CHAPTER 32

Clinical Psychology and Politics

Steven W. Quackenbush and Gregg R. Henriques

On April 29, 2002, President George W. Bush issued an executive order establishing the *President's New Freedom Commission on Mental Health*. The charge of this commission was to examine the mental health care delivery system in the United States and "recommend improvements to enable adults with serious mental illness and children with serious emotional disturbances to live, work, learn, and participate fully in their communities" (Executive Order No. 13,263, 2002, section 3, ¶1). One year later, the commission issued its final report.

"Recovery from mental illness is now a real possibility," declared Michael Hogan (2003, ¶2), chair of the Commission. Nevertheless, the report concluded that inefficiencies in the present mental health care delivery system make it difficult for many Americans to get the help they need. For instance, there is an excessive lag (often approaching 20 years) before the results of clinical research are incorporated into practice. Further, adequate mental health care is simply out of reach for many children and adults. "Unfair" limitations are placed by private health insurance companies on mental health benefits and many communities lack quality services. Thus, what is now required is nothing short of "a fundamental transformation of the Nation's approach to mental health care" (¶3).

The substantive changes endorsed by the Commission were based on two core principles: (1) "services and treatments must be consumer and family centered," and (2) "care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms" (President's New Freedom Commission on Mental Health, 2003, p. 5). The Commission thus formally endorsed a *preventative* approach to mental health care: "In a transformed mental health system, the early detection of mental health problems in children and adults—through routine and comprehensive testing and screening—will be an expected and typical occurrence" (p. 11).

Civil libertarians have expressed concern that certain recommendations detailed in the report (e.g., universal screening for mental health problems) imply increased government intrusion into the private lives of Americans (Richman, 2004). For example, Republican congressman Ron Paul (2004) commented that "it now seems our own federal government wants to create a therapeutic nanny state, beginning with schoolchildren. It's not hard to imagine a time 20 or 30 years from now when government psychiatrists stigmatize children whose religious, social,

or political values do not comport with those of the politically correct, secular state" (¶6).

Yet, such political rumblings were the exception to the rule. The release of the Commission's report met with relatively little media attention and official reactions on the part of relevant professional organizations were generally quite positive. The American Psychological Association (APA), for instance, applauded the report as a "critical step forward in improving the quality of mental health services for our nation" (APA, 2003a, ¶1).

There is certainly much to be praised in this multidisciplinary, nonpartisan effort to overhaul the U.S. mental health care delivery system. The report of the Commission displays sensitivity to the unique needs of diverse populations, including the elderly, racial and ethnic minority groups, and citizens of rural communities. Further, the Commission recognizes the need for a "well-planned, coordinated array of services and treatments" (p. 8), with individual States taking primary responsibility for program coordination. Nevertheless, a number of critical questions can be raised regarding various aspects of this report.

President Bush recently commented that "Americans must understand and send this message: mental disability is not a scandal—it is an illness. And like physical illness, it is treatable, especially when the treatment comes early" (as cited in the final report of the President's New Freedom Commission on Mental Health, p. 2). It is indeed obvious that a substantial number of Americans, including those labeled as mentally ill, will continue to need considerable assistance if they hope to achieve a satisfactory quality of life. Nevertheless, there is a real danger that an over reliance on medical nomenclature will direct our attention away from the social and historical roots of the problems experienced by many individuals seeking professional help.

With the exception of certain organic brain disorders (e.g., vascular dementia), the diagnosis of conditions listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* is based on *symptomology*, not *etiology*. As such, a psychiatric diagnosis leaves open the question as to what might be causing a specific constellation of symptoms in a particular individual. It is indeed possible that symptoms classified as major depression can be attributed to an organic pathology. However, such symptoms might just as well reflect the effects of job insecurity, family conflicts, or a lucid awareness of the human condition.

The Campaign for Mental Health Reform, a national partnership comprised of numerous professional organizations (including the American Psychological Association), has recently commented that "the ongoing crisis in public mental health systems is both tragic and needless.... It is time that Americans with mental disorders finally be afforded the opportunity to live, work, learn, and participate fully in their communities" (Campaign for Mental Health Reform, 2005, p. 27). We share the Campaign's sense of urgency regarding the mental health crisis facing the United States. Yet, the crisis may be as much a function of how our challenges are *construed* as it is a matter of effectively coordinating various aspects of the mental health care delivery system.

In its final report, the President's New Freedom Commission on Mental Health (2003) defined *recovery* as "the process in which people are able to live, work,

learn, and participate fully in their communities," and *resilience* as "the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses—and to go on with life with a sense of mastery, competence, and hope" (p. 5). So defined, these constructs are as political as they are personal. For instance, recovery may depend as much on the presence of supportive communities as it does on the absence of organic pathology. Resilience, for its part, may demand a world rich with real opportunities to achieve mastery, actualize competencies, and realize possibilities.

Yet, any analysis of mental illness as a *political problem* immediately confronts the clinical psychologist with a dilemma. If the most serious threats to mental health are to be found at the level of the community, then it is no longer entirely clear how clinicians can actually contribute to the process of achieving psychosocial well-being. As technicians of practical knowledge (cf. Sartre, 1974, pp. 231–246), basic and applied psychologists can certainly help illuminate the empirical conditions that facilitate the realization of specific therapeutic goals. However, the individual clinician hardly has the power to alter the social and economic circumstances that potentially contribute to incidents of mental illness in the United States.

The community psychology movement that began in the 1960s represents one effort on the part of progressive psychologists to work out a coherent solution to this problem of political impotence. Intimately aware of the potential impact of poverty, discrimination, and other social injustices on mental health, the community psychologist strives "to foster a more just society" (Wiley & Rappaport, 2000, p. 60), often by becoming directly involved in relevant policy debates and community planning.

Significantly, this spirit of social activism appears to have captured the imagination of the professional organization representing the substantial majority of applied psychologists. In the past few decades, the American Psychological Association has articulated official positions on a broad range of civic issues. Recent APA policy statements have included opposition to English-only language initiatives, support for the regulation of firearms, opposition to the death penalty, and support for the use of tax dollars to provide housing for the homeless (see Redding, 2001). As former APA president Phillip Zimbardo (2002) points out, many contemporary social problems (e.g., drug abuse, violent crime) have psychological antecedents and consequences. Thus, "psychologists need to be heard and to be at the table of influential leaders and policymakers, because psychologists have more to say about these issues than do members of any other discipline" (p. 432).

The APA's commitment to community welfare has recently taken the form of the ambitious "road to resilience" educational campaign, initiated in response to the terrorist attacks of September 11, 2001 (Martin, 2002). Comprised of relevant brochures, documentaries, lectures, and workshops, the campaign presumably disseminates the best information presently available regarding the dynamics of stress, coping, recovery, and resilience.

Yet, it is significant that a brochure distributed as part of this initiative offers much more than an objective summary of the relevant research. It actually appears to articulate a general *philosophy of living*. For instance, those seeking resilience

should "maintain a hopeful outlook," "accept that change is a part of living," and "move toward your goals" (APA, 2004, p. 4). It hardly seems to matter that such value-laden proclamations take us well outside the domain of science. The fact is that *something needs to be done* to help Americans cope with this complex and often frightening world. Psychology, it seems, has finally found its voice in the post-September 11 milieu.

It is fair to say that large segments of society look to our profession for guidance, encouragement, and even nurturance. Nevertheless, before we take one more step down the road to resilience, it is imperative that we once again critically examine the place of clinical psychology in civil society. What role should our discipline play in broader cultural dialogues concerning the good life? What does it mean to seek recovery and resilience in an unstable and often quite violent world?

The central purpose of the present essay is to explore the sociopolitical *problem space* occupied by psychologists authentically committed to the amelioration of human suffering. Although individual practitioners do what they can to alleviate symptoms of mental illness, the discipline remains haunted by the possibility that various behavioral and emotional problems are appropriately attributed to broader *cultural* pathologies. Thus, it is understandable that politically aware psychologists (and professional organizations) often find it necessary to offer public proclamations concerning a broad range of moral and social issues. In this chapter, we first explore the professional risks associated with this project of political advocacy. Although clinical psychologists are certainly entitled to their respective ethical and political commitments, we argue that explicit social activism compromises the public perception of psychologists as objective scientist-practitioners.

Nevertheless, the solution to the problem of advocacy can never be a crude scientism. The political firestorm elicited by Rind, Tromovitch, and Bauserman's (1998) meta-analysis of the long-term effects of child sexual abuse amply demonstrates the fact that adopting the pose of an "objective scientist" offers very little protection against the political elements. Although psychologists are free to pursue any research agenda they please, the sociopolitical context inevitably determines the *cultural meaning* of theory and research in the social sciences. Thus, psychologists necessarily participate in political discourse, irrespective of whether they choose to engage in formal advocacy. Yet, many social scientists are simply unable to reconcile the values implicit in the scientific enterprise with the compromises presumably necessary for survival in the age of culture wars and identity politics.

The sociopolitical meaning of discourse in the social sciences will thus serve as the focus of the second section of the present essay. Although there is a perpetual danger of losing our scientific bearings in a sea of postmodern language games, it may nevertheless be possible to negotiate a path between the Scylla of naïve scientism and the Charybdis of partisan politics. Specifically, we argue that the scientific enterprise is most appropriately interpreted as an epistemic tool that facilitates the realization of specific cultural goals. The radical autonomy of its methods and the epistemic purity of its results are thereby placed at the service of a particular constellation of human values, and it is these values that must have the final word.

In the wake of the final report of the New Freedom Commission, we recognize an urgent need to critically examine the potential contributions of clinical psychologists to the political projects of recovery and resilience. Yet, we also suspect that the relevant theoretical issues are considerably more complex than the Commission's report seems to suggest. What, for instance, does it mean to "rebound" from a personal tragedy? Is it enough to achieve reasonably high scores on various measures of well-being, or is it also necessary to grasp the broader sociopolitical meaning of one's ordeal? How should we weigh the value of personal happiness in relation to all of the other obligations an individual assumes as a member of civil society? Should a premium be granted to self-reported life-satisfaction or should we instead place greater value on a lucid awareness of the social conditions that constitute potential threats to future well-being?

In the final section of this chapter, we consider the New Freedom Commission's emphasis on recovery and resilience as an implicit call for professionals to move beyond their role as mere technicians and enter the world of politics. The well-trained clinician is no longer simply a scientist-practitioner, but rather, a scientist-practitioner-scholar situated on the cusp of the ethical.

THE PROBLEM OF ADVOCACY

In January 1998, APA President Martin Seligman and his colleagues Mihaly Csikszentmihalyi and Raymond Fowler spent a week finalizing plans to create a professional movement they dubbed *positive psychology* (Seligman, 2002). Born of a profound dissatisfaction with the tendency of mental health professionals to focus on human deficits (e.g., mental illness), the positive psychology movement represents a commitment to the systematic exploration of the psychosocial *virtues* that allow individuals to lead happy, productive lives. According to Seligman (2002):

> [P]eople want more than just to correct their weaknesses. They want lives imbued with meaning.... The time has finally arrived for a science that seeks to understand positive emotion, build strength and virtue, and provide guideposts for finding what Aristotle called the "good life." (p. ix)

In less than a decade, positive psychology has emerged as a significant voice in the social sciences and numerous theorists, researchers, and practitioners have formally aligned themselves with the movement (see Gable & Haidt, 2005). To be sure, positive psychology "does not ask psychologists to adopt a particular viewpoint or support any particular approach" (Simonton & Baumeister, 2005, p. 101). Indeed, as Sheldon and King (2001) observe, "positive psychology is simply psychology" (p. 216). Yet, it is a psychology *broadened* to include fundamental questions regarding what it means to be human.

What is perhaps most striking about the positive psychology movement is the degree of optimism it displays regarding the field of psychology itself. Topics that have traditionally fallen within the purview of philosophy, religion, and political science (e.g., civic virtue) can now be considered as the focus of a genuinely positive psychological science. Gable and Haidt (2005) even express hope that

positive psychologists will eventually "become more daring in their theory and their interventions and will try, in the coming years, to actually improve the functioning of schools, workplaces, and even governments" (p. 108). Psychology, it seems, has never been in a better position to suggest answers to questions regarding "how people's lives can be most worth living" (Seligman & Csikszentmihalyi, 2000, p. 5).

Nevertheless, it remains an open question as to precisely *how* basic and applied psychologists can make meaningful contributions to cultural dialogues concerning the good life. In a series of provocative essays, Kendler (1993, 1999, 2005) has argued that scientific psychology lacks the moral authority necessary to illuminate the values that *ought* to guide our lives. Simply put, scientific description does not imply ethical prescription. Scientific claims are different *in kind* from proclamations concerning the relative merits of competing psychosocial ideals. Thus, as a matter of principle, empirical accounts of factual states of affairs can never ground assertions regarding the conditions that make life "most worth living."

To be sure, basic and applied psychologists may be able to delineate the empirical conditions (or behavioral interventions) that potentially facilitate the achievement of specific psychosocial goals. However, this scientific project is meaningful only insofar as we have *already identified* the goals worthy of pursuit. Psychologists, it can be argued, have no more right to determine these goals than does anybody else. According to Kendler (2005), "an educated democracy will not buy the idea that psychology is capable of identifying the right political policy or the correct way to live" (Kendler, 2005, p. 323). Psychology, in short, should keep its hands to itself and get on with the business it does best: the scientific analysis of human behavior and mental processes.

Smith (2000) is probably correct to interpret Kendler's (1999) work as "indirectly a sermon against American Psychological Association involvement in social advocacy" (p. 1151). If psychology is to preserve its status as a science-based enterprise, it is difficult to imagine how professional psychologists can, in good faith, make specific public policy recommendations, let alone offer a defensible account of *the good life*. For his part, Kendler (1999) warns that if psychologists continue to submit to the temptation to moralize, "the potential social contributions of psychological knowledge will be ignored because that knowledge will be perceived as a political message, not as reliable scientific evidence" (p. 831).

Nevertheless, Smith (2000) may also be right to argue that "psychologists, as scientists and professionals, have just as much justification as anybody else, and more than many, to enter into democratic controversy about value choices" (p. 1151). Given the fact that applied psychology is *essentially* a moral enterprise, movement toward some form of social advocacy seems to be inevitable. As Shore (1998) comments, "there has been a *natural evolution* in psychology from its start as a science, to its growth as a profession, to its current involvement in professional advocacy" (p. 474, emphasis added). Of course, authentic advocacy is not simply a bald declaration of values, but rather, is "built on the integration of theory, research and practice" (p. 474).

For instance, the APA's opposition to discrimination against homosexuals in the military reflects, in part, (a) the organization's longstanding rejection of

"discrimination on the basis of sexual orientation" and (b) the failure of empirical data to adequately demonstrate that "sexual orientation is germane to any aspect of military effectiveness, including unit cohesion, morale, recruitment, and retention" (Paige, 2005, pp. 480–481). Similarly, the APA's recent condemnation of religious discrimination reflects (a) the fact that "psychologists respect the dignity and worth of all people and are committed to improving the condition of individuals, organizations, and society," and (b) the observation that "a variety of religious faiths and nonreligious worldviews can peacefully co-exist [in pluralistic cultures] while maintaining substantial doctrinal, valuative, behavioral, and organizational differences" (Paige, 2006, p. 494).

For a discipline that prides itself in its responsiveness to human needs, public advocacy on the part of the APA might be appropriately lauded as a positive historical development. Yet, insofar as such policy statements reflect implicit or explicit value commitments, the project of advocacy leaves the profession vulnerable to substantive charges of ideological bias. Certainly, many of the value statements endorsed by the APA (e.g., religious tolerance) are likely to be embraced by a substantial majority of citizens living in a free society. However, difficulties begin to emerge when a large proportion of the more controversial recommendations are perceived as consistent with a left-leaning political ideology.

In this regard, it is noteworthy that former APA President Nicholas Cummings (2005) has recently declared that "psychology, psychiatry, and social work have been captured by an ultra-liberal agenda" (p. xiii). Although science-based (and experience-based) advocacy remains a legitimate professional project, Cummings (2005) laments the fact that "advocacy for scientific and professional concerns have been usurped by agenda-driven ideologues who show little regard for either scientific validation or professional efficacy" (p. xiv).

Redding (2005) has similarly argued that a strong liberal bias presently threatens the intellectual integrity of psychological theory, research, and practice. Indeed, without looking at a single study, it is fairly easy to predict precisely where the APA will stand on many controversial social issues. Like the typical left-leaning ideologue, the APA stands opposed to capital punishment, opposed to discrimination against homosexuals, and opposed to "gag rules" that restrict the ability of health care providers to discuss alternatives to abortion with female patients.

For Redding (2005), everything happens as if a liberal political philosophy defines the social agenda of contemporary psychology and individual psychologists are simply expected to tow the party line. However, Redding (2005) does not argue that psychologists should ignore their personal value systems. Rather, what is needed is increased sociopolitical *diversity*:

> The pervasive liberal zeitgeist in psychology affects our roles and contributions as researchers, policy advocates, clinicians, and educators. Do we want a professional environment in which our liberal worldview prevents us from considering valuable strengths of conservative approaches to social problems; where the public and policymakers dismiss our research and advocacy because it is seen as too intertwined with our political beliefs; where psychologists fail to appreciate the phenomenology and values of conservative

> clients and communities; or where conservatives are reluctant to enter the profession, and we tacitly discriminate against them if they do so? (pp. 313–314)

Although some may take issue with Redding's (2005) suggestion that we should institute strategies akin to "affirmative action in reverse" (p. 315) to recruit conservative graduate students and faculty, it is difficult to ignore the ethical challenges posed by the strong tendency on the part of contemporary psychologists to confound professional judgment with partisan politics.

The community psychology movement, to cite one example, may find itself so caught up in the Rawlsean notion of social justice that it fails to consider plausible alternatives to the thesis that "oppression" (in its various guises) is responsible for the plight of the underprivileged. Indeed, Lillis, O'Donohue, Cucciare, and Lillis (2005) argue that community psychologists implicitly endorse a "psychology of victimization" that effectively undermines intrinsic motivation and perpetuates cycles of hatred and prejudice. Considered together, the various groups that have been identified by community psychologists as "oppressed" (e.g., women, African Americans, Native Americans, homosexuals) represent the substantial majority of the U.S. population. "With all these victims, where is the oppression coming from?" (p. 289).

Lillis et al. (2005) suggest that the time has finally come to "abandon the rhetoric of social justice" (p. 300) and seriously consider alternative, "conservative," approaches to the problem of improving our collective well-being. Specifically, community psychologists should "focus on individuals, not groups, identifying specific needs and deficits rather than assuming them based on ethnic or racial origin" (p. 295). For instance, undereducated individuals might be taught "relevant financial skills such as financial management, ownership, investing, entrepreneurism, orienting to long-term goals, and building positive work orientation" (p. 295). Also worthwhile might be the study of "individuals who have succeeded in raising their own living standards" (p. 295), which would presumably allow others to learn by their example.

If left-leaning psychologists take issue with the conservative spirit that informs such rhetoric, this is precisely because they themselves have made politics an issue in the first place. Indeed, a conservative reaction to the "liberal bias" in professional advocacy can serve an important meta-critical function insofar as it challenges psychologists to clearly distinguish statements of fact from ideologically tinged rhetoric.

It is not uncommon to witness psychologists defend their right to take a position on controversial issues by a simple appeal to the fact that "science can never be fully free of values" (Crosby, Iyer, Clayton, & Downing, 2003, p. 93). This is obviously true, but it hardly justifies the *endorsement* of a specific ethical point of view. It would be perfectly consistent to acknowledge the values that influence one's own scientific work and yet remain silent regarding the values that ought to be adopted *by others*.

Still, it might be replied that "the decision to refrain from applying social science data to social problems is every bit as political as the decision to apply the data" (Crosby et al., 2003, p. 93). Yet, this almost childish statement of fact betrays a

failure to take into account the political issues at stake *in the decision to remain silent* with respect to ethical and political issues. Such silence might be appropriately interpreted as a profound respect for the *relative autonomy* of the scientific enterprise in the face of the nearly irresistible tendency on the part of human beings to confound fact and value.

Despite his own misgivings about the positioning of psychologists as social advocates, Kendler (1993) acknowledges that the profession can and should play an important role in policy debates. Specifically, "psychology can assist society in settling ethical disputes by revealing the empirical consequences of different policy choices, thus allowing society to make informed decisions as to which competing social policies to adopt" (p. 1052). From this point of view, the place of psychology in civil society is a function of the appropriateness of the *methods* employed in psychological research. The specific *social values* endorsed by individual psychologists are completely irrelevant.

In 1947, the APA's Committee on Training in Clinical Psychology issued a set of formal recommendations that would guide clinical education for decades to come. Specifically, clinical psychologists are to be trained as *diagnosticians, therapists*, and *researchers*, "with the special contributions of the psychologist as a research worker emphasized throughout" (p. 543). Perhaps, then, the most effective way to escape the charge of ideological bias is to return to our roots. Psychology is the *science* of behavior and mental processes.

PSYCHOLOGY IN THE PUBLIC ARENA

In 1998, a meta-analysis of research examining the long-term effects of child sexual abuse was printed in *Psychological Bulletin*, a peer-reviewed journal published by the APA. Rind et al. (1998), the authors of the manuscript, concluded that there was little support for the common assumption that sexual contact between an adult and a child typically produces long-term negative outcomes, and some individuals even considered such sexual activity to have been a positive experience.

The authors proceeded to explore the conceptual difficulties associated with the tendency to employ the term "abuse" in reference to *any* sexual contact between an adult and a child. If such contact involved willing partners without long-term negative consequences, it might be more appropriately labeled as *adult-child* (or *adult-adolescent*) *sex*, a "value-neutral term" (Rind et al., 1998, p. 46).

Rind et al. (1998) were well aware of the danger that their conclusions might be taken as a qualified endorsement of sexual activity involving children. Thus, the authors were quite careful to spell out the fact that their empirical analysis has no bearing whatsoever on the question concerning the *moral appropriateness* of child-adult sexual contact:

> If it is true that wrongfulness in sexual matters does not imply harmfulness . . . then it is also true that lack of harmfulness does not imply lack of wrongfulness. Moral codes of society need not be, and often have not been, based on considerations of psychological harmfulness or health. . . . [Thus] the findings of the current review do not imply that moral or legal definitions of or views on the behaviors currently classified as CSA [Childhood

> Sexual Abuse] should be abandoned or even altered. The current findings are relevant to moral and legal positions only to the extent that these positions are based on the presumption of psychological harm. (p. 47)

One can hardly imagine a discussion more consistent with the spirit of Kendler's (1993, 1999) thesis that social scientists ought to sharply distinguish statements of presumed fact from statements of value. Clearly, Rind et al. (1998) did not endorse sexual contact with children under any circumstances. However, they also failed to unequivocally condemn it.

In subsequent months, Rind et al.'s (1998) meta-analysis came to the attention of Laura Schlessinger, a popular American radio personality. She made use of her radio show to publicly denounce Rind et al.'s (1998) work and challenged the American Psychological Association to denounce it as well (Garrison & Kobor, 2002).

Soon thereafter, the U.S. Congress took up the issue. On May 12, Representative Matt Salmon introduced House Concurrent Resolution 107 "rejecting the conclusions of a recent article published by the American Psychological Association that suggests that sexual relationships between adults and children might be positive for children" (H. Con. Res. 1999, ¶1).

In a letter to House Majority Leader Tom Delay dated June 9, 1999, Raymond Fowler (the chief executive officer of the APA) made it clear that the organization does not support "the 'normalization' or decriminalization of any form of sexual relations between adults and children" (¶3). Significantly, Fowler admitted that "some of the language in the article, *when examined from a public policy perspective*, is inflammatory" ¶5; emphasis added). Further, the clear tension between the conclusions of the authors and the stated public position of the APA "should have caused us to evaluate the article based on its potential for misinforming the public policy process. This is something we failed to do, *but will do in the future*" (¶5, emphasis in original).

This letter, however, failed to stop the House of Representatives from unanimously passing House Concurrent Resolution 107 on July 12, 1999 (with two abstentions). On July 30, 1999, the bill was unanimously approved by the Senate. Brian Baird (2002), a member of the U.S. House of Representatives and a clinical psychologist, lamented that this was "the first occasion in recent history in which the United States Congress voted to officially condemn findings published in a peer reviewed scientific journal" (p. 189).

Not surprisingly, many psychologists responded to the Rind et al. (1998) affair by drawing attention to the challenge it represents to the freedom of scientific inquiry. Lilienfeld (2002), for example, comments that the academy "would be ill advised to ignore the threat to scientific freedom posed by the efforts of influential individuals in the media or political world" (p. 183). Baird (2002) similarly suggested that the APA might have used the controversy as an opportunity to *educate Congress* about "the importance of scientific freedom and independence" (p. 190).

Others, however, have suggested that such concerns about scientific freedom completely miss the point. The fact of the matter is that Rind et al. (1998) wrote an essay that *appeared* to endorse child sexual abuse (in spite of the authors' efforts to formally distinguish empirical and moral concerns). Although psychologists may

blame Laura Schlesinger and her conservative cohorts for the political disaster, Cummings (2005) reminds us that condemnation was *unanimous* in both houses of congress. Indeed, Cummings (2005) declares:

> Psychologists are largely unaware of how inept the profession's testimony before Congress was. It came down heavily on the side of academic freedom and uncensored scientific research, and only secondarily against pedophilia. Such is the disconnect between psychology and society at large. (p. xvii)

It is easy to agree with Albee's (2002) claim that academic freedom carries with it the "academic responsibility to present one's results clearly, drawing out the implications, and noting cautions about what cannot be concluded. The latter is particularly important when the findings are sensitive, controversial, or potentially inflammatory" (p. 161). Yet, serious questions can be raised about whether even this level of caution is sufficient to buffer psychologists against the political fallout associated with a failure to align psychological theory and research with public morality.

In a discipline concerned with human behavior and mental processes, it is difficult to establish a scientific "safe zone" comprised of topics that can be freely explored irrespective of cultural value systems. Even if basic scientists take a vow of silence regarding political matters, they can never stop malignant souls from *using* or *misusing* the results of their research. In this regard, it is noteworthy that the Rind et al.'s (1998) meta-analysis was cited in 1999 by a "psychological expert" testifying on behalf of a pedophilic priest in an Arizona courtroom (Leadership Council on Child Abuse and Interpersonal Violence, 2005).

To be sure, there are topic domains in the social sciences that rise to such levels of abstraction that they are not likely to bother anyone. Yet, if research *can* matter to someone, it is *always already* political. According to Albee (2002), "as science and scientific findings become more important in affecting major national and political policy and decisions, there is increasing political pressure on science and scientists" (p. 162). Thus, a fundamental question that we confront as a discipline regards the attitude we ought to adopt in the face of the *potential politicization* of virtually any given strand of psychological theory or research.

Teo (2005) has commented that "many psychological judgments are based on the scenario that *science is good and politics is bad* and therefore, the influence of politics on science is bad" (p. 185). Implicit in this attitude is the assumption that scientific "progress" depends on the preservation of a sharp distinction between *science* and *human culture*. From this point of view, political values should not constrain the freedom of social scientists to walk the *path of truth*, wherever that trail might lead.

As critical as such a distinction may be to the success of the natural sciences, it is debatable whether it can be strictly maintained in the social sciences. The reason for the difference is that scholars in the human sciences, unlike those in the natural sciences, have to contend with what Giddens (1987) termed the "double hermeneutic." According to Giddens, physics, chemistry, biology, and other natural science disciplines are single hermeneutic disciplines where scientists

must engage in discourse with one another about the appropriate way to describe natural phenomena. These scientists can generally be safe in their assumption that the discourse per se will do little to change the phenomena under investigation.

However, the equation changes radically when the object of investigation is a *concept-using being*, whose very conception of action enters into the actions themselves. According to Giddens (1987), "the concepts and theories invented by social scientists... circulate in and out of the social world they are coined to analyze" (p. 19). Thus, the theoretical constructs that are originally generated by social scientists to explain some behavioral phenomenon may be digested by human actors with genuine causal consequences.

The theoretical problem this creates becomes more apparent when we consider that the most successful descriptions of human behavior are precisely those that will receive the most lay attention. As such, we cannot have a comprehensive theory of human behavior and also expect that human behavior will remain unaffected by this very theory.

Because there is no way of keeping the conceptual apparatus of the observer free from appropriation by lay actors in the social sciences, these disciplines must contend with the problem of the double hermeneutic, or the complex interplay between formal theory and the interpretive schemes adopted by socially and historically contingent actors. This problem has significant implications for the concepts generated by social scientists as well as for our understanding of the relationship between statements of fact and statements of value.

For example, the thesis that human behavior is governed by the principle of *self-interest* is consistent with a considerable body of empirical data and might be appropriately considered as a self-evident fact. Miller (1999), however, submits that self-serving behavior might actually be reinforced by self-interest as a *cultural norm*. Such a norm encourages people to expect that others are motivated by self-interest and to assume that their own behaviors are inspired by selfish desires. Some may even go out of their way to provide "selfish" justifications for apparently altruistic acts (e.g., "I can write off this charitable donation as a tax deduction").

According to Miller (1999), the norm of self-interest is reinforced by a broad array of cultural institutions, including government, schools, and the media. The reification of this norm in the social sciences further fortifies its status as a behavioral constant. Even the simple act of *taking a class* in microeconomics has been found to significantly increase the likelihood that students consider "self-interested" behavior as morally legitimate (Frank, Gilovich, & Regan, 1993; Miller, 1999).

But if there are institutions that reinforce the norm of selfishness, there are also institutions that recognize the value of self-sacrifice. It is interesting in this regard to contrast the worldview fostered in U.S. business schools with the ethics implicit in military education. Military culture is predicated on the moral legitimacy of acting in the interests of others and the social behavior of many soldiers clearly reflects a commitment to such nonegoistic values as patriotism, duty, and altruism. Franke (2001), for example, observes that socialization at the U.S. Military Academy at West Point "seems to instill and strengthen those values that characterize the traditional professional military ethos—conservativism, patriotism, warriorism, service before self, loyalty, and group cohesiveness" (p. 115).

Thus, cultural institutions and ideologies can influence the *very principles* that govern human behavior. Politics, then, is not something *other* than psychology. Rather, political value systems have the potential to transform the very cultural phenomena modeled (ex post facto) by social scientists. This does not suggest a limit to the value of psychological research, but it does imply a need to fundamentally reassess the relationship between science and politics.

Teo (2005) submits that psychologists "should not refuse to envision a *good politics and good science* scenario in which a commitment to good politics goes hand in hand with a commitment to good science" (p. 186). From this point of view, *questions of fact* emerge out of legitimate sociopolitical concerns and it is the responsibility of social scientists to provide empirical snapshots of relevant social phenomena.

Fox (1996) argues that the field of psychology has "an implied contract . . . to help society with the problems of human behavior that are taking such a toll on our communities" (p. 783). Yet, such an emphasis on the *responsibility* of basic and applied psychologists for our collective well-being seems to beg the most important question of all. What sort of "help" does society need? In the wake of the final report of the President's New Freedom Commission on Mental Health (2003), clinical psychologists are called on to participate in the project of *recovery* and *resilience*. Thus, a deeper appreciation of the place of clinical psychology in contemporary society might be facilitated by an exploration of the cultural problem of *mental illness*.

THE ROAD TO RESILIENCE

According to the President's New Freedom Commission on Mental Health (2003) "mental illnesses rank first among illnesses that cause disability in the United States, Canada, and Western Europe" (p. 3). Although many such illnesses are presumably quite treatable, the Commission reports that an unacceptable number of children and adults fail to receive the help they need.

To a considerable extent, this failure of the mental health care delivery system can be attributed to insufficient resources at the individual and community levels (e.g., lack of adequate health insurance, limited availability of mental health care providers in rural communities). Nevertheless, it may also be the case that erroneous *beliefs* on the part of the general public stand in the way of effective treatment. For instance, "some people may not recognize or correctly identify their symptoms of mental illness" (President's New Freedom Commission on Mental Health, 2003, p. 20). Further, even if they do acknowledge their symptoms, "they may be reluctant to seek care because of stigma" (p. 20).

Thus, the Commission formally recommended the implementation of *public education programs* to encourage individuals to seek appropriate treatment:

> For America to move forward in addressing the seriousness of mental health issues, the public must understand that these mental conditions are illnesses that can be reliably diagnosed and effectively treated. Targeted public education can increase awareness about the effectiveness of mental health services and can encourage people to

> seek treatment, thus reducing the stigma and discrimination associated with mental illnesses. (p. 23)

Coherent educational campaigns imply agreement among professionals regarding the *message* that needs to be communicated to the target audience. In this case, the message seems clear: large segments of the general public have yet to achieve an adequate understanding of the problem of mental illness. Thus, the central challenge of relevant educational campaigns is to *raise the public's awareness* of this serious threat to public health.

Unfortunately, professionals are not yet in complete agreement regarding precisely how the construct of "mental illness" ought to be understood. In the Commission's final report, "adults with mental illness" are defined as:

> [P]ersons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified with DSM-III-R (Diagnostic and Statistical Manual for Mental Disorders), that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. (p. 2)

Yet, given the broad range of symptomology detailed in the *DSM* system, there are very few adults that can legitimately lay claim to complete freedom from "mental illness." Thus, no one should be surprised to read that "mental illnesses are shockingly common; they affect almost every American family" (President's New Freedom Commission on Mental Health, 2003, p. 1; for a related discussion, see Richman, 2004).

As a first step in an honest educational campaign, it is important to remind the public that we do not yet fully understand what it means to speak of "mental illness." For instance, the diagnosis of a mental disorder does not imply that an individual actually has a *physical* illness of any sort. Rather, it simply indicates the presence of a specific constellation of symptoms that, depending on the details of the case, may be attributed to any number of dispositional or contextual factors. Indeed, insofar as emotional pain plays a role analogous to physical pain in identifying and avoiding various threats to psychosocial well-being, the assumption that severe depression *necessarily* reflects a biological dysfunction can be rejected as gratuitous (see Henriques, 2000).

Further, as Szasz (1960) has made clear, the *very definition* of mental illness implies value judgments. As such, psychiatric diagnosis is little more than a commentary on the fact that a patient's behavior deviates from "certain psychosocial, ethical, or legal norms" (p. 115). According to Szasz (1960),

> Psychiatry ... is very much more intimately tied to problems of ethics than is medicine.... Problems in human relations can be analyzed, interpreted, and given meaning only within given social and ethical contexts. Accordingly, it does make a difference—arguments to the contrary not withstanding—what the psychiatrist's socioethical orientations happen to be; for these will influence his ideas on what is wrong with the patient, what deserves comment or interpretation, in what possible directions change might be desirable, and so forth. (p. 116)

It is relatively easy to demonstrate that various disorders listed in the *DSM* system are indeed artifacts of cultural value systems. For instance, diagnosis of the Narcissistic Personality Disorder requires that a patient display such symptoms as a demand for "excessive admiration," a "grandiose sense of self-importance," an unwillingness "to recognize or identify with the feelings and needs of others," and a "preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love" (*DSM-IV*; American Psychiatric Association, 1994, p. 661). Clearly, such a diagnosis is little more than a restatement of the fact that the patient fails to conform to certain standards of appropriate behavior (and this remains true irrespective of the presumed cause of the condition).

Similarly, the inclusion of homosexuality as a mental disorder in the first edition of the *DSM* manual (published in 1952) can be interpreted as an artifact of a strong cultural bias against homosexual behavior in the United States. Significantly, homosexuality was eliminated from the *DSM system* in 1973, but only after the exertion of considerable political pressure by the homosexual community (Bayer, 1981).

Still, it might be said that many conditions detailed in the *DSM* system do indeed need to be taken seriously by anyone authentically concerned with the amelioration of human suffering. The diagnosis of "depression" may reflect a value judgment, but it is a value judgment that *we all share*. People *should not* be unhappy. The price, moreover, that many families pay when severe depression remains untreated is unacceptably high. According to the President's New Freedom Commission on Mental Health (2003), suicide "is the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths" (p. 20). Clearly, *something needs to be done* to ensure that severely depressed individuals receive the help they need.

As previously noted, the ambition of the President's New Freedom Commission on Mental Health is not limited to the mere alleviation of symptoms. Rather, the task of a reformed mental health care delivery system is to facilitate *recovery* and *resilience*. Further, "early assessment and treatment are critical across the life span" (p. 57). Thus, rather than simply treating serious mental illnesses when symptoms so happen to appear, professionals working with children and adults should remain cognizant of the *warning signs* indicating that such illnesses may be on the horizon.

However, "early antecedents" of mental illness are not necessarily problems in their own right. Symptoms of mild depression that eventually lead to suicidal ideation in one patient might very well reflect an authentic response to challenging life-circumstances in another patient. The experience of bereavement, for instance, might actually *require* that some individuals "get worse" (as they work through the relevant grief issues) before they "get better." Similarly, an individual contemplating a failed marriage or a series of bad career moves *need not* (and perhaps *should not*) remain completely free from depression or anxiety.

If negative symptomology reflects an authentic response to challenging life circumstances, then "treatment" (or well-intentioned efforts to foster "resilience") may actually *interfere* with an individual's psychosocial development. Although clinical psychologists do not always think this way, an awareness of the psychological value of pain has a rich tradition in Western philosophy and remains a central

tenet in contemporary existential approaches to psychotherapy (e.g., Frankl, 1984).

It is significant in this regard that a substantial body of research suggests that moderately depressed individuals may actually have a *more accurate* appraisal of themselves and their world than do their less depressed counterparts (see Taylor & Brown, 1988). For many scholars (e.g., Avia, 1997; Taylor, 1989), such results imply that mental health can actually be improved if individuals learn to sustain self-enhancing "positive illusions." Yet, these same results can just as well be interpreted as suggesting that the pursuit of wisdom often requires the psychosocial strength to tolerate sadness.

The President's New Freedom Commission on Mental Health, (2003) suggests that primary health care providers should "screen for mental disorders" and, if early signs of emotional or behavioral problems are observed, offer connections to appropriate "treatment and supports" (p. 65). As helpful as this sounds, it is not entirely clear that such early interventions are in the best interests of the patient. There is a very real risk that authentic anxiety and genuine sadness will be *reconstituted* by primary care physicians and mental health professionals as problems in need of treatment (for a related discussion, see Lehrman, 2006).

Therapy, in short, is an ethical dilemma. The Commission observes that "an array of evidence-based medications and psychosocial interventions—typically used together—now allows successful treatment of most mental disorders" (p. 67). There is indeed little reason to doubt that a broad array of negative emotions and behaviors can be ameliorated through the use of medications and/or psychosocial interventions. Nevertheless, psychologists, psychiatrists, and social workers have yet to acquire the moral authority to identify the precise symptoms that *ought to be* eliminated. As Strupp (1996) comments, "in pluralistic society, the term *mental health* has assumed a multiplicity of meanings.... Unless certain assumptions are made and a generally acceptable set of criteria concerning mental health is developed, it is more or less meaningless to speak of improvement... from psychotherapy" (p. 1018).

The significance of this problem cannot be overstated. Theoretical perspectives in clinical psychology do not differ simply in terms of their respective accounts of the relevant empirical facts. They also differ with respect to the *values* that implicitly or explicitly inform the therapeutic enterprise. For instance, many feminist approaches to counseling emphasize the importance of political empowerment, yet cognitive-behaviorists focus on the amelioration of negative symptomology (e.g., depression). Humanists emphasize subjective well-being, yet many psychoanalysts place a high premium on insight and awareness of the human condition.

It is tempting to resolve the problem of value pluralism by simply acknowledging the potential legitimacy of each of these values. Leaders of the positive psychology movement, for instance, have made a concerted effort to embrace virtually every positive outcome imaginable. As Seligman and Csikszentmihalyi (2000) comment:

> The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive

> individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship, responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. (p. 5)

These are indeed noble ideals and it is significant that Seligman and Csikszentmihalyi's (2000) vision of human flourishing offers something for everyone. Hence, these authors can legitimately lay claim to "a vision of the good life that is empirically sound while [also] being *understandable and attractive*" (p. 5, emphasis added). We are, it seems, finally in a position to grasp the real political significance of the positive psychology movement. Specifically, positive psychology represents *the ideal alignment of the profession of psychology with the moral concerns of civil society*.

Yet, a commitment to every value under the sun is not always easy to sustain (cf. Kohlberg, 1981, pp. 9–12). A perusal of the relevant literature suggests that positive psychologists tend to be especially interested in a particular subset of moral concerns. For instance, in a recent issue of *Psychological Science in the Public Interest*, Diener and Seligman (2004) have argued that "policy decisions at the organizational, corporate and governmental levels should be more heavily influenced by issues related to *well-being*—people's evaluations and feelings about their lives" (p. 1, emphasis added).

Few would deny the intrinsic value of happiness. Further, numerous studies suggest that subjective well-being facilitates the achievement of a variety of desirable outcomes, including a stable marriage, a good job, and a long life. According to Diener and Seligman (2004), "well-being not only is valuable because it feels good, but also is valuable because it has beneficial consequences. This fact makes national and corporate monitoring of well-being imperative" (p. 1).

To this end, these authors suggest that the time has finally come to implement a "national well-being index" involving the systematic assessment of "key well-being variables for representative samples of the population" (Diener & Seligman, 2004, p. 1). There is, of course, always a danger that specific findings will be exploited in the name of a particular political or religious ideology. For example, religious conservatives might gain considerable political mileage from the empirical observation that religious individuals tend to be happier than their less religious counterparts (see Myers, 2000). Nevertheless, Diener and Seligman (2004) believe that the assessment of well-being can and should remain a politically neutral enterprise:

> The indicators are descriptive, not prescriptive, and must remain so. They simply yield facts that can be used either by the left or the right, and therefore they provide an added way to better assess the claims of various political viewpoints by revealing how policies actually influence well-being. (p. 24)

Given the strong emphasis that Americans place on the pursuit of happiness, it seems reasonable to argue that such data should be used to inform public policy. Indeed, Diener and Seligman (2004) observe that "a number of findings

on well-being point to government interventions that might alleviate suffering and increase well-being" (p. 24). Further, "market democracies have much more well-being than totalitarian dictatorships, so *military expenditures that protect and extend democracy will increase global well-being*" (p. 24, emphasis added).

As horrifying as it may be to imagine military adventures in the name of positive psychology, it is difficult to find a more vivid illustration of the moral myopia of the positive psychology movement. To be sure, Diener and Seligman (2004) are well aware that the "good life" cannot simply be equated with the pursuit of happiness. Nevertheless, a psychology that remains fixated on the problem of subjective well-being fails to illuminate how the value of happiness ought to be *weighed* in relation to other social concerns (e.g., the deaths of civilians in warfare).

Thus, we should not allow the ethical breadth of the positive psychology movement to blind us to questions concerning the *relative merits* of competing psychosocial ideals. Seligman and Csikszentmihalyi (2000) appropriately wonder whether the world is "too full of tragedy to allow a wise person to be happy" (p. 13). Although we may indeed hope that "a person can be happy while confronting life realistically and while working productively to improve the conditions of existence" (Seligman & Csikszentmihalyi, 2000, p. 13), it is nevertheless possible that an individual's own path to wisdom winds through a forest of sadness and despair (see Nietzsche, 2001, pp. 6–7).

To be sure, we recognize that "desirable outcomes, even economic ones, are often caused by well-being" (Diener & Seligman, 2004, p. 1). Thus, an authentically humanistic psychology is obliged to take the problem of subjective well-being quite seriously. Yet, the observation that happiness does *in fact* promote certain positive outcomes (in the present sociopolitical context) does not imply that these positive outcomes *ought* to remain contingent on happiness. Professional psychologists can help individuals develop meaningful relationships and participate more fully in their communities *in spite of*, and perhaps even *because of*, personal suffering. Further, there is a perpetual danger that a formal pursuit of subjective well-being will *stand in the way* of the consciousness raising necessary if individuals and groups are to seek political solutions to personal problems.

As part of its recent "Road to Resilience" educational campaign, the American Psychological Association published six brochures ostensibly designed "to help the public develop resilience during the War in Iraq" (Mitternight, 2003, ¶1). For instance, a brochure entitled *Resilience in a Time of War* effectively draws attention to the fact that virtually every one of us can be affected by warfare: "No one knows how long a war will last or how it will affect our lives.... [Further,] terrorism creates fear and uncertainty about the future. Because terrorist acts are random and unpredictable, war today poses a new kind of threat, one with which Americans have had little experience" (American Psychological Association, 2003b, ¶1–2).

A substantial majority of the "tips for resilience" detailed in this brochure are as banal as they are predictable. For instance, one piece of advice offered in this official APA publication is to "*keep things in perspective.... Remember that wars end, and circumstances can ultimately improve*" (Tip #9). Other tips, however, are considerably more interesting. For instance,

> Give yourself a "news" break. Be sure to control the amount of time you and your family spend watching and reading war-related news coverage. Although it's natural to seek out the news to keep informed, too much news can make you more anxious. Consider limiting your news intake to no more than 1 hour a day, and try not to watch the news right before you go to bed. (APA, 2003b, Tip #5)

If the language in this brochure is taken at face value, it would appear that the American Psychological Association is explicitly recommending that the American public go on a "news diet." To be sure, there may be occasions in which certain individuals (e.g., the recently bereaved) are well advised to avoid media-induced anxiety. Nevertheless, a general recommendation that individuals coping with stress should minimize their exposure to stressful news may send an implicit message that the preservation of subjective well-being is of greater value than the rigorous pursuit of political wisdom.

Professional psychologists are generally more comfortable manipulating the strategies that people use to "cope" with stress than they are encouraging broad-based cultural transformations. As a rule, it is easier to ameliorate symptoms of mental illness than it is to understand and transform our complex, and often terrifying, world. Yet, there is no possibility of politically neutral advice in the domain of human psychology. Even the most apolitical humanist can be appropriately interpreted as an actor in a sociopolitical drama.

Prilleltensky (1994), for instance, comments that the strong emphasis on happiness and personal growth implicit in the humanistic psychology movement encourages a sort of spiritual "retreatism" that effectively turns our collective attention away from the perennial problem of *political power*:

> When preoccupation with psychological transformations, however important they might be, divert attention from unprosperous socioeconomic realities based on inequality of political power, the result is the inadvertent strengthening of the status quo.... As long as [Humanistic Psychology] continues to focus on the self as its main facilitator of progress in face of unpropitious realities, politicians may continue to use this as an excuse to pursue psychological—as opposed to material and political cures. (p. 85)

This is not the place to argue that such "material and political cures" are preferable to interventions at the level of the individual. Rather, our intent is simply to reinforce the perpetual need to *contextualize* the symptoms presented by a patient. No longer is it appropriate to apply treatments, or implement policies, that just so happen to work. Rather, the goals of treatment must be justified in relation to the multiplicity of values that emerge in a particular sociopolitical context.

SUMMARY

The release of the final report of the President's New Freedom Commission on Mental Health suggests a renewed need for clinical psychologists to critically assess their place in the nation's mental health delivery system. The enterprise of clinical psychology is all-too-often reduced to a set of empirically supported *techniques* that

presumably ameliorate a specific set of behavioral symptoms. Yet, this technical model of clinical training and practice fails to do justice to the broad array of social and political values that potentially influence the work of basic and applied psychologists.

Professional psychologists are in the business of facilitating change. Yet, the very quest to transform empirical states of affairs necessarily implies a specific vision regarding how social reality ought to be structured. Hence, applied psychology is *always already* political. The moral legitimacy of every one of our professional goals (e.g., social justice) is effectively *placed in question* when considered in light of alternative ethical and political perspectives.

The positive psychology movement appears to have sidestepped this problem by formally embracing virtually every cultural value imaginable (happiness, altruism, resilience, etc.). This ideological maneuver has the advantage of aligning the mission of psychology with public morality and there is little doubt that a tactic of this sort is necessary if clinical psychologists are to retain their social influence. Nevertheless, the positive psychology ruse can be condemned as dishonest to the extent that it directs our collective attention away from questions concerning the *relative merits* of competing social values.

In the spirit of Carl Jung, the contemporary psychologist must find the courage to embrace his or her *political shadow*. As we find ourselves more deeply enmeshed in the public quest to realize our collective psychosocial well-being, the psychologist's role as an *ethicist* must be considered in relation to the more traditional vision of the clinician as a scientist-practitioner. This need not imply a return to crude political advocacy, as if the psychologist had a privileged access to moral truth. Rather, psychology as a scholarly enterprise participates in the project of *raising consciousness* regarding the cultural implications of the various (scientific and ethical) perspectives that can be brought to bear on questions concerning human behavior and mental processes.

The integration of politics into the curriculum of the applied psychologist carries with it the risk that political schisms will become as divisive as the theoretical tensions that have historically compromised the integrity of the field. Nearly 75 years ago, Jastrow (1935) lamented that "the flounderings of psychology, and the bickerings of psychologists, damage its prestige" (¶18). Yet, he held out hope that "leaders of a broader gauge" would emerge "to redeem psychology and give it its rightful place as a guide to human understanding":

> [W]hen I dwell upon the rich heritage of supremely significant knowledge which is all entitled to be called psychology, and the vitality of the tasks awaiting the psychologists of the future, the winter of my discontent becomes tinged with the promise of a glorious summer, when all psychologists shall practice the sanity they preach. (¶18)

However, this "glorious summer" will never arrive if psychologists continue to insist on limiting their theoretical attention to the domain of the actual. As Kendler (1993, 1999) has noted, objective accounts of empirical states of affairs lack the power to illuminate the conditions that we *ought* to bring into being. What is needed, then, is a new vision of the professional psychologist as a

scientist-practitioner-scholar, with the intellectual depth and scholarly breadth to seriously explore the interplay of the personal and the political.

This chapter related the relevance of sociopolitical issues to the work of applied psychologists. Special attention was focused on three interrelated problems: (1) the professional challenges associated with the involvement of psychologists in *political advocacy*, (2) the political dangers associated with a failure to align psychological theory and research with *public morality*, and (3) the ethical tensions implicit in the adoption of specific *therapeutic goals* (e.g., subjective well-being). Insofar as various political issues continue to haunt the field of applied psychology, we submit that contemporary counselors and clinicians have a special obligation to consider their work in a sociopolitical context.

REFERENCES

Albee, G. W. (2002). Exploring a controversy. *American Psychologist, 57*, 161–164.

American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders*. Washington, DC: Author.

American Psychiatric Association. (1994) *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

American Psychological Association. (2003a). *American Psychological Association applauds final report of President's New Freedom Commission on Mental Health*. Retrieved June 16, 2006, from www.apa.org/releases/mentalhealth_rpt.html.

American Psychological Association. (2003b). *Resilience in a time of war* [Brochure]. Retrieved June 16, 2006, from www.apahelpcenter.org/dl/resilience_in_a_time_of_war.pdf.

American Psychological Association. (2004). *The road to resilience* [Brochure]. Retrieved June 16, 2006, from www.apahelpcenter.org/dl/the_road_to_resilience.pdf.

American Psychological Association Committee on Training in Clinical Psychology. (1947). Recommended graduate training program in clinical psychology. *American Psychologist, 2*, 539–558.

Avia, M. D. (1997). Personality and positive emotions. *European Journal of Personality, 11*, 33–56.

Baird, B. N. (2002). Politics, operant conditioning, Galileo, and the American Psychological Association's response to Rind et al. (1998). *American Psychologist, 57*, 189–192.

Bayer, R. (1981). *Homosexuality and American psychiatry*. New York: Basic Books.

Campaign for Mental Health Reform. (2005). *Emergency response: A roadmap for federal action on America's mental health crisis*. Retrieved June 16, 2006, from www.mhreform.org/emergency/emergencyresponse_report.pdf.

Crosby, F. J., Iyer, A., Clayton, S., & Downing, R. A. (2003). Affirmative action: Psychological data and the policy debates. *American Psychologist, 58*, 93–115.

Cummings, N. A. (2005). Preface. In R. H. Wright & N. A. Cummings (Eds.), *Destructive trends in mental health: The well-intentioned path to harm* (pp. xiii-xx) New York: Routledge.

Diener, E., & Seligman, E. P. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest, 5*, 1–31.

Exec Order No. 13, 263, C.F.R. 22337. (2002). Retrieved June 17, 2006, from www.whitehouse.gov/news/releases/2002/04/20020429-2.html.

Fowler, R. (1999, June 9). *APA letter to the Honorable Rep. DeLay (R-Tx)*. Retrieved July 23, 2006, from www.apa.org/releases/delay.html.

Fox, R. E. (1996). Charlatanism, scientism, and psychology's social contract. *American Psychologist, 51*, 777–784.

Frank, R. H., Gilovich, T., & Regan, D. T. (1993). Does studying economics inhibit cooperation? *Journal of Economic Perspectives, 7*, 159–171.

Franke, V. C. (2001). Generation X and the military: A comparison of attitudes and values between West Point cadets and college students. *Journal of Political and Military Sociology, 29*, 92–119.

Frankl, V. E. (1984). *Man's search for meaning*. New York: Washington Square Press.

Gable, S. L., & Haidt, J. (2005). What (and why) is positive psychology? *Review of General Psychology, 9*, 103–110.

Garrison, E. G., & Kobor, P. C., (2002). Weathering a political storm: A contextual perspective on a psychological research controversy. *American Psychologist, 57*, 165–175.

Giddens, A. (1987). *Social theory and modern sociology*. Stanford, CA: Stanford University Press.

H. Con. Res. 107, 106th Cong. (1999).

Henriques, G. (2000). Depression: Disease or behavioral shutdown mechanism? *Journal of Science and Health Policy, 1*, 152–165.

Hogan, M. F. (2003). *The Presidents New Freedom Commission on Mental Health* (Cover letter submitted with final report). Retrieved June 17, 2006, from www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf.

Jastrow, J. (1935). Has psychology failed? *American Scholar, 4*, 262–269. Retrieved August 2, 2006, from psychclassics.yorku.ca/Jastrow/failed.htm.

Kendler, H. H. (1993). Psychology and the ethics of social policy. *American Psychologist, 48*, 1046–1053.

Kendler, H. H. (1999). The role of value in the world of psychology. *American Psychologist, 54*, 828–835.

Kendler, H. H. (2005). Psychology and phenomenology: A clarification. *American Psychologist, 60*, 318–324.

Kohlberg, L. (1981). *The philosophy of moral development: Moral stages and the idea of justice: Pt. 1. Essays on moral development*. New York: Harper & Row.

Leadership Council on Child Abuse and Interpersonal Violence. (2005). *The controversy surrounding the publication of Rind et al.* Retrieved July 23, 2006, from www.leadershipcouncil.org/1/rind/cont.html.

Lehrman, N. S. (2006). The dangers of mental health screening. *Journal of American Physicians and Surgeons, 11*, 80–82.

Lilienfeld, S. O. (2002). When worlds collide: Social science, politics, and the Rind et al. (1998) child sexual abuse meta-analysis. *American Psychologist, 57*, 176–188.

Lillis, J., O'Donohue, W. T., Cucciare, M., & Lillis, E. (2005). Social justice in community psychology. In R. H. Wright & N. A. Cummings (Eds.), *Destructive trends in mental health: The well-intentioned path to harm* (pp. 303–324). New York: Routledge.

Martin, S. (2002). Building resilience from the grassroots up: APA members take the "road to resilience" campaign to the public. *Monitor on Psychology*. Retrieved June 16, 2006, from www.apa.org/monitor/dec02/building.html.

Miller, D. T. (1999). The norm of self-interest. *American Psychology, 54*, 1053–1060.

Mitternight, H. (2003). Materials released to help build resilience in wartime. *Monitor on Psychology*. Retrieved June 16, 2006, from www.apa.org/monitor/may03/materials.html.

Myers, D. G. (2000). The funds, friends, and faith of happy people. *American Psychologist, 55*, 56–67.

Nietzsche, F. (2001). *The gay science*. New York: Cambridge University Press. (Original work published 1882)

Paige, R. A. (2005). Proceedings of the American Psychological Association for the legislative year 2004. *American Psychologist, 60*, 436–511.

Paige, R. A. (2006). Proceedings of the American Psychological Association for the legislative year 2005. *American Psychologist, 61*, 411–512.

Paul, R.(2004, September 24). *The therapeutic nanny state*. Retrieved June 16, 2006, from www.lewrockwell.com/paul/paul204.html.

President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America*. Retrieved June 17, 2006, from www.mentalhealthcommission.gov/reports/FinalReport/downloads/FinalReport.pdf.

Prilleltensky, I. (1994). *The morals and politics of psychology: Psychological discourse and the status quo*. Albany: State University of New York Press.

Redding, R. E. (2001). Sociopolitical diversity in psychology: The case for pluralism. *American Psychologist, 56*, 205–215.

Redding, R. E. (2005). Sociopolitical diversity in psychology: The case for pluralism. In R. H. Wright & N. A. Cummings (Eds.), *Destructive trends in mental health: The well-intentioned path to harm* (pp. 303–324). New York: Routledge.

Richman, S. (2004). *Bush's brave new world*. Retrieved June 16, 2006, from www.fff.org/freedom/fd0411b.asp. (Original essay published in *Freedom Daily*, November 2004)

Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124*, 22–53.

Sartre, J.-P. (1974). *Between existentialism and Marxism*. New York: Pantheon Books.

Seligman, M. E. P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. New York: Free Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5–14.

Sheldon, K. M., & King, L. (2001). Why positive psychology is necessary. *American Psychologist, 56*, 216–217.

Shore, M. F. (1998). Beyond self-interest: Professional advocacy and the integration of theory, research, and practice. *American Psychologist, 53*, 474–479.

Simonton, R. F., & Baumeister, D. K. (2005). Positive psychology at the summit. *Review of General Psychology, 9*, 99–102.

Smith, M. B. (2000). Values, politics, and psychology. *American Psychologist, 55*, 1151–1152.

Strupp, H. H. (1996). The tripartite model and the Consumer Reports study. *American Psychologist, 51*, 1017–1024.

Szasz, T. S. (1960). The myth of mental illness. *American Psychologist, 15*, 113–118.

Taylor, S. E. (1989). *Positive illusions: Creative self-deception and the healthy mind*. New York: Basic Books.

Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103*, 193–210.

Teo, T. (2005). *The critique of psychology: From Kant to postcolonial theory*. New York: Springer.

Wiley, A., & Rappaport, J. (2000). Empowerment, wellness, and the politics of development. In D. Cicchetti & J. Rappaport (Eds.), *The promotion of wellness in children and adolescents* (pp. 59–99). Boston: McGraw-Hill.

Zimbardo, P. (2002). Psychology in the public service. *American Psychologist, 57*, 431–433.