>. Textbooks, analytic reviews, biographies, and examples of applications are generally discouraged. Nomination letters and supporting materials should be sent to Thomas Bouchard, PhD., WJBA Award Chair Psychology, N249 Elliott Hall - University of Minnesota, 75 E. River Road, Minneapolis, MN 55455. Nominations must be received by May 1, 2007.

## ***The Arthur W. Staats Award and Lecture***

The Society manages this American Psychological Foundation award given for creative synthesis, the building of novel conceptual approaches, and a reach for new, integrated wholes. The Staats Award has a unification theme, recognizing significant contributions that serve to develop psychology as a unified science. The winner will receive \$1000, will agree to give an address at the subsequent APA convention, and will provide a copy of the address for publication in *The General Psychologist*. The Staats Lecture will deal with how the awardee's work serves to unify psychology. Nominations or the Arthur W. Staats Lecture to be given in 2008, should be received by May 1, 2007, addressed to Peter Salovey, Department of Psychology, Yale University, 2 Hillhouse Avenue, PO Box 208205, New Haven, CT 06520-8205.

## ***The George A. Miller Award***

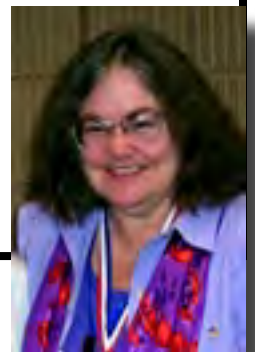
This award is given by the Society for General Psychology (Division One) for an outstanding recent article in general psychology. Nominations packets should include: vita of the author(s), four copies of the article being considered (which can be of any length but must be in print and have a post-2000 publication date), and a statement detailing the strength of the candidate article as an outstanding contribution to General Psychology. Nomination letters and supporting materials should be received by May 1, 2007, addressed to Harold Takooshian, PhD, Psychology-916, Fordham University, New York NY 10023. E-mail: [Takoosh@aol.com](mailto:Takoosh@aol.com).



## ***The Ernest R. Hilgard Award***

This award is given by the Society for General Psychology (Division One) for a career contribution to general psychology. Nominations packets should include the candidate's vita, along with a detailed statement indicating why the nominee is a worthy candidate for the award and supporting letters from others who endorse the nomination. Nomination letters and supporting materials should be received by May 1, 2007, addressed to Bonnie Strickland, 558 Federal Street, Belchertown, MA 01007 (Phone: 413-323-5778; Fax: 413-545-0996).

For more information on all the Society's awards, see the Division One website at <http://www.apa.org/divisions/div1/awards.html> or contact: General Psychology Awards, c/o Nancy Felipe Russo, Awards Coordinator, Department of Psychology, Arizona State University, Box 1104, Tempe, AZ, 85287-1104; e-mail: [nancy.russo@asu.edu](mailto:nancy.russo@asu.edu).



Nancy Felipe-Russo

## CALL FOR NOMINATIONS

# AMERICAN PSYCHOLOGICAL FOUNDATION GOLD MEDAL AWARDS

The American Psychological Foundation (APF) invites nominations for the APF 2007 Gold Medal Awards. The awards include a mounted medallion, \$2,000 (to be donated by APF to the charitable institution of the winner's choice), and an all-expense-paid trip for the award winner and one guest to attend the 2007 American Psychological Association (APA) Convention in San Francisco, CA, for two nights and three days. (Coach round-trip airfare, reasonable expenses for accommodations, and meals for two individuals will be reimbursed.)

The Gold Medal Awards recognize life achievement in and enduring contributions to psychology. Eligibility is limited to psychologists 65 years or older residing in North America. Awards are conferred in four categories:

- Gold Medal Award for Life Achievement in the Science of Psychology recognizes a distinguished career and enduring contribution to advancing psychological science.
- Gold Medal Award for Life Achievement in the Application of Psychology recognizes a distinguished career and enduring contribution to advancing the application of psychology through methods, research, and/or application of psychological techniques to important practical problems.
- Gold Medal Award for Life Achievement by a Psychologist in the Public Interest recognizes a distinguished career and enduring contribution to the application of psychology in the public interest.
- Gold Medal Award for Life Achievement in the Practice of Psychology recognizes a distinguished career and enduring contribution to advancing the professional practice of psychology through a demonstrable effect on patterns of service delivery in the profession.

**Nomination Process:** Nominations should indicate the specific award for which the individual is being nominated and should include a nomination statement that traces the nominee's cumulative record of enduring contribution to the purpose of the award. There is no formal nomination form. The nominee's current vita and bibliography should be attached. Letters in support of the nomination are also welcome, but please refrain from sending supplementary materials such as videos, books, brochures, or magazines. All nomination materials should be coordinated and collected by a chief nominator and forwarded to APF in one package.

The deadline for receipt of nomination materials is December 1, 2006. Please e-mail materials to [Foundation@apa.org](mailto:Foundation@apa.org) or mail to: American Psychological Foundation, Gold Medal Awards, 750 First Street, NE, Washington, DC 20002-4242.

Questions? E-mail [iramos@apa.org](mailto:iramos@apa.org) or call (202) 336-5814.

## 2006 Division One Awards

The Society of General Psychology (Division 1) announced the following winners of its several awards at the 2006 APA Convention in New Orleans:

### **George A. Miller Award for an Outstanding Recent Article in General Psychology:**

Janet Shibley Hyde, Ph.D.

*for*  
The Gender Similarities Hypothesis,  
*American Psychologist*, 60, 581-592,  
September, 2005.



### **Ernest R. Hilgard Award for Lifetime Career Contributions to General Psychology:**

Travis I. Thompson, Ph.D.  
Institute for Child Development  
University of Kansas Medical Center



### **William James Book Award for General Psychology:**

Dan P. McAdams, PhD,  
Northwestern University

*for*  
*The redemptive self: Stories  
Americans live by.* NY: Oxford, 2006.



### **Honorable mention:**

Rami Benbinashty, PhD,  
Hebrew University

Ron Avi Astor, PhD  
U Southern California

*for*  
*School violence in context: Culture, neighborhood,  
family, school, and gender.* NY: Oxford, 2005.

### **Arthur W. Staats Lecture Award on Unifying Psychology:**

Bruce McEwen, Ph.D.  
Rockefeller University



# APA Council of Representatives Meeting

by Bonnie R. Strickland, University of Massachusetts

The Council of Representatives of the American Psychological Association met on August 9 and August 13, 2006 at the Annual Convention in New Orleans. The various Caucuses of the Council met prior to the official Council meeting. I was most active in the Coalition for Academic, Science and Applied Research Psychology (CASAP). We examined Council agenda items of interest to the Caucus so as to have thoughtful input into the deliberations of Council.

Council began with a tribute to those psychologists who passed away during the first half of 2006. Special mention was made of several individuals who had been active in APA governance and served on Council. These included our own George Albee, the President of the Society for General Psychology, who was to have presided at the Division activities at this Convention. Council members then heard of President Gerry Koocher's initiative during his term of office, "Centering on Mentoring" and his interest in strengthening families. Chief Executive Officer Norman Anderson reported on convention pre-registrations which were running over 7,000. The final number of registrations for the Convention was approximately 8,500. All through the city of New Orleans, people seemed enormously grateful for the presence of APA. Remarks of appreciation ranged from cab drivers through hotel staff to the Lieutenant Governor of Louisiana.

Council approved the minutes of the previous meetings and passed a consent agenda. Then, as it has in its last two meetings, the APA Council of Representatives devoted considerable time to discussion of the ethics of psychologists' involvement in national security interrogations. Lt. General Kevin C. Kiley, Surgeon General of the U.S. Army, spoke about the work of psychologists in consulting to interrogation teams at the U.S. Naval Station at Guantanamo Bay, Cuba.

**. . . the Council adopted a resolution affirming the organization's absolute opposition to all forms of torture and abuse.**

Kiley emphasized his belief that military psychologists are able to do their jobs and adhere to the APA ethics code. Dr. Steven Reisner, a senior faculty member at Columbia University's International Trauma Studies Program, also spoke, expressing his belief that psychologists should not be present in any capacity at Guantanamo or places like it.

The Council also received an update on the continuing work of the APA Ethics Committee concerning the ethics of psychologists' role in national security investigations from Dr. Olivia Moorehead-Slaughter, chair of the committee. The committee is beginning work on a commentary/casebook which will address how to define such terms as cruel and degrading.

In separate action, the Council adopted a resolution affirming the organization's absolute opposition to all forms of torture and abuse. The resolution also reiterated psychologists' duty to intervene to attempt to stop acts of torture and abuse as well as the obligation to report any instances of torture

or other forms of cruel, inhuman or degrading treatment. The resolution also affirmed the centrality of United Nations human rights documents and conventions to APA policy.

Council also requested that APA President, Dr. Gerald Koocher, write a letter on behalf of the Council to all military psychologists and those working in the National Guard and Veterans Administration commending them for their many significant contributions and sacrifices.

Council also:

- Adopted Guidelines for the Undergraduate Psychology Major. The guidelines provide support to academic departments by describing a set of learning goals and outcomes for the undergraduate psychology major designed to improve the quality of learning and teaching in psychology. APA's Board of Educational Affairs (BEA) Task Force on Undergraduate Psychology Major Competencies drafted the guidelines. The guidelines ([www.apa.org/ed/resources.html](http://www.apa.org/ed/resources.html)) address development of competencies in students seeking entrance to graduate or professional schools, as well as those entering the labor force. The task force also developed a companion resource on effective assessment strategies for the competencies called the "Assessment Cyberguide." The guide is available online at [www.apa.org/ed/guidehomepage.html](http://www.apa.org/ed/guidehomepage.html).
- Adopted the report of the APA Working Group on Psychotropic Medications for Children and Adolescents. The report cites an urgent need for improved access to evidence based mental health care for children and adolescents and identifies serious gaps in the knowledge base for treatment of young people with mental health disorders. (A press release and full text of the report will be available the second week in September at <http://www.apa.org/releases/>.)
- Adopted the report of the APA Zero Tolerance Task Force. The Task Force reviewed 10 years of research on zero tolerance policies in schools and found that they *did not* have the desired effect of reducing violence and disruption and in some instances can actually increase disruptive behavior and drop-out rates. The report recommends that zero tolerance policies not be abandoned but that teachers and school administrators be given more flexibility in the implementation of disciplinary actions.
- Adopted the report of the APA Task Force on Socioeconomic Status and established a Continuing Committee on Socioeconomic Status. The Committee will look at the effects of socioeconomic status on



**Bonnie Strickland**

## APA Council...

psychological development and well-being.

The Council took two actions concerning the accreditation of programs in professional psychology. The first item adopted as changes to the Association rules the recommendations of the June 2005 Summit on Accreditation. The item included changing the name of the Committee on Accreditation to the Commission on Accreditation and adding to the membership of that body. The membership changes include additional seats for internship programs, postdoctoral residency programs, a diversity seat, as well the inclusion of open seats. Further, these changes highlight the continued efforts of the Committee/Commission for the inclusion of individual and cultural diversity in all aspects of the accreditation process. The second action deleted a clause in the Guidelines and Principles for Accreditation allowing for doctoral accreditation in "emerging substantive areas" and set forward a mechanism that allows for "developed practice areas" to be added to the scope of accreditation for doctoral programs.

Additionally, Council passed the association's 2007 budget that included reauthorization of the Association's public education campaign, modified the eight-year dues ramp-up schedule for early career members and increased the members' journal credit to \$55. Dues for 2007 will be \$270 for full members (dues increases are based on the consumer price index) and \$50 for APAGS members.

And, the Council passed an action item restructuring the Membership Committee into a Membership Board and creating a separate Fellows Committee reporting to the new Membership Board. This action requires a change in the association's Bylaws. The Bylaw amendment will be sent to the full membership for a vote in early November. If approved, the Membership Board will begin seating members in January of 2008.

Council was adjourned until February, 2007. Retiring Council members and officers were thanked for their good efforts.

Respectfully submitted,

*Bonnie R. Strickland, Ph.D.*  
Council Representative  
Society for General Psychology  
Division One



## Announcing ...

### **Portraits of Pioneers in Psychology Volume VI**

Edited by Donald A. Dewsbury, Ludy T. Benjamin, Jr., and Michael Wertheimer

Co-Published by APA Books and Lawrence Erlbaum Associates, Inc.

PUBLICATION DATE: June 2006

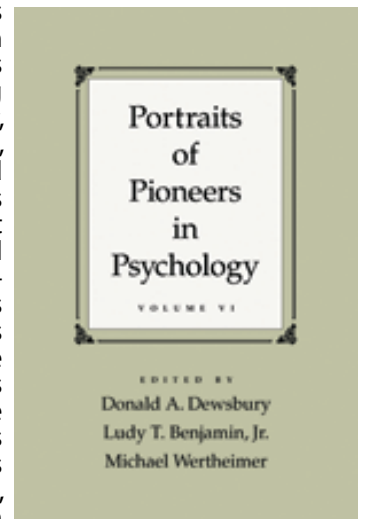
EDITION: Hardcover

344 pages

ISBN: 1-59147-417-5

MEMBER/AFFILIATE PRICE: **\$49.95**

The latest in the series *Portraits of Pioneers in Psychology*, Vol. VI pays tribute to several big names in psychology, such as Abraham Maslow, Henry Murray, Edmund Clark Sanford, James McKeen Cattell, Robert Woodworth, and Nobel Prize winner Niko Tinbergen, and some perhaps lesser known luminaries who nonetheless made significant contributions to the field. Among the many inspiring accounts is that of the challenges faced by Kenneth Clark, the first African-American president of the American Psychological Association, whose scholarly work on racial prejudice and efforts to unite social science and social activism helped lay the groundwork for the landmark Supreme Court ruling in *Brown v. Board of Education*, which ended segregation in the schools.



Through this collection of 17 biographies emerges a sense of excitement and of the often challenging work that shaped research and practice across a range of fields, including clinical and counseling psychology, child psychology, individual differences, comparative psychology, emotions, experimental psychology, industrial/organizational psychology, and sport psychology. The chapters, compellingly written by individuals who have contributed significantly to the field the history of psychology, will capture the interest of graduate and undergraduate students, faculty members in psychology, and scholars in related fields. A unique feature of this volume is a complete list of the subjects and authors covered in the entire series, with descriptors to enable instructors to easily find relevant chapters to supplement their courses in substantive areas of psychology.

# Quasi-Random Samples ... from New Orleans



lineup of Fellows and Officers



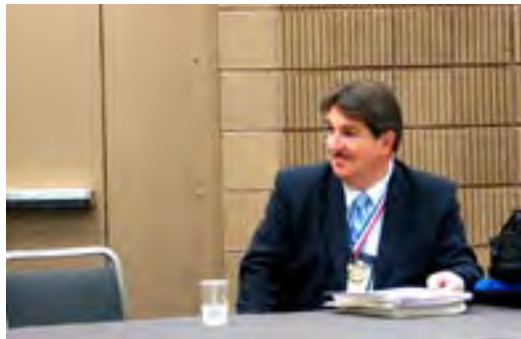
Café Du Monde for jazz & beignets



socializing at the Fellows breakfast



Salovey stops to salivate over sweets



lots of listening . . .



remembering George . . .

# On the Uses of Theory<sup>1</sup>

by Henderikus J. Stam - University of Calgary



Hank Stam

Division 24, now called the Society for Theoretical and Philosophical Psychology, came into existence in September of 1962 at the APA Convention in St. Louis. It was founded in response to a general belief that philosophical questions had a place in post-war psychology, particularly in the form of those issues raised by Humanistic Psychology and Phenomenological-Existential writings which had become available in translation after WWII (see Williams, 1999 for a history of Division 24). In addition, the early 1960s saw the arrival of the first information-processing metaphors in psychology, and the 1950s had also seen a broad-scale reevaluation of the behaviorist programs of mid-century, published in the six volume American Psychological Association/NSF-sponsored study of the status of psychology (Koch, 1959-1963). APA had invited renowned philosopher Herbert Feigl to address the convention in 1958, and hence interest in the question of philosophy and its relationship to psychology seemed both appropriate to the new developments in the discipline and to broader cultural changes in American society. Early presidents of the division included a broad spectrum of psychologists, such as Gardner Murphy, Sigmund Koch, David Bakan, Mary Henle, Karl Pribram and Virginia Staudt Sexton.

Division 24 has changed a great deal since this time but one purpose that it has not abandoned is its continuation of the conversation on foundational questions in the discipline. Recent volumes of the *Journal of Theoretical and Philosophical Psychology* as well as recent convention programs demonstrate an ongoing commitment to exploring both the philosophical foundations of contemporary psychology and the need for "epistemological diversity" as Scott Churchill recently noted. In addition, the division established a task force in 1995 to encourage the creation of theoretical psychology as an official subdiscipline (see the resulting *American Psychologist* paper published by Slife and Williams in 1997). It should be noted however that members of Division 24 are generally also members

## What psychology inherited from the age of theory was a standing commitment to the notion that theory is the end and aim of its labors.

of other divisions and many have their primary affiliation elsewhere. Division 24 acts as a vehicle for dialogue and discussion with many areas and problems of psychology, including history, gender, ethics, minorities, clinical, counseling, humanistic, social, and more.

In what follows I will try to express some of the concerns that contemporary psychology throws in the way of philosophy and theory, although it is strictly my own view and does not reflect the multiple and varied views of members of the Division.

The use of the term *theory* in general psychological writing is rather ambiguous. It is often a placeholder for a variety of unknowns that serve to keep us from leaping to firm conclusions while otherwise formalizing hunches and guesses. We may have some "empirical evidence" for the case at hand, but the theory supported by that evidence is, of course, always underdetermined. This means only that no empirical results bring finality to our theoretical frames, a problem described in its clearest sense by Willard Quine (1951/1980) in his

well-known article "Two dogmas of Empiricism."<sup>2</sup> Among others, this marked the outset of a several decades long argument and historical reevaluation of the sciences that has demonstrated repeatedly that the distinction between *theory* and *fact* is a rather dubious and unhelpful one in evaluating science, its results, its methods, and its products.

In psychology there are various uses of the term theory, frequently derivative of other domains of knowledge. For example, theory in an older sense of a *learning theory* was deeply ingrained after mid-twentieth century attempts to formulate comprehensive theories for the phenomena we associated with behaviorism. Attempts to create an overall theory of learning were driven by hypothetico-deductive frameworks, such as developed in the work of Clark Hull, even as they were rejected by Skinner who famously asked in 1950, "Are theories of learning necessary?" (Skinner, 1950). His answer was negative while he disingenuously entered into an argument for theory of a different kind than was then dominant. But as Sigmund Koch long ago noted, this "age of theory" passed as a feature of the renewed commitment to alternative formulations associated with new practical areas such as clinical psychology, as well as the importation into psychology of information theory and the computer metaphor. Thus what passed for theory in psychology was transformed roughly 40 years ago, just at that point where Division 24 was formed.

What did not change, and what psychology inherited from the age of theory, was a standing commitment to the notion that theory is the end and aim of its labors. This view is an outcome of one understanding of logical-positivism even as it is simplistically viewed as the aim of all science. I will refer to this as a "received view on theory" that is still held as a standard view in some corners of the discipline. Briefly it consists of the claim that one does not do empirical work merely to discover something or test one's hunches, but rather that the most valued of empirical endeavors, those viewed as strictly experimental, are to test, validate, overturn or challenge theory. Indeed, the aim is to build generalizations that might become "laws." Hence theory-building and theory-testing are viewed as the most prestigious of activities in the science of psychology and are generally touted as superior for their abilities to test causal relations, as opposed to work conducted using correlational or other non-experimental designs.

Aspects of these features still exist in psychological notions of theory but in general the understanding of theory in philosophy of science is now much broader and less constrained. First of all, the picture I painted in the previous paragraph would be viewed by most philosophers of science as smacking of "scientism," (the exaggerated application of science to all areas of human endeavor). The sciences, or rather that family of approaches to the natural world that we, for the sake of convenience, categorize using the label of "science," does not adhere to a single method, nor do they seek to develop a single kind of "theory." The astronomer seeking to understand a pulsar or neutron star is now investigating a phenomenon that was, until Jocelyn Bell confirmed them in 1967, a "theoretician's fantasy" (Schutz, 2003).

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That kind of theory is merely a distant cousin to, say, the theory of social evolution in microorganisms (e.g., West, Griffin, Gardner & Diggle, 2006). But theory in physics is a highly unusual game, driven by mathematics in a way that psychology neither approximates nor would perhaps wish to emulate. And it is a far cry from work in say, biochemistry, geophysics or neuroscience. The first question concerning theory then is, if the sciences do not have a single conception of theory, should psychology?

Given the lack of unanimity on the nature of theory in science generally, it is surprising that psychology has settled, in the main, for a highly restricted kind of theory. For theory has come to be defined, at least in the past 50 years of the discipline's human research endeavors, as a functional entity. By this I mean the notion that psychological objects and properties are not realistically but *heuristically* defined. These heuristic, functional accounts can be cognitive, behavioral or even psychodynamic and are frequently fused to various biological and neuropsychological accounts. Driven by the need to give a version of theoretical statements in the language of variables, these heuristically functional descriptions make no commitment to real entities but are functional descriptions of properties that are defined according to how they act rather than what they are. For example, modularity in cognition refers to a functional property, just as notions such as short-term memory do, despite their ubiquitousness in psychological literatures. They are functional insofar as their presence must be inferred from functions. The field of personality psychology is populated with thousands of functional entities (e.g., self-presentations, expectancies, self-definitions, self-verification, infra-humanization, and so on, being examples from the last several years of the *Journal of Personality and Social Psychology*.) The literature on clinical psychology, developmental psychology, and so on would generate equally long lists of "variables" or functionally defined entities that are almost wholly described by procedural fiat. (Perceptual and psychophysical cases are more complex and hence not included in this discussion.) These functional entities are largely invented anew at a high rate and their relationship to one another appears to be of little concern to the research community. On the one hand, their inherent flexibility and manner of reproduction allows even the neophyte to produce research topics and research studies with very little training or background. On the other hand, it encourages a proliferation of hypothetical entities such that there is little observable progress or concern for the ontological status of these entities. There is no limit to the kind and degree of functional entities that can be introduced and become a focus for research.

What I am not saying, however, is that the unlimited nature of functional descriptions is a kind of relativist merry-go round. It is not. For there is typically some empirical content that grounds such descriptions in any *individual* study or experiment. For example, we have descriptors for memory processes that are described empirically in any one study or research program. We do not have an empirical limit however to the extent and kinds of descriptors that can be generated; that is, the pool of functional entities to describe memory remains indefinite. A quick perusal of the literature informs us that we can use such functional descriptors as sensory, short, and long-term memory; autobiographical memory; recognition memory, as well as numerous models of memory and attendant processes such as encoding, maintenance, retrieval, and so on. Each of these terms is frequently associated with a particular research program and sets of methods that have come to define the content of the program. One might argue this is as it should be! Fine, save for the one question that remains for us to consider, namely, What is memory? Beyond individual acts of remembering, is there such an *object* as *memory*? This might in fact be the wrong question but I leave that for memory researchers to decide. I want to note

here that a response in terms of neuropsychology and the fundamental attributes of brains, while important in its own right, does not answer the irreducible *psychological* question of acts of remembrance that we have reified as memory.

The emergence of this functional strategy in psychology has a venerable history, too complex to recount here. In short, it derived from earlier forms of functionalism that existed at the turn of the 19<sup>th</sup> to 20<sup>th</sup> century. These were overshadowed for many years by behaviorism, which tended to concern itself with a mechanical thesis (at least in its Hullian variety) wherein internal states, such as they were, could be understood in terms of surface behavior. The assignment of intermediate causal roles to internal states, particularly mental states, in cognitive psychology was premised on the notion that mental states do interact with one another in such a way that reading their contents off behavior was not permissible. But functional states in the new cognitive psychology are "characterised extrinsically" (Ross & Spurrett, 2004) in as much as their importance is determined by the difference they make to observable states. That is, a functional state is characterised extrinsically when it is posited as an unobservable state between a stimulus and a response that counts only if it

makes some difference observationally. It is here that functionalism is agnostic with respect to internal states; it is concerned with interactions of observable states and it does not matter what it is that plays the functional role in question (Ross & Spurrett, 2004). Explanatory expedience is more important than ontological sufficiency; how to account for observable events using the shortest possible route and the most parsimonious set of functional entities. Hence the claim that functionalism serves to propagate a form of neo-behaviorism.

## Psychology has settled, in the main, for a highly restricted kind of theory.

This version of functionalism, which I have called "heuristic functionalism" after Margolis (1984), also referred to as "role functionalism" (Kim, 1998), is either in danger of sliding into dualism or reductionism. It slides into dualism because it does not commit itself to real properties, but it is in danger of sliding into reductionism because it carries a promissory note that eventually just those functional entities that remain imprecise will be known as science allows. That is, once properly understood, a functional account will one day be reduced to some version of neurophysiology. I don't intend to recap the arguments against versions of reductionism here (e.g., Garrett, 1998) save to add that any serious psychology would cease to exist and the original phenomena of psychology would be eliminated from the explanatory canons of science in favor of those of a neurophysiological nature.<sup>3</sup> Again, this is not to say that neurophysiological accounts of human functioning are not important or relevant to psychology: They are. It is just that a reductive language would find itself incapable of articulating the very phenomena of psychology that make those phenomena important and relevant to us.

As I have argued elsewhere, there are many reasons for this restriction of theory (Stam, 1996, 2004). Methodological prescriptions along with a heuristic functional framework have allowed psychology to constitute psychological theory, method, research and results in a way that clearly demarcates the discipline from other disciplines and acts as a gatekeeper to alternative theory. The capacity to multiply functional entities indefinitely makes the process open-ended without seeming anarchic. Furthermore, without a commitment to the kinds of processes that are psychological, the discipline moves between the Scylla of dualism and the Charybdis of reductionism. At the same, time the extrinsically characterized, neo-behavioral con-

# Stam on Theory

ception of entities ensures that fields of enquiry continue to be pre-occupied with the search for mechanistic like properties that can be multiplied across research studies. Hence, for these and other reasons this restriction of theory works to maintain a certain unified sense of what constitutes a psychological object or property and how is it to be explained. Needless to say there are many other versions of psychological theory that do not fit into this rough schema I have outlined. Let me briefly note a few consequences for epistemological diversity in the discipline.

**W**hat makes our insistence on "theory" important in Division 24 and in other organizations devoted to broadly conceived theoretical problems in psychology (such as the International Society for Theoretical Psychology) is that human activity is not captured solely under the guise of functional descriptions. The characteristic features of human psychology exist only within shared human linguistic and cultural practices, even as some of those features may be given a causal account from the perspective of say, neurophysiology or neurobiology. Those features of our existence most relevant to our daily existence, such as human relationships, status, meaning, striving and the like, are inherently tied up with a moral and social world and as such have characteristics not accounted for solely by infra-psychological attributes. This means that there are a great many problems in psychology that are not immediately empirical problems. They concern the broader problems of the nature of the self, the place of language as a constitutional factor of the self, the social nature of that self-in-language, the human quest for meaning and understanding, the ethical dimension of social existence, the nature of a therapeutic relationship, and so on. While there are inevitably empirical programs that can bring aspects of these questions to light, it is also the case that misguided empiricism can obscure such questions. Hence these foundational and philosophical issues remain of general importance to the discipline as a whole.

It should be obvious that this use of the notion of theory is removed from that developed in the established sciences, such as the biological sciences, physics and so on. There is no single use of the term theory to be found here. Sometimes theory is equated with the mathematical expression of a problem that has at least some limited observational support but at other times it is merely the reflection of the limits of knowledge. The wide variety of uses of theory in the social sciences, and their proliferation

**There are a great many problems in psychology that are not immediately empirical problems.**

into realms such as literature (e.g., witness the wide usage of the term theory in Cultural Studies and Literary Theory) means that the domain of theory should be carefully qualified.

**O**n a final note, I would add that the so-called "theory wars" (or more broadly, the "culture wars") in humanities faculties of the past decade or more<sup>4</sup> have led committed empirically minded social scientists to view with skepticism all attempts to "teach and preach" theory as a separate domain of inquiry. Some of this skepticism is warranted, no doubt, given the excesses of theory that characterized some of the debates, even in psychology. For example, note that the political commitments of institutional psychology (decidedly "liberal") as well as the sheer size of institutional psychology make it possible for a determined critical counter-voice to exist at the edges of the discipline. A self-professed Critical Psychology with its own conferences and own journals now exists within psychology and has formulated important alternatives to what is viewed as the hegemony of mainstream theory (see, for example, Fox & Prilleltensky, 1997). At the same time it remains a loyal opposition by virtue of

the fact that its content is often formulated just *as* opposition. Theory is indeed, in the words of Gary Genosko, unstable, ambivalent, and "undisciplined" (Genosko, 1998). On this view, theory is troublesome for extant disciplines. Not surprisingly much theoretical work is then also marginal with respect to the discipline of psychology proper. The historically changing, socially organized activities that we call "psychology" are themselves open to constant reinterpretation and, not surprisingly, so are its theoretical activities.

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## Notes

- 1 Several aspects of this brief contribution are discussed in my article in the *History and Philosophy of Psychology Bulletin*, 16(2), December 2004, 3-9. I am aware that most of the topics in this piece require much more by way of argument and example; I plead rhetorical convenience by virtue of the nature of the publication and invite reader's comments, which should be directed to me at [stam@ucalgary.ca](mailto:stam@ucalgary.ca).
- 2 These are *the dogma of the distinction between analytic and synthetic truths and the dogma of reductionism*. It would take me too far afield to discuss the full implications of Quine's refutation of these two dogmas.
- 3 The treatment of functionalism has been too short to indicate the widespread use of functional accounts in all of the human sciences as well as the natural sciences. The presence of certain functional terms (e.g., gamete cells) in biology, for example, is well established even though these are frequently more precisely delimited.
- 4 The predictable backlash has been the "end of theory" movement that, in its worst moments, is little more than the practice of theory under another name.





# Writing in APA Style: The Style We Love to Hate

by Bernard C. Beins, Ithaca College



Barney Beins

As far as I can tell, nobody has tabulated the number of ways that a writer could violate APA style in producing a write up. (For those of you keeping track, I just violated a rule. At the end of this article, you can view the errors I've embedded. Surely, I haven't gotten them all, though.) The possibilities are staggering. In the current publication manual of 468 pages with 380 sections with rules that one could violate, there are more potential errors than any of us would probably want to imagine. Many of the guidelines are quite trivial, triviality being in the eye of the beholder, of course; but quite a few of the rules relate to competence in writing, and writers are urged to attend to them.

Psychological writing has come a long way. The first APA style guide appeared in 1929; it was all of 7 pages (Instructions in regard, 1929). The most recent manual bears little resemblance to the initial set of guidelines. I suspect that we might be happier if APA kept the length of the manual to 7 pages, but we all know that is not going to happen.

Going back to the 1929 instructions, you will see less standardization with respect to prose style. The committee that produced the guidelines commented that "the committee realizes that it neither has, nor wishes to assume, any authority in dictating to authors, to publishers or to editors" (p. 57). Some current psychologists believe that APA's *Publication Manual* is dictatorial in nature (e.g., Roediger, 2004), as do many of my own students.

The first set of instructions reveals a very different world of publishing. Quite a bit of the style guide is devoted to the physical act of preparing a manuscript, although the authors did suggest that "the writer who is incompetent in spelling, grammar, or syntax should seek help" (p. 58). Incidentally, the first publication manual would not pass muster today. There are 18 passive voice verbs in the three paragraphs outlining the general form of the manuscript.

The authors also remonstrated about the "intemperate and unjustified use of capital letters" (p. 58). It is easy to understand their statement about poor writing style, but why the objection about capital letters?

In those days, a compositor worked from an actual typescript, creating lines of text using those movable characters that

**An interesting development in this style guide was an explicit recognition that some psychologists were females.**

Gutenberg invented. The compositor had to literally reach into a different set of boxes for capital letters. These boxes sat above the small letters, which is where we get the terms *uppercase* and *lowercase*. A compositor had to take the extra time to reach into the upper case to get the capital letter, so it would cost more.

It isn't clear how much the compositor earned in 1929, but according to the 1944 version of the publication manual, APA paid printers \$2.50 per hour for making corrections after a manuscript had been typeset (Anderson & Valentine, 1944). At that point, intemperate use of capital letters could conceivably lead

to a cost of fifty cents or more.

The first publication manual stressed that tables and figures were expensive, so authors should keep them at a minimum. The current edition of the *Publication Manual* still talks about excessive use of tables which still have to be manually created, even though such creation does not still involve the use of movable type. Authors paid for half the cost of creating a table, approximately \$3.00 for a full page of tables in 1944, and up to \$6.00 to \$12.00 in 1952.

(The authors of the guidelines asserted that "every figure and every computation should be proved beyond the possibility of error" (p. 61). This use of the word *proved* meaning to test or investigate is obsolete now, but that meaning is the source of the maxim *The exception proves the rule*. This expression certainly does not mean that an exception to the rule shows that a rule is true. That makes no sense whatsoever. Rather, the expression means that the exceptions *proves* (i.e., tests or probes) the rule. So the real meaning of the expression is that an exception can test the rule to see if it is valid. As far as I am aware, the sole current use of *prove* in its meaning to test is in the phrase *proving ground* where military ordnance is tested.)

Figures were more problematic than tables from the viewpoint of an author. Authors today take for granted software that produces useful graphs. But early in the 20<sup>th</sup> century, somebody had to get their bottle of India ink and a fountain or calligraphic pen for an illustration. In the 1944 version of the manual, over 15 percent of the guidelines are devoted to creation of figures, illustrations, and graphs.

Similarly, over a quarter of the 1944 version dealt with formatting references. Unlike the current edition, the sheer variety of references did not take up significant space. There were only eight different types of reference in the 1944 style guide. The bulk of the material on the bibliography (six pages) involved a listing of the abbreviations that authors were to use in citing previous work, including *Z. Papapsychol.* (*Zeitschrift für Parapsychologie*—Journal of Parapsychology). The listing of sources reveals a much different discipline, more international than today. The publications came from the United States, Germany, the current Slovakia, Argentina, France, Switzerland, and others places.

Once an editor had accepted a manuscript, the publication lag was 6 to 12 months (in 1944) or to 8 months (in 1952), although an author could have his or her manuscript published sooner by paying the total cost of the compositor who would be setting the type. During the war years, the paper shortage precluded this option; in 1952, the cost was about \$15.00 per page.

## The Emergence of the Current Style

The 1952 guidelines (Publication manual, 1952) began to show resemblance to our current edition. For the first time, the manual mentions tests of statistical significance, but without guidance

# Beins: The Style We Love to Hate

as to how to present them. The sections of the journal articles were close to the current organization of articles, although the summary still appeared at the end. The abstract was not part of the article, but was intended for publication in *Psychological Abstracts*.

The 1952 style guide expanded on some of the more mechanical elements of writing, such as using italics (generally, don't); hyphenation (generally, don't); commas (use them freely); footnotes (generally, don't); appendixes (don't); and hyphens, "a demon among punctuation marks" (p. 407; be careful).

As late as 1952, however, the style guide was still largely bereft of recommendations about writing style, word choice, etc. The authors specified that "the main requirement is that authors should have something to say and should know how to say it" (p. 399).

This version also lacked the occasional attempt at humor that appeared in the previous version, such as the 1944 discussion of hyphenation of compound words, about which the authors said "it is only in the English language that a gentleman can take unto himself a gentle-woman and beget a generation of gentle children" (Anderson & Valentine, 1944, p. 352).

One change to the 1952 version was a list of abbreviations that psychologists were likely to use in writing references. This time, American journals receive prominence, with certain foreign words and their abbreviations being listed (e.g., *allg.* to mean *allgemeine* [general]). Again, the listing illustrates the difference between psychology (and psychologists) then and now. Abbreviations in languages other than English might come in handy, although the importance of German in this postwar list had declined. Such lists disappeared in later editions.

The 1952 version set the stage for later edict-like pronouncements in the style guide, in which guidelines began evolving into regulations. The authors commented that "it now seems desirable to eliminate all unnecessary idiosyncrasies due to historical accidents in the backgrounds of the journals" (p. 390). So not only did the acceptable format of journal articles begin to move toward current style, but so did the quest for standardization of presentation.

## Recognition of Biased Language

An interesting development in this style guide was an explicit recognition that some psychologists were females. In the reference list, if an author was a woman, her first name appeared after her last name, not her initials. For men, the default gender for psychologists, initials would suffice.

With the appearance of the 1974 edition of the *Publication Manual*, manuscript preparation was in essential agreement with the standards of 2006. The placement of the date in references was still after the journal name, but beyond that, a published article in the 1970's would be largely indistinguishable from one today in terms of format.

The writers of the 1974 *Publication Manual* noted that in 1929, APA could "gently advise its authors on style because there were only 200 or so who reached print in the 4 APA journals" (Publication Manual, 1974, p. 5). Further, the tightening

of rules of style, they said, "affirmed the maturing of psychological language" (p. 5), with psychology falling in line with other scientific disciplines.

The recognition of sexist language received its first notice at this point. The manual cautioned writers to be alert to the newly emerging style that eliminated the use of the generic *he* to represent people in general. The discipline would have to wait for recognition that other groups should receive consideration in the way authors described them. In the 1983 manual, explicit recognition of writing that is biased with respect to sex and ethnicity appeared (Publication manual, 1983). The manual listed specific alternatives to the biased language, initiating the increasing attention in the style guide to bias and stereotyping in the way writers label and describe people. The six pages in 1983 grew to 15 and 16 pages in the two most recent editions. The obvious intention behind the guidelines is reducing linguistic bias, although it isn't always clear to some why certain forms of expression are biased.

But let's get to the most important topic: Why do we have to call subjects *participants*? Actually, we don't have to call them participants. The manual states that writers should use *participants* (or other more descriptive terms) rather than *subjects* "when possible and appropriate" (Publication manual, 2001, p. 65). In fact, the manual refers to "subjects" in describing how to identify those who participate in research and states that the guidelines are not rigid rules; the goal is to describe people with respect.

The designation of participant is not, in concept, new. In the initial style guide of 1929, authors were encouraged to note information about "subjects, observers or reactors, ..." (p. 59). So those who were reactors are now participants. And we have come full circle. It just takes 432 more pages in the publication manual to close this circle.

## Do Psychologists Need Guidance on Writing?

As a reader of journal articles, a reviewer of manuscripts, and a grader of student papers, I have concluded that psychologists need a lot of guidance on writing. I am not alone on this. Bruner (1942), an Editorial Assistant at APA, commented that in writing, a psychologist "bends all his efforts to the paradoxical search for the most colorless expressions, the least pointed, and the most roundabout" (p. 53), all the while resorting to "tortured circumlocutions of the passive voice" (p. 55).

She made what I think is a profound suggestion in writing: to choose some imaginary or real person to whom to address the prose, rather than writing for an abstract audience. She also wonders, "Why is everyone afraid of humor?" (p. 57). There are ways, she noted, to minimize the chance that the reader will doze by the wayside.

Bruner also commented on the importance of the introductory paragraph in enticing the reader. "The first paragraph scanned by the reader is, customarily, the first paragraph at the beginning of the article. This fact, so obvious in the saying, seems nevertheless to be news to many an author" (p. 61). If you read contemporary journal articles, you may very well conclude that it is still news to many an author.



# The Style We Love to Hate

My students have applied adjectives to my critiquing of their research papers. The word *anal* comes to mind, for instance. I have made a standing offer to my students that any paper without a single deviation from APA style will earn the student an automatic grade of A. I estimate that about a quarter of all papers lose that grade on the title page. The quest continues, though.

Secretly, I hope that no student ever commits the *Publication Manual* to memory with the hope of gaining the “easy” A. There are many more things in life worth learning.

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## APA Style Violations in This Article

If you don't believe me, as Casey Stengel used to say, you can look it up. The number in parentheses next to each error here is the paragraph number in which the error occurred.

(1) *Write up* is too colloquial; use *report*. The use of the first-person singular pronoun, *I*, is appropriate according to the *Publication Manual*, as long as I don't overdo it.

(1) *Writers are urged* uses a passive voice verb. As we all should know (but many don't), excessive use of passive voice verbs is a sure way to generate turgid prose. For those of you who urge your students to use active voice verbs, check to see if they know the difference between passive voice and past tense. Some don't.

(1) Incidentally, I shouldn't be using contractions because they are too colloquial. Although there is no APA style rule against using contractions *per se*, by implication we should avoid them. But I hope you'll forgive me this lapse.

(2) I used the numeral 7; we write out numbers less than 10.

(4) We should avoid vague or indefinite phrases like *quite a bit*.

(6) Should we split infinitives, as in *to literally reach*? Purists say no, but teachers of writing have relented. The rule appeared because of a silly attempt to make English grammar correspond to Latin grammar. In Latin there are no split infinitives because an infinitive in Latin is a single word, not a phrase. Ergo, we should not split them in English. We are still paying the price.

(8) The manual cautions against anthropomorphism. As such, a manual cannot *talk about* anything.

(8) There should be a comma between *tables* and *which*. The word *which* relates to nonrestrictive clauses and is set off from the rest of the sentence with a comma. The word *that* pertains to restrictive clauses and does not involve a comma. We use *that* when a clause is necessary for the meaning of the sentence, whereas we use *which* when a clause contains information that expands on the sentence but that is not necessary for the main point of the sentence.

(9) We are not supposed to use parentheses within parenthetical material. Instead, use brackets within the parentheses.

(10) There is number mismatch between *somebody*, which is singular, and *their*, which is plural.

(10) We are supposed to use the percent sign (%) when it follows a numeral.

(12) The *Publication Manual* says to avoid repeated use of “his or her,” but occasional use is acceptable.

(15) Use Latin-derived elements only within parentheses. For example, *etc.* and *&* appear within parentheses, whereas *and so forth* and *and* appear outside parentheses. The exception is the use of *et al.*, which we use regardless of parentheses.

(19) As a rule, *female* and *male* are adjectives in APA style; *women* would be a better choice of wording here.

(20) To render a number plural, the letter *s* suffices. An apostrophe is unnecessary and unacceptable.

(References) The use of Katherine Bruner's first name would not have been an error in 1942.



## William James: "What is Emotion?"

by Wayne Viney

Colorado State University

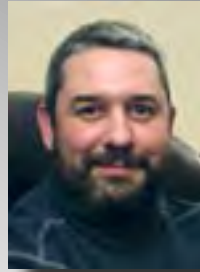


Wayne Viney

Myers (1986) points out that James's theorizing on emotion "commanded more interest than any of his other psychological contributions" (p. 215). Unfortunately most of the reactions to James's theoretical work have been limited to his well-known article titled "What is an Emotion?" (1884/1983). This article was later amplified in *The Principles of Psychology* (1890) and in a follow-up defense of the original theory titled "The Physical Basis of Emotion" (1894/1983). An analysis of James's views on the role of emotion in the stream of experience should not, however, be limited to these early works. The study of emotion was a life-long project for James and was manifested in *The Varieties of Religious Experience*, where he spoke of the role of emotions in such topics as religious conversions, mystical states, and the nature of personality (1902/1985). In *Talks to Teachers* he explored the utility of emotional control in learning situations (1899/1983). Following his experience of the San Francisco earthquake of 1906, he wrote about paradoxical emotions such as feelings of euphoria in the presence of danger (1906/1983). His major philosophical works repeatedly highlight the role of affect in belief systems and assessments of truth (1896/1956; 1912/1976, and 1911/1979). Any analysis based exclusively on James's early theorizing on emotion runs the risk of missing his position altogether. The purposes of this review are threefold: to sketch the sources and context of James's interest in emotion, to interpret the theory set forth in the classic 1884 article in the context of his larger vision, and to briefly assess the status of James's theory.

### Sources and Context of James's Interest in Emotion

James's abiding interest in emotion may have had its origin in family and personal history. His father, Henry James, experienced an emotional breakdown initiated by a panic attack, followed by bouts of intense anxiety and depression. During his convalescence Henry withdrew from family activities including the care of the children. Like his father, William James, in his early years, experienced recurring intense anxiety and depression. He experienced psychosomatic symptoms throughout his life.



Christopher Green

Of all the luminaries in psychology's past, the one whose work probably continues to be most read is William James. And of all of his many popular works, the one that is probably most often still assigned in college courses is his 1884 *Mind* article, "What is an Emotion?" Published quite early in James' career—six years prior to his landmark textbook *Principles of Psychology*—James's view of emotion continues to pique our interest in a way that few 120-year-old psychological theories do. For all that, the context in which "What is an Emotion?" was written is not well understood by many of those who read it. So for this edition of *RetroReviews*, I have asked a specialist in William James' work, Wayne Viney of Colorado State University, to help us disentangle some of the historical knots in which this well-known piece is caught.

One can find James' original article on-line at the History of Psychology Web site: <http://psychclassics.yorku.ca/James/emotion.htm>.

His sister Alice, though gifted intellectually, suffered a long succession of nervous disorders.

James's interest in emotion was also triggered by his disdain for much of the intellectual history of emotion which focused on description and classification. This emphasis in classifying emotional expressions dates from early times in the works of artists, philosophers and scientists. Scientific interest in the subject blossomed in the late 19th century, partly as a result of Charles Darwin's *The Expression of the Emotions in Man and Animals*. Darwin's book was followed by an outpouring of publications in magazines and scientific journals. In the late 19th century, there was also widespread interest in sex differences in emotional expression, fed partly by the suffrage movement. Although James recognized the scientific value of classification and accurate description, he likened the interest value of classic works on emotion to "verbal descriptions of the shapes of the rocks on a New Hampshire farm" (1890, Vol. 2, p. 448). He advanced his theory in the hopes of moving to a more substantive understanding of what it is we experience when we experience an emotion.

James's interest in emotion also had its source in an area that, to date, has been largely neglected. As a psychologist and a philosopher, he returned again and again to the problem of truth. In fact, he defined pragmatism, not just as a method but as a theory of what constitutes truth (1907/1943, pp. 54-55). In major works such as *The Will to Believe*, *Pragmatism*, and *The Meaning of Truth*, James expressed his belief that the cognitive arena is not the exclusive source of our persuasions of truth. For James, "Our passionate and volitional natures lay at the root of all our convictions" (James, 1896/1956, p. 4). The nature of the relations between truth and emotion remained a vexing confusion for James, but his major works continually illustrate how these two interests fed off of each other.

# Viney on James

## The Early Theory and Its Later Elaborations

As noted earlier, James hoped to move discussions of emotion beyond mere classification and description. Further, he had doubts about the existence of any kind of disembodied *mind-stuff* emotion. His most succinct statement of his thesis is that "*bodily changes follow directly the PERCEPTION of the existing fact, and that our feeling of the same changes as they occur IS the emotion* (James, 1884/1983, p. 170; italics and capital letters are in the original version). James argued that a purely cognitive approach to emotion, devoid of a "feeling of" bodily activity, would result in anemic, pale, and colorless mental states. In fact, he declared that "A purely disembodied human emotion is a nonentity. . . . emotion dissociated from all bodily feeling is inconceivable" (James, 1884/1983, p. 174). He acknowledged that this thesis, independently set forth by the Swedish physiologist Carl Lange, flew in the face of common sense and thus would be difficult to believe.

One of the early criticisms of James was that he denied the evocative nature of sensory or perceptual information, but as noted by Myers (1986), James believed "that consciousness is inherently impulsive and that ideas or states of consciousness, unless inhibited, are always translated into behavior, it would have been inconsistent with his basic convictions to have denied causality to emotions by downgrading them to mere epiphenomena" (pp. 226-227). James found it impossible to separate instinct and emotion and noted that objects of emotions such as fear or rage provoke outward behaviors and a host of organic functions. He never denied that a sensation may be toned with a sense of danger or may evoke a startle reaction as in sudden stimulus changes. One may be activated in very complex ways to leap backward in an unexpected encounter with a snake, but according to James, careful introspection reveals that the attendant emotions and organic reactions are wrapped and rolled or "beaten up together in our consciousness" (1894/1983, pp. 306-307). The feeling of all the changes is the emotion. Emotions thus evoked may also participate with other mental events in guiding subsequent actions.

Another criticism of the theory is that bodily changes may be nearly identical in very different emotions. There may be tears associated with pain, joy, loss, rage, hope, or fear. One may run for any of a variety of reasons and the emotions associated with the running may be different. The theory, however, is not threatened if one symptom is common to several different emotions especially when we remain in ignorance about the multitude of other organic variations associated with each emotion.

It should also be noted that James never ruled out the complicated effects of social or intellectual context on somatic and subjective processes. James's emphasis on the extreme variations in visceral, neuromuscular, and contextual sources of variation raised questions as to whether there could ever be anything approaching a definite emotion or a unifying concept with respect to any specific emotion such as anger. James's reply to this problem was twofold. First, he noted that bodily changes occur within limits, resulting in functional resemblances that permit us to engage in naming. Thus there are markers for emotions such as anger or fear. The second part of James's reply

is crucial to an understanding of his larger vision and leads to a cutting-edge contemporary debate. James (1894/1983) said "Surely there is no definite affection of 'anger' in an 'entitative' sense" (p. 304). Barrett (2006) has recently pointed out that James "explicitly rejected the idea that a single-set of bodily symptoms could describe all instances of a given emotion category across individuals" (p. 42). Clearly, James's views on emotion amount to a carefully nuanced theory and may be somewhat similar to contemporary theorists such as Barrett who have raised questions about whether emotions are natural kinds.

## Current Status

James suggested that his somatic thesis could be overthrown if one could demonstrate robust emotional responses in patients with profound corporeal anesthesia as encountered in some spinal injuries. In his 1884 and 1894 articles, he dwelled at some length on case histories that appeared to demonstrate emotional blunting following spinal injuries. Though he saw these cases as supportive of the predictions of his theory, he acknowledged the difficulty of studying the relationship between anesthesia and emotional apathy because there is almost always some remaining degree of visceral or muscular sensibility following an injury. The problem of emotional processing in quadriplegic patients remains as a vexing research topic, but results have been found that are consistent with James's predictions. James's thesis might also be challenged if emotional responses could be generated by central stimulation of specific brain structures such as the lateral hypothalamus. Such stimulation, however, as noted by Papanicolaou (1989) "echo well beyond the target area to which they are delivered" (p. 117). Further, Papanicolaou argues that "no evidence is now available indicating that the body is not a necessary condition of emotion (p. 127). James's thesis is not presently challenged by fMRI studies that uncover localized activation patterns associated with specific emotions. Such patterns may simply register what is going on elsewhere.

## Conclusions

James emphatically denied that his theory represented a form of reductionistic materialism. He argued that it is in experience itself that one encounters the evidence for the position. Experience was the metaphysical ultimate in James's radical empiricism (Crosby and Viney, 1992). Although the theory continues to have detractors and supporters, it is all too rarely evaluated through the wider lens afforded by the larger corpus of James's works. James the philosopher was there in the work of James the psychologist and James the psychologist continued to be there in the work of James the philosopher. A careful reading of both the psychological and philosophical literatures will yield new insights and more accurate assessments of the complexity and relevance of his theory.

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## *The next issue of TGP: In the Canaries with Köhler*

A vacation in the Canary Islands, off the coast of Morocco, seemed like the perfect opportunity to look for traces of Köhler's old lab. All I had to go on was a Googled Web site, displaying the following indistinct image of a building, along with some Spanish-language text suggesting that the lab still existed, in ruins, somewhere on the coast.



Here's a glimpse of what I eventually found in a weedy field on the northern coast of Tenerife:



In the Winter issue of *The General Psychologist*, I'll share more photos, along with the story of the search for, and eventual discovery of, *la Casa Amarilla*, where Köhler and Sultan made some of the most durable discoveries of Gestalt psychology.

*Bob Johnson, Editor*  
The General Psychologist

# What They're Reading . . .

Edited by Ann Ewing, Mesa Community College



Ann Ewing

When in doubt, turn to the experts for suggestions. In this article, three prominent psychologists have shared their insights about interesting books that might appeal to readers of *The General Psychologist*. We asked Maureen McCarthy, Karen Huffman, and Maureen Hester to tell us about the fascinating books that could be found on their respective nightstands. The following descriptions of their favorite reading material should inspire you to curl up in your favorite niche and engage in intriguing reading.

Professor of Psychology at Kennesaw State University, **Maureen McCarthy** was recently selected as President-elect of the Society for Teaching of Psychology. She also serves as co-principal-investigator for the NSF funded Online Psychology Laboratory. Prior to joining the Kennesaw faculty, she served as Associate Executive Director of Precollege and Undergraduate Programs for the American Psychological Association. Dr. McCarthy shared the following three suggestions from her bedside table.



Maureen McCarthy

**What Looks Like Crazy on an Ordinary Day**, by Pearl Cleage (HarperCollins, 2002). The Center for Excellence in Teaching and Learning (CETL) at Kennesaw State University offers a monthly book club featuring novels that might be of interest to faculty. The most recent offering, *What Looks Like Crazy on an Ordinary Day*, is a delightful, fictional account of a young woman, Ava Johnson, who develops AIDS and moves to an African American retirement community. In a sense, the community is described as similar to Lake Wobegon, except that problems from the urban world have somehow found their way to this rural "Idlewild." This story is not a melancholy decline into the depths of the disease, but instead a common search for one's existence. Cleage offers insightful glimpses into her characters' lives and their journey to find meaning. Perhaps the most memorable quote was an exchange that took place between Ava and the young woman she was mentoring: "Sometimes you meet yourself on the road before you have the chance to learn the appropriate greeting. Faced with your own possibilities, the hard part is knowing a speech is not required. All you have to say is yes."

**Ireland: A Novel**, by Frank Delaney (HarperCollins, 2005). Ironically, I picked up a copy of *Ireland* as I was rushing through the airport en route to a vacation in Ireland. The book jacket portrayed the novel as offering an historical account of the country through the eyes of a storyteller. Indeed, as the storyteller began his trek across the country, I too, learned a great deal about Ireland prior to debarking in Dublin—but a more important message was also present. The author created a portrayal of a vivid history as seen through the eyes of a contemporary young col-

lege student. Not only did I learn about the history of Ireland, but I discovered that learning should be exciting and that all disciplines can benefit from a teaching style that illuminates all facets of the discipline.

**Salt: A World History**, by Mark Kurlansky (Walker Publishing, 2002). As a scientist and culinary artist, I am always intrigued with any book that might offer an explanation of the science of cooking. *Salt: A World History* crosses anthropological, psychological, religious and scientific boundaries by providing an in-depth discussion about how the mineral became so ubiquitous in our contemporary diet. Kurlansky artfully describes the role of salt in societies across the ages. I learned that salt was much more than a chemical or an element critical to our survival, as Kurlansky traced the etymology of salt in early Roman history. The expression "worth his salt" evolved from the practice of paying soldiers in salt and is the origin of the word salary. Each chapter is chock-full of interesting artifacts that bear a direct relationship to our current lives.



Karen Huffman

The second contributor, **Karen Huffman**, is a Professor of Psychology at Palomar College, San Marcos, California. Dr. Huffman has received numerous teaching awards, including the National Teaching Award for Excellence in Community College Teaching that is given by Division Two of APA. In addition to her full time teaching, Karen has authored several introductory textbooks including *Psychology in Action* (1e-8e) and given many workshops on active learning and critical thinking. Consistent with her positively delightful personality, Karen's selection of bedside reading material is very uplifting.

**Authentic Happiness**, by Martin E.P. Seligman (Free Press, 2002). Like others in psychology, I have noted (and often complained) about the negative focus of our field, and I was delighted and intrigued by the recent emergence of "positive psychology." Seligman is one of the most influential members of this movement, and I loved his earlier book on *Learned Optimism*. I'm happy to say that this latest book on happiness is even better than his earlier publications. Seligman provides interesting personal reflections and insights, along with an impressive collection of the latest scientific research. He also includes specific "how-tos" that make it appealing and useful to the public. I will highly recommend it to all my students—and colleagues.

**Life Is So Good**, by George Dawson (Penguin Books, 2001). Although I hadn't noticed it before, my second book choice also focuses on happiness. I casually chose this particular book during a quick shopping trip to Costco because it reminded me of my own all-time favorite student who was 84 when he took my introduction to psychology class, and it turned out to be one of the most uplifting and inspiring stories I've ever read. "Life is So Good" is a wonderful biography of a 101-year-old grandson of a

## Reading ...

slave who learned to read at the age of 98. Mr. Dawson provides a first-person account of horrific prejudice, discrimination, and hard times in 20<sup>th</sup> century America. Through it all, Dawson maintained his patient and good-humored acceptance of life and his remarkable great strength of character. My favorite line from his biography is: "I tell people not to worry about things, not to worry about their lives. Things will be all right. People need to hear that. Life is good, just as it is. There isn't anything I would change about my life."

**You're Wearing That?: Understanding Mothers and Daughters in Conversation**, by Deborah Tannen (Random House, 2006). A dear friend bought me this book because we share a love and appreciation for Deborah Tannen's work. In this book, Tannen provides important (and useful) insights into previously uncharted waters—conversations between mothers and their teenage and older daughters. Like much of her earlier work, she uses humor and real-life anecdotes to make her points, and one of the best things about Tannen is her scholarly approach to everyday communication problems. I particularly like the fact that she emphasizes understanding and acceptance versus "pop psych" easy solutions.



Maureen Hester

The final group of recommended books was suggested by **Maureen P. Hester**, a Professor of Psychology at Holy Names College in Oakland, California. She has been a leader in the teaching of psychology, serving as national president of the Council for the Teaching of Psychology and treasurer of the Society of Teaching of Psychology (Division Two of APA). She is a Fellow of the American Psychological Association and the Western Psychological Association. Her current interests include teaching, reading, the study of humor, cooking and walking in beautiful places. Sister Maureen's selections are interesting and diverse.

**Sailing Alone Around the Room: New and Selected Poems**, by Billy Collins (Random House, 2001). Billy Collins' poetry is a delight to have close at hand. On the flap of the paperback, the Chicago Tribune describes him best: "Often, Collins will use the most mundane of subjects as a starting point for his work...but then he'll take the poem to somewhere strange, marvelous and emotionally resonant." Try this. He claims the current *American Sonnet* is the postcard—"a poem on vacation." Or his description of the creative process, in which he strips himself of more than you would believe possible and entitles it *Purity*.

Any psychologist would love *Forgetfulness* which begins with

The name of the author is the first to go  
Followed obediently by the title, the plot,  
The heartbreaking conclusion, the entire novel  
Which suddenly becomes one you have never read,  
Never even heard of... (p. 29)

Billy Collins adds whimsy, delight, and a touch of the infinite to the most ordinary of events.

**Illusions of Reality: A History of Deception in Social Psychology**, by James H. Korn (State University of New York Press, 1997). Why has it taken me so long to read Jim Korn's intriguing history of deception in social psychology? Having recently discovered it, I find it full of information that will inform my classes. He sets the tone by his opening statement: "Social psychology may be the only area of research in which the research methods sometimes are more interesting than the results" (p. xi). The title of the book comes from Stanley Milgram who preferred *technical illusions* rather than *deception*, a term he said had a negative moral bias.

Korn's development of the origins of deception studies will delight any history of psychology buff, as will his detailed research on the growth of deception, the evolution of social psychology as it became more experimental, and the strong influence of Lewin and Milgram. He provides an intimate look at Lewin as portrayed by his students. The two chapters that would add lively content to a research lecture are Chapter 9: "Question of right and wrong," which provides the history of ethics in social psychology and Chapter 11: "Deception in psychology and the American Culture," where he places the discussion of ethics squarely in the culture. Korn's perspective is knowledgeable and keen; he has sensitized my research eye.

**A Team of Rivals: The Political Genius of Abraham Lincoln**, by Doris Kearns Goodwin (Simon & Schuster, 2005). Doris Kearns Goodwin presents an unusual look at Lincoln from the view of his later cabinet—William Henry Seward, Salmon Chase and Edward Bates. The title of the first chapter, "Four Men Waiting," sets the tone for her development. We soon learn that each of the men had more education and seeming political advantage than Lincoln. She follows them to the death of Lincoln. Goodwin brings Lincoln's era to life with verve and vitality. Her perspective is enhanced by her access to the Seward, Chase and Bates historical archives. But this is not a book to pick up for leisure reading. Both the content and the writing style require concentration and focus. Nevertheless, spending time with this very detailed and personal account of a critical time in U.S. history will be rewarding.

This is quite an inviting collection of book recommendations that runs the gamut from poetry and positive psychology to history and politics. These suggestions should provide incentive and inspiration to restock your nightstand for the winter months ahead. Many thanks to Maureen, Karen, and Maureen for so generously sharing their interests with us.





# Executive Committee Meeting and Business Meeting

by Michael Wertheimer, University of Colorado



Michael Wertheimer

Attendance at the Division One Executive Committee meeting, 7:10 p.m. to 10:25 p.m., Wednesday, August 9, in the Prince of Wales Room, Hilton New Orleans Riverside Hotel, New Orleans, Louisiana: Harold Takooshian, President-Elect and President; Bonnie Strickland, Council Representative and Past President; Neil Lutsky, Treasurer; Michael Wertheimer, Secretary; Nancy Felipe Russo, Member-at-Large and Awards Chair; Richard Meegan, 2005 and 2006 Program Chair and Treasurer-Designate; Rivka Bertisch Meir, 2007 Program Chair; Robert L. Johnson, Newsletter Editor; and Frank Farley, Member-at-Large-Elect. Absent: George W. Albee, President (deceased); C. Alan Boneau, Member-at-Large; Susan Krauss Whitbourne, Member-at-Large and Public Affairs Officer; Donald A. Dewsbury, Historian; Richard Velayo, Fellows Chair; Douglas K. Candland, Journal Editor; Matthew S. Goodwin, Listmaster and APAGS Representative; Wayne J. Camara, Liaison to the Board of Scientific Affairs; Carole Rayburn, Chair of the International Committee and Liaison to the Committee on International Relations in Psychology; and Howard Tennen, Membership Chair.

Attendance at the Business Meeting, 9:05 a.m. to 9:55 a.m., Thursday, August 10, in Marlborough Suite A on the Second Level of the Hilton New Orleans Riverside Hotel, New Orleans, Louisiana: Harold Takooshian, Bonnie Strickland, Neil Lutsky, Douglas Candland, Richard Meegan, Michael Wertheimer, Marilyn Wertheimer, Susan Krauss Whitbourne, Peter Salovey, Robert Johnson, Bruce Overmier, Rosie Phillips Bingham, and Alan Kazdin.

As usual, more time was available for discussion of agenda items during the Executive Committee meeting than at the Business Meeting. Major decisions of the Executive Committee were reported to and ratified by the Business Meeting, and at the Business Meeting a few additional suggestions were made and actions taken; notes on these Business Meeting discussions follow after the minutes of the Executive Committee meeting.

Since President George Wilson Albee had died on July 8, 2006, according to the Society's By-Laws President-Elect Harold Takooshian became President of the Society. He welcomed the group and called it to order at 7:10 p.m. Minutes of the summer 2005 executive committee meeting, the summer 2005 business meeting, and the October 2005 (truncated) executive committee meeting were all approved. Takooshian reported that Thomas Bouchard has been elected the new President-Elect, and Frank Farley the new Member-at-Large-Elect. Among the general issues facing the Society is the continuing erosion of its membership, and the dearth of young members. Among Takooshian's initiatives for trying to deal with these problems is a new outreach effort to students, the establishment of a dozen special one-year committees to focus on topics that are salient but have generally been neglected in APA convention programs, a new logo for the Society, and an application for a CODAPAR grant to develop a national speaker's bureau. It was suggested that the Society might sponsor programs at regional psychological association conventions, and that

support and encouragement be provided for the Social Psychology Network and for the development of a Web site of images relevant to psychology that could be used, for example, in Power Point presentations—which in turn would fit in well with the current APA initiative to enhance its information technology capability. Takooshian briefly discussed plans for a symposium honoring George Albee at the 2007 convention, and Farley reported that as President-Elect of Division 32, Humanistic Psychology, he has chosen as his theme "Humanizing an Inhumane World" for that division's 2007 convention, focusing on how psychology can help encourage widespread use of effective and sensible conflict resolution, reduce violence, and stop terrorism and the killing of children and civilians; he may try to invite former president Jimmy Carter to present an address at the convention.

Strickland emphasized the need for more nominations for officers of the Society; once again, only very few were received this year—a problem that has recurred with the Society for many years. Lutsky's treasurer's report contained the good news that the Society's ending balance for the years 2003 to 2006 has successively increased from about \$50,000 to \$63,000 to \$71,500, and by June of 2006 to \$75,000; he was commended (with gratitude and applause) for his excellent job as treasurer. Richard Meegan has generously agreed to become Lutsky's successor as the Society's Treasurer.

Strickland's written report on the February 2006 meeting of the APA Council of Representatives was received with thanks, as was her brief oral report on the (ongoing) August meeting of the Council, which spent time on the Association's statement prohibiting the use of torture or of cruel or inhumane treatment in any interrogation procedures.

Candland, who has graciously accepted a second term through 2011 as editor of the Society's journal, *Review of General Psychology*, reported that the journal's financial state has improved sufficiently that it became possible to return to printing 400 pages per volume (after having been restricted to 360 pages for two years). The average number of manuscripts received annually has hovered about 50, but he expects it to go up to 65 or 70 during the current calendar year. Most manuscripts have been on social or clinical topics; very few dealing with experimental psychology have been submitted. The acceptance rate has been about 30%. A special issue has been published in June each year; he would appreciate suggestions of topics and special editors.

Johnson was congratulated for an excellent job in producing a greatly expanded and enhanced Society newsletter, *The General Psychologist*. He shared some plans for future issues of the newsletter, and encouraged members of the Executive Committee to submit articles to him for possible publication in the newsletter.

Russo was thanked for keeping the Society's complex awards program on target, and for updating the useful awards

## Wertheimer: Minutes . . .

"handbook." There was some discussion of the history of the Staats award and of some recurrent problems associated with it, such as who has authority for decisions concerning the award: The Society for General Psychology? Arthur Staats? The American Psychological Foundation? Farley offered to contact the APF to try to clarify the situation. Johnson and Strickland were encouraged to pursue further the possibility of a new Society award for innovative applications of psychology by a non-psychologist.

Velayo's written report indicated that one initial fellow, Richard E. Redding, Jr., and eleven members who were already APA fellows through other divisions were recommended for fellowship in Division One this year. (The Council of Representatives approved the new fellow.) A total of 155 fellows were initiated into the Society for General Psychology between 2001 and 2006, due largely to the joint efforts of Takooshian and Velayo.

**A**t 8:35 p.m. Stephen Breckler, director of the Science Directorate, and two of his associates, visited with the Executive Committee "for ten minutes or so"; the lively discussion with them ended at 9:15 p.m. He reported that the NIH funding situation is unlikely to improve this year, but that his Directorate's efforts to improve funding for basic behavioral research are continuing. The Directorate is emphasizing applied behavioral science, such as human factors, health psychology, psychology and law, psychology in industry, tests and assessments (and a revision of the APA's testing standards), and preventive intervention. A new web site is being developed as part of a massive APA reform in its use of information technology, with millions of dollars expected to be devoted to this initiative each year. Membership of scientists in the APA has been holding fairly steady for several years at some fifteen to twenty thousand, but APA membership in general is aging, and many members are approaching retirement. Membership in the American Psychological Society (now the Association for Psychological Science) is also fairly stable, at about eight to ten thousand—but membership in several APA science divisions, such as 3 and 5, is shrinking; yet some others, such as 7 and 8, are fairly healthy.

As has often happened at convention meetings of the Executive Committee in the past, there was insufficient time left for thorough discussion of other items remaining on the agenda. The written Historian's report by Dewsbury was received with thanks; as always, it implored current, outgoing, and past officers of the Society to send Division One-related material to Dewsbury for the Society's archive. Goodwin reported in writing that the program of free one-year memberships in the Society for new members of APA and APAGS who belong to no division had netted some 150 people this year; his request to be able to continue this program was enthusiastically approved by the Executive Committee. Meegan was congratulated for a fine convention program again this year, and was thanked for drafting a useful new Division One Program Development Guide. He created a 17-hour substantive program for the Society despite a relative dearth of proposals because of the uncertainty surrounding the location of the convention in New Orleans. As it happens, while an initial projection of attendance at the convention was about 8000, actually more than 9500 ended up registering. Poster sessions were added to Division One's convention program this year, and Meegan recommended that paper and poster sessions again become part of the Society's convention offerings in the future.

He agreed to help Meir this coming year as assistant program chair; Goodwin also offered to help with the 2007 convention program. Meir shared some plans for the 2007 convention, including a hospitality suite and poster sessions (possibly with abstracts of posters published in *The General Psychologist*).

Goodwin's written listserv and Web page report was received with thanks. There was no formal report on the *Portraits of Pioneers in Psychology* series (that has been sponsored by Division One since the series began) other than display of Volume 6, hot off the press this year, and the Treasurer's report that sales of the volumes in the series have been decreasing over the years. The editors of the sixth volume were encouraged to submit an item about the volume to Johnson for publication in *The General Psychologist*, and were "enthusiastically encouraged" to continue the series "in principle," that is, to try to develop a seventh volume and to discuss practical issues with the co-publishers, APA and Lawrence Erlbaum Associates. An attempt will be made to reach a decision about the future of the series at the "midyear" meeting of the Executive Committee. (Meantime, explorations with various colleagues yielded further relevant information, such as that the APA is losing money on the project and might have to forego paying further royalties to the Society if future volumes are considered, that Erlbaum too is, for financial reasons, reluctant to issue any further volumes—but might be interested in an anthology of something like "the best 25 portraits" from the series; that subsidy of about \$15,000 might suffice to fund publication of another volume by APA, and that it might be worth while to approach APF for half that amount and try to raise the remainder from private individuals, etc.). Dewsbury and Benjamin should also be contacted about the possibility of reprinting one of the "more lively" chapters from the sixth volume in *The General Psychologist*, to provide further publicity for the series. No reports were received from the public affairs officer, the international committee chair, nor the BSA liaison.

Various other items on the Executive Committee's agenda could not be dealt with due to lack of time: Strickland's proposals for enhanced computer access for members and improved communication among members, details of a "midyear" (i.e., fall) meeting of the Executive Committee, APA's interdivisional grants program, and discussion of plans for the Society's future, such as a student psychology "triathlon" competition, publication of abstracts of student posters and papers, etc. The meeting was somewhat reluctantly adjourned after already going almost a half hour over its allotted time;



Outgoing Treasurer  
Neil Lutsky

## Wertheimer: Minutes . . .

there was much left that should have been discussed, but instead was delegated to the discretion of the president (Takooshian), the past president (Strickland), and the president-elect (Bouchard), and to possible further deliberation at the fall meeting of a number of as yet unidentified members of the Executive Committee.

The August 10 Business Meeting was opened by Takooshian with a welcome to the gathered membership. He announced that George Albee's presidential address at the New Orleans convention was being replaced by a tribute to Albee. After mutual introductions among the twelve persons attending the session and approval of the 2005 business meeting minutes, Takooshian reported the election results: Bouchard as President-Elect and Farley as Member-at-Large. Alan Kazdin and Rosie Phillips Bingham, both candidates for President-Elect of the APA, were introduced. Takooshian recognized the contributions of several individuals to the welfare of the Society: Lutsky for exceptional service as Division One treasurer, Meegan for his service for two years as program chair, Johnson for his superb performance as editor of the Society's newsletter, Wertheimer as secretary for many years (no one seemed able to recall specifically how many years; he will need to be replaced soon, since he was just elected to a three-year term as Member-at-Large of the APA Board of Directors beginning January 1, 2007), Russo for excellent work as awards chair, Keith Cooke of the APA Central Office for his fine support of the Society, and Strickland for her valuable contributions as past president—including revisions of the Society's by-laws and operations manual. Strickland reported that the \$100-million-plus 2006 APA budget appears to be on track and that the APA had managed to achieve a surplus of \$4.8 million in 2005. Council passed a strong resolution condemning torture and approved a new 32-member commission on accreditation. Lutsky indicated that despite a drop in dues income this year, the Society still has an increased balance, of \$71,000, in the bank.

Candland's report on the journal included the need for the Society to renegotiate its publishing contract with the APA, since the journal has finally stopped losing money; Overmier was requested to look into this matter.

It was reported that there will be three (instead of only two) issues of the newsletter each year: the spring issue will feature the Society's awards, the fall issue will be devoted to a special theme (this year it will be "the science/practice rift"), and a third, archival, issue this year will be guest edited by Takooshian. Comments for a special tribute to late President George Albee were especially solicited. Lutsky suggested sending issues of the newsletter to chairs of psychology departments as a device for recruiting new members for the Society. Many APA divisions, especially the lower-numbered ones, appear to have been losing members in recent years, but membership in Division One, while also eroding, has been relatively fairly stable, in part because a special effort had resulted in the addition of more than 150 fellows during the last four years.

This year's convention program consisted of 17 fine hours; the success of its student poster program led to the decision to continue this practice at the 2007 convention.

Display of the just-published Volume 6 in the Division One-sponsored series, *Portraits of Pioneers in Psychology*, led to the decision that its editors (Dewsbury, Ludy T. Benjamin, Jr., and Wertheimer) be encouraged to "vigorously pursue" a seventh volume with Erlbaum, that the editors should draft a half-page

item about or advertisement for the series for submission to the newsletter, and that the APA should be encouraged to advertise the entire series, and particularly Volume 6, more widely (both APA and Erlbaum did have copies of the volume on display at their booths at the convention exhibit hall, but there was no mention of the series or the volume in any of the multiple advertisements published by APA or Erlbaum in the 2006 Convention Program Book).

The secretary of The Society for General Psychology has enjoyed his long association with the Society, and expresses his gratitude for its support and encouragement over so many years. It will always hold a warm spot in his heart. May it grow, flourish, and prosper!

Respectfully submitted,  
*Michael Wertheimer, Secretary*  
The Society for General Psychology,  
Division One of the American Psychological Association

### Coming Attraction!

Beginning in 2007, we will publish *The General Psychologist* three times a year. The extra issue will come out in the Winter and will archive division activities and reports from the officers and committee chairs.

But that's not all! The new Winter issue of *TGP* will also carry feature articles. Coming up: John Mueller scrutinizes IRBs, and Richard Valeyo tells how psychologists can gain control of their e-mail. This Winter we'll also take you on a virtual vacation to visit the remains of Kohler's lab in the Canary Islands.



# Fellows Committee Report

by Richard Velayo, Pace University (NY)

Based on recommendations by members of the Division 1 EC, the Division 1 Fellows-elect are as follows (Effective January 1, 2007):

Rosie P. Bingham, Ph.D.  
Joel A. Dvoskin, Ph.D., ABPP  
Lisa R. Grossman, Ph.D.  
Alan E. Kazdin, Ph.D.  
Marsha M. Linehan, Ph.D., ABPP  
Paul D. Nelson, Ph.D.  
Lynn S. Rapin, Ph.D.  
Richard E. Redding, Ph.D., (Nominee for Initial Fellow in Div. 1; Endorsed by Div. 1 and APA Membership Committee, Pending endorsement by APA Council of Representatives)  
Michael G. Rumsey, Ph.D.  
Sandra L. Shullman, Ph.D.  
Randy P. White, Ph.D.

The following individuals, who became Fellows of Division 1 effective January 1, 2006, were invited to attend the Div. 1 Fellows reception at the APA Convention in New Orleans:

Joseph Aponte, PhD  
Sharon S. Brehm, Ph.D.  
Raymond J. Corsini - Initial Fellow in Division 1  
Mary E. Crawford, Ph.D. (just added)  
Joan C. Chrisler, PhD  
David S. Glenwick, PhD  
Margaret A. Lloyd, Ph.D.  
Susan H. McDaniel, PhD  
Jack A. Naglieri, PhD  
Barbara Rogoff, PhD  
Esther D. Rothblum, Ph.D.

Fellows who obtained their Fellows status this year (2006) were also invited to attend the Business Meeting on August 10 (Thursday) at 9:00am–9:50am (Marlborough Suite A, Second Level, Hilton New Orleans Riverside Hotel) to be introduced to the Society; and the Division One event titled *Social Hour: Connecting our Members, New Award Winners, and New Fellows* scheduled on August 11, Friday from 5:00pm – 5:50pm (Grand Salon 13, Street Level, Hilton New Orleans Riverside Hotel).

Division 1 has recommended only one person (Richard E. Redding, Ph.D., for Initial Fellow status in 2006. (As per the suggestion of the APA Membership Committee, the status of all nominations remains confidential until after the APA Convention. Final decisions regarding the nominee will be made at the Council meeting held at the end of the Convention. Also, new Fellows will have their status change effective January 2007. APA will send a congratulatory letter to all newly-elected Fellows. The APA Membership Committee will review his recommendation and prepares the final list of nominees for consideration by the Council of Representatives.

Background. In 2000, SGP elected no Fellows, new or current. Starting in 2001, under Harold Takooshian as Chair of the Fellows Committee, the Society shifted to a more proactive procedure, in which the EC would identify Fellows of other divisions who clearly have made "outstanding contributions across specialties," and invite them to become involved in the Society. As a result, the number of new Members and Fellows of the Society rose: 30 Fellows in 2001 (3 new), 76 Fellows in 2002 (0 new), 30

in 2003 (2 new), 8 in 2004 (1 new), 11 in 2005 (1 new), and 11 in 2006 (1 new). In 2002, the Society also began to host a conversation hour/reception saluting new Fellows at the annual meeting.

The Fellows Committee makes the following suggestions:

- Put Fellow criteria and application forms on the SGP website for download.
- An updated list of ALL Division 1 Fellows (and the year they were voted into Fellow status) may appear on the SGP website.

My thanks to the EC members for your kind cooperation. I welcome your suggestions by which we might increase the number of outstanding generalists who may be eligible to become Fellows of Division 1.

—Richard S. Velayo, SGP Fellows Chair



Richard Velayo

**Call for 2007:** Members of APA Division 1 (the Society for General Psychology) are now invited to nominate others or themselves for election as Fellows of SGP, based on their "unusual and outstanding contributions" to general psychology. Phone or write soon for a packet of forms for APA, and our Division's 12 criteria. This year all completed materials must be submitted by 5 pm Friday, 8 December 2006-- including the nominee's vita, personal statement, and endorsements from 3 current APA Fellows. At least 2 of the 3 endorsers must be a Fellow of Division 1. (Those who are already a Fellow of another APA division can ask about a streamlined nomination procedure.) — Richard S. Velayo, SGP Fellows Chair, Pace University, New York NY 10038, USA. Phone 212-346-1558.



New Fellows and Officers of Division One in New Orleans



## A TRIBUTE AND GOODBYE

# George W. Albee, PhD, ABPP, General Psychologist, & Humorist (1921-2006)

*George Albee was the 2005-2006 President of the Society for General Psychology. He died on July 8th. The comments,*

*remembrances, anecdotes, and photos below were contributed by his colleagues, friends, and family.*

At the memorial service for George W. Albee, on August 20, 2006, many of his remarkable achievements and characteristics were described. One of the things that struck me afresh was how widely his influence was felt—undergraduate and graduate students who took courses with him, colleagues, people from all over the world who read his work or heard him speak: All were affected by his determination to help create a world free of exploitation, in which everyone had a fair shot at achieving all they could without exploitation and oppression and poverty crippling their spirit; and many were inspired by the skill and passion, the energy and humor, the commitment and perseverance that he brought to this lifelong battle.

The 1978 picture helped me to recall something of my own experience of his influence, and also to note a few other points that might be of interest.

The people in the photograph constitute the organizing committee of the fourth annual meeting of the Vermont Conference on Primary Prevention (“Vee See Triple P” as it was called from its earliest days).

From left to right (standing) they are George himself, Martha Kent, James Rosen, Jon Rolf, Janet Forgays, Justin Joffe, and Barbara York, and the milkmaid on her stool is Lynne Bond. The cow was from the University of Vermont Farm



(and the photograph taken at the university’s dairy barn); she was not a member of the committee and, sadly, we have no minutes of that meeting, so her name is lost to us. I think this was the first year that committee members were photographed together, and the picture was used to publicize the 1978 conference. George was the only one of the group dressed as he sometimes was in real life, when he worked on his 10-acre “ranch,” where he had a cow of his own (until neighbors’ calls to have

him come home to get her out of their flower beds interrupted his classes once too often), pigs, chickens, a pond, a barn, a red pick-up truck, and vegetable gardens. He is probably the only one in the photograph who actually knew which end of the cow to approach to try to milk it.

Now to me the surprising thing about the picture, even after an interval of nearly 30 years, is my presence on that committee. When George came to the University of Vermont in 1971 I knew nothing about prevention of psychological disorders and cared even less. I was a “hard bitten rat runner,” working on arcane problems of effects of prenatal stress on offspring behavior and in my private life concerned about social and political issues, but quite convinced that the two were separate worlds. Some time after I became friendly with George, at no specific time that I can recall, I found myself surprised to realize, somewhat in the manner of the man in Moliere’s play who was confounded to learn that he had been speaking prose all his life, that I had been interested in primary prevention all of mine. Something of George’s approach to a whole range of problems brought coherence to all my interests, and suddenly they were related, not independent.



Justin Joffe

Less than three years after his arrival in Vermont, I found myself helping organize the first of many conferences and subsequently co-editing, with George, the first of many volumes of works on primary prevention that resulted from the conferences. I have long since stopped making myself a nuisance to rats, but my interests in mental disorder, diagnosis, and prevention are still going strong. George’s ideas and inspiration are simply part of the fabric of my thinking.

—Justin M. Joffe  
Department of Psychology  
University of Vermont



George (right), his dog Sushi, and I (Joffe) in about 1984 or 1985. Sushi was a successor to the famous Otis P. Albee, whose biography George submitted to a vanity publisher of a *Who’s-Who*-type directory. In the publication, Otis P’s occupation was listed as “retired hunter and explorer.” In the background are chickens, which were the workers in the egg business George, his wife Margaret Tong, and I ran for about a year.

## A Tribute to George Albee...



**Donald Freedheim**

I had never edited a thing and that I wasn't even a member of the division. His response was, "Good, we'll make you a new member!" He launched my editing career and supported me in many later roles in APA governance.

In the department, George usually taught Abnormal Psychology, often having two classes of 70+ students in back-to-back sessions. He told me that he often forgot whether he had covered a topic and was repeating himself or not. He was a charismatic teacher and always the compassionate supporter of students having a difficult time.

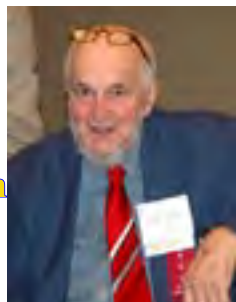
As director of clinical training, George had a running battle with University Hospital's department of psychiatry, which relegated psychologists to junior status. At one point he refused to send interns to the hospital until there was more equality. As chair of the Faculty Senate at the time of the merger between Case and WRU, he mediated many difficult negotiations among the faculties.

George had a wonderful sense of humor and loved pranks. Once we devised a great spoof. In a special issue of the Division 29 journal *Psychotherapy* (which I edited) on The Future of Psychotherapy, I asked him to author an article. As he had argued that there was no future in psychotherapy, we left the page blank under his name and the title—which was the same as the special issue. When it was published he got a huge kick out of the confused or outraged readers who thought the printer had left out his article.

In his "retirement" in Florida, George wrote a humor column for the Longboat Key paper. He sent it around to many friends and when his son taught him to use a computer, George kept in touch with a long list with political comments, professional entreaties, and also good jokes.

It may be a cliché, but George was truly larger than life and he will be missed for a long time.

—Donald K. Freedheim  
Professor Emeritus, Case Western Reserve University



Division

ONE

George Albee was a mentor, colleague, and friend. His recent death prompted many memories of his influence on my professional life. He was chair of the department of psychology when I joined the faculty in 1960. One day I was walking on campus, and he stopped to ask if I would like to edit the newsletter of the Division of Clinical Psychology. He was the president of the division and wanted to upgrade the newsletter from a mimeograph format to a more substantial publication. I told him that

George Albee was an inspiration and was always in the front line of social justice thought and action. I first met him at the Vail Conference where he, Joe While, and I wrote that "The provision of professional services to persons of culturally diverse backgrounds by people not competent in understanding and providing professional services shall be considered unethical." George understood the need for change and a more culturally-aware psychology and led the way for us all.

Many years later, I was fortunate to meet with him bi-monthly as a member of the Sarasota ROMEO group (retired old men, eating out). Our small group of psychologists enjoyed his warmth and good humor, his interest in new ideas, and his continuing commitment to enriching psychology. I was able to arrange for a videotaped interview with him just 40 days before he passed on. He remained bright eyed and vigorous right to the end and dictated his presidential address to his son by his bedside during his last days.

His many ideas and his personal leadership will live on long beyond him.

—Allen E. Ivey, EdD, ABPP  
President, Microtraining Associates, Inc.  
Distinguished University Professor (Emeritus)  
University of Massachusetts, Amherst  
Professor, Counselor Education (Courtesy Appointment)  
University of South Florida, Tampa



**Allen Ivey**

## The Society for General Psychology

I learned about George Albee's death while I was in Greece. It was quite a shock, since I fully expected to see him at APA. George and I were elected at the same time to serve on APA's Board of Directors in 1977, although for George, it was the second time around, since he had already served as APA President. We also were on the Steering Committee of Psychologists for Social Responsibility at the same time. And I invited George to be my keynote speaker, when I was President of the International Council of Psychologists. He was very committed to public interest issues, and I admired his honesty and leadership. He will be sorely missed, not only by me, but by all who knew him.

—Florence L. Denmark, Ph.D.  
Robert S. Pace Distinguished Research Professor  
Pace University



**Florence Denmark**

## A Tribute to George Albee...



Tom Joseph

psychiatrist entered the room. He called him by name and said, "You missed it I just told them how much I hated psychiatrists."

—Tom Joseph  
Columbus, Ohio

I loved George for his passion, integrity and belief in the healing power of community. Many years ago George explained how he, by coincidence, became involved in primary prevention or community psychology. He said he was the first psychologist involved with the VA, and after several years he came to dislike psychiatrists. He said they were like dinosaurs—with a small brain and lots of power. At that point a close friend who was a



I lost my beloved mentor, George Albee, on July 8, 2006. I remember George, who was an outstanding teacher, for his primary dictum, "Mental disorder is an epidemic, and no major epidemic has ever been brought under control by treatment alone. It always takes prevention." But greater than any concept was George's passion for prevention. He was energized by prevention as a cause and never gave up, even when faced with challenges from those who should have supported the cause. When introducing him for the Division 27 Award for Distinguished Contributions to Community Psychology and Community Mental Health (1982, *AJCP*, 10, 1-36), Marie Skodak Crissey quoted George as once saying, "I toast my enemies... These wily and resourceful people have helped me discover the joys of righteous indignation and the motivating power of just causes." George was prevention's champion. He was also a master communicator with a wonderful, dry wit. The field of prevention may have lost some of its sparkle in his passing, yet his legacy lives on in his extensive collection of writings on prevention, the structure and framework he provided for conceptualizing prevention strategies, and through the students and academics he inspired. I pray we make him proud.

—Linda Dusenbury, Ph.D.  
Senior Researcher  
Tanglewood Research



Linda Dusenbury



tally ill but, unfortunately, in no way forestalled their subsequent fate: homeless on the streets. I greatly admired his career-long fostering of preventive approaches to mental illness—and his jousts with psychiatrists and some fellow psychologists opposing the medical metaphor for mental and behavioral dysfunctions. I agreed with the spirit of his battles though not always with the literal content of his arguments. Particularly, I admired his continual focus on poverty and racism as crucial factors in psychological dysfunction. George also had a great sense of humor. His presence was a major attraction at the annual dinners of former APA presidents.

—Brewster Smith  
Professor Emeritus, UC Santa Cruz

Readers will find an obituary for George Albee on the *Burlington Free Press* Web site: <http://www.burlingtonfreepress.com/apps/pbcs.dll/article?AID=/20060711/NEWS02/607110308/1007>. An obituary will also appear in *The American Psychologist*.

George was a wonderful visionary and friend. Over the years we loved to "spar" on various issues, whether this be the pros and cons of psychology obtaining prescriptive authority (RxP), gin vs vodka martinis, or true Democrats vs G.W. Bush. As soon as a column was done, off went a copy for the other's rejoinder. George's responses always brought a reflective laugh. He was a good person with the right priorities and value system. He truly cared about the "little person." One of the absolute highlights of my APA Presidency was traveling to Burlington, Vermont to honor George with a Presidential citation in front of his hometown peers. He genuinely seemed to appreciate their smiles. Another reflection: The honor of representing APA at his Memorial Service this Fall, again at his home, the University of Vermont. All of psychology will deeply miss him. George was "the best of the best." Aloha.

—Pat DeLeon, former APA President



Pat DeLeon

My shrink-cluster of significant others in psychology is badly depleted with the loss of George Albee. I have known and valued him since the late '50's, when we were both involved with the Joint Commission on Mental Illness and Health, which accelerated the deinstitutionalization of the mentally ill but, unfortunately, in no way forestalled their subsequent fate: homeless on the streets. I greatly admired his career-long fostering of preventive approaches to mental illness—and his jousts with psychiatrists and some fellow psychologists opposing the medical metaphor for mental and behavioral dysfunctions. I agreed with the spirit of his battles though not always with the literal content of his arguments. Particularly, I admired his continual focus on poverty and racism as crucial factors in psychological dysfunction. George also had a great sense of humor. His presence was a major attraction at the annual dinners of former APA presidents.

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# On The Lighter Side: Meet Your Authors

by Joseph J. Palladino, University of Southern Indiana

Mitchell M. Handelsman, University of Colorado at Denver and Health Sciences Center



Joseph Palladino

We published our first *General Psychologist* humor column in the last issue (and immediately added it to our CVs). Right after that came out we got a flood of phone calls, both of which asking us, "How do you become a regular columnist at such a prestigious publication?" Half of these callers were satisfied with this answer:

"Well, Mom, it took years of hard work and dedication to the field."

But the other caller was more insistent. Not being a first-degree relative, he followed up his initial question with, "No, really? What's so special about you?"

We were inspired by this caller to share with you our backgrounds and the long and winding road to reach the most important professional accomplishment of our careers (according to our last merit pay evaluation).

We got our secretaries to ask us the following questions in an effort to make it appear as though we are important enough to be interviewed:

## **Where did you grow up?**

**MH:** I split my time between New York and Florida. My parents sent me to New York in the winters (when they were in Florida), and then they sent me to Florida for the summers.

**JP:** In my kitchen, last Wednesday around noon; fortunately, it wore off quickly. I was born in a log cabin that my parents built on the top of the Transamerica Building in San Francisco.

## **What are your most vivid childhood memories?**

**JP:** I remember taking the elevator to school every morning. And we were poor. I shared a room with my 12 siblings, including four sisters and five brothers.

**MH:** I often think back to those wonderful family get-togethers in the Vince Lombardi rest stop on the New Jersey Turnpike.

## **Was psychology always your goal?**

**JP:** No. As a kid, I showed lots of musical potential. I could play all of the woodwind instruments, mostly by hitting them with sticks. I also aspired to be an actor. In high school (dear old "Always High") I won critical acclaim as "Bullet #2" in *Annie Get Your Gun*. But, it was only a shoot-on role, and then I realized that as a teacher I could read from my notes and wouldn't have to memorize any lines.

**MH:** I came to psychology late in life, as a condition of parole. I spent many years as a middle school audiovisual specialist. When they invented color film strips, though, I realized that the technology was advancing faster than my ability to keep up.

## **Where did you go to graduate school?**

**JP:** Who went to graduate school?

**MH:** I graduated with a Ph.D. from UGSGM—Udi's Graduate School, Grille, and Multiplex—a proud alumnus of their APA-accredited (American Popcorn Alliance) program in clinical psychology. My studies were not always easy. In fact, I failed my basic course in Rogerian interviewing. I took this course (like I took all my clinical courses) by correspondence, and I thought I was really getting the hang of it: Whenever I got a client's comments by mail, I immediately returned the letters after having written, "I get the sense that you're saying...." across the top. I wrote these words in crayon, just so clients would get that personal feel.

## **What do you like most about teaching and academia?**

**MH:** Actually, before going into academia I had a thriving and blemish-free clinical career—all the charges were dropped. But finding myself restless and burned out—three months is a long time—I decided to enter academia. The key to entering academia, I found, was on the janitor's belt. Having taken over an empty storeroom and adding a few plants, I was given a real position at UPN, the University of Pennsylvania at Narberth. I had done a 25-year longitudinal study for my dissertation, so by the time I got my degree I was old enough to become the first person ever to start my career as Professor Emeritus. I held that position at UPN for many years, until I was able to work my way down to Assistant Instructor.

**JP:** I enjoy taking long walks across campus, talking with students about the vital issues of the day, like physician-assisted intramural sports, alimentary dishonesty, and the neurochemical bases of absentee balloting in local primary elections. I take these long walks when my statistics courses are supposed to be meeting. This accounts for my high teaching ratings.

## **What four words do other people use to describe you?**

**JP:** Impulsive, hyperactive, distractible, and what was the question?

**MH:** Not working to potential.

## **What would you say is a highlight of your career?**

**MH:** I like the awards I've won; I've paneled my basement with them. I won the 1986 Somnifex Foundation Award. The competition was fierce: Each contestant had to teach in a classroom filled with 85 trained judges, all of whom suffered from insomnia. I was able to get the highest sleep rate ever, and actually put three judges into a coma from which it took several days to recover. It was pretty easy; all I did was talk about my own research.

But I'm most proud of the several awards I've won for my altruism and modesty. In 1989 I was the recipient of the Least Competitive Doctor (LCD) Award from the Fielding Institute for Science and Technology (FIST). In 1994, I won the first annual Award for Selfless Dedication to Integrity (SDI) from the Handelsman Association for Non-Violent Deliberation, Enlightened Lecturing, Self-effacing Marketing, and Niceness (HANDELSMAN). This award was never given again, as nobody was ever found who measured up to the high standards of the initial recipient.

# Lighter Side...

**JP:** I'm very proud of my research. I have 141 publications in scholarly journals, including 89 letters to the editor and 53 errata entries based on my first three articles. I was the Indiana State IPVE Champion in 1995. I still hold the record for the lowest IPVE (influence-per-vita-entry) ratio for psychology.

## **How did you two meet?**

**MH:** I first met Joe at a family function in Florence, Italy. We realized that we shared a certain gift for language, a certain social awkwardness, and a certain parole officer. We hit it off right away.

**JP:** Actually, we have never been introduced, unless you consider stalking a form of introduction.

## **Behind your back, what are people saying about you?**

**MH:** "Hey, turn around!"

**JP:** "He is never serious."

## **What would you ask to have written on your tombstone?**

**JP:** "Send some cannolis!"

**MH:** "Joe, I guess you'll have to do the first draft of the next column."

## **If money were no object what would you like to do for your profession?**

**JP:** Buy a sense of humor for those without one, but that would take a *lot* of money!

**MH:** Retrain as a flight attendant. I've been practicing for years by keeping my seat back and tray table in the upright and locked position.

## **What phrase or statement do you tend to overuse?**

**MH:** "I know the answer ..."

**JP:** "Can we have an extension on the deadline for the column?"

## **If you were alone on a desert island, what two books would you like to have with you?**

**JP:** The *APA Publication Manual* and *TV Guide*.

**MH:** If there is no bathroom tissue available, anything written by Michener, and the 1986 APA Program.

## **What are your immediate plans?**

**MH:** I'm working on a nonfiction version of my resume. And I want to see *Caddyshack* again.

**JP:** Just this last year I completed two books. This coming year I hope to color one or two more.

*A version of this article was first published in Eye on Psi Chi. It is reprinted here with permission of Psi Chi, the National Honor Society in Psychology.*



Mitchell Handelsman

## **DIVISION ONE HUMOR AWARDS**

Do you know a good joke about psychology or psychologists? The APA Society for General Psychology is pleased to announce a contest seeking the best of such humor. Three awards and \$100 checks will be presented during the APA convention: (1) Best joke, (2) Best joke submitted by a student, and (3) Best original cartoon. Entries are due by February 1, 2007. Further details are available from Humor Chairperson Joseph Palladino, [jjpallad@usi.edu](mailto:jjpallad@usi.edu).



Lee Matthews: "That was *really* funny."



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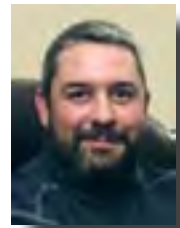
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