SSSP

Mark R. Leary
Rowland S. Miller

Social Psychology and Dysfunctional Behavior

Origins, Diagnosis, and Treatment

Springer-Verlag

SSSP

Mark R. Leary
Rowland S. Miller

Social Psychology and Dysfunctional Behavior

Origins, Diagnosis, and Treatment

Springer-Verlag New York Berlin Heidelberg
London Paris Tokyo

Mark R. Leary
Department of Psychology
Wake Forest University
Winston-Salem, North Carolina 27109
U.S.A.

Rowland S. Miller
Department of Psychology
Sam Houston State University
Huntsville, Texas 77341
U.S.A.

With 2 Figures

Library of Congress Cataloging in Publication Data
Leary, Mark R.
Social psychology and dysfunctional behavior.
(Springer series in social psychology)
Bibliography: p.
Includes index.
1. Social psychiatry. 2. Interpersonal relations.
3. Mental illness—Social aspects. 4. Social psychology.
I. Miller, Rowland S. II. Title. III. Series.
[DNLM: 1. Behavior. 2. Counseling. 3. Interpersonal Relations. 4. Psychology, Clinical. 5. Psychology, Social. WM 105 L438s]
RC465.L38 1986 616.89 86-6536

Typset by TC Systems, Shippensburg, Pennsylvania.
Printed and bound by R.R. Donnelley & Sons, Harrisonburg, Virginia.
Printed in the United States of America

9 8 7 6 5 4 3 2 1

ISBN 0-387-96325-1 Springer-Verlag New York Berlin Heidelberg
ISBN 3-540-96325-1 Springer-Verlag Berlin Heidelberg New York

SSSP

Springer
Series in
Social
Psychology

To Wendy and Kevin, Gale and Christopher

Preface

A colleague recently recounted a conversation she had had with a group of graduate students. For reasons that she cannot recall, the discussion had turned to the topic of "old-fashioned" ideas in psychology—perspectives and beliefs that had once enjoyed widespread support but that are now regarded as quaint curiosities. The students racked their brains to outdo one another with their knowledge of the historical trivia of psychology: Le Bon's fascination with the "group mind," Mesmer's theory of animal magnetism, the short-lived popularity of "moral therapy," Descartes' belief that erections are maintained by air from the lungs, and so on.

When it came his turn to contribute to the discussion, one student brought up an enigmatic journal he had seen in the library stacks: the *Journal of Abnormal and Social Psychology*. He thought that the inclusion of abnormal and social psychology within the covers of a single journal seemed an odd combination, and he wondered aloud what sort of historical quirk had led psychologists of an earlier generation to regard these two fields as somehow related. Our colleague then asked her students if they had any ideas about how such an odd combination had found its way into a single journal.

One student suggested that the decision to stick abnormal and social psychology together must have been a financial one; perhaps the American Psychological Association did not have enough money to support a journal in both fields, and so they had thrown the two together. Another student thought that the enigma was more imagined than real—that "social psychology" must have had different connotations at one time than it does today.

Although neither our colleague nor her students knew the full story behind the *Journal of Abnormal and Social Psychology* (a topic we discuss in chapter 1), this anecdote makes an important point. Although many influential figures in psychology (such as Morton Prince and Gordon Allport) once viewed the study of interpersonal processes and the study of psychological difficulties as intimately related, social psychology and abnormal-clinical-counseling psychology historically have had little to do with one another.

Indeed, the schism has been so great that contemporary students may have difficulty imagining how the fields might be related at all.

However, a movement is under way that is restimulating interest in the role of social psychological processes in the development, diagnosis, and treatment of dysfunctional behavior. Researchers and practitioners alike are devoting increasing attention to the interpersonal determinants of emotional and behavioral problems. In doing so, they are finding not only that many psychological problems arise from people's relationships with others, but that the diagnosis and treatment of such problems necessarily involve an interpersonal relationship between a counselor and a client. As a result of this realization, social psychology, with its focus on interpersonal behavior, is being increasingly regarded as relevant to the concerns of clinical and counseling psychologists.

Excited by this recent development, we have set out in this volume to overview areas of inquiry in which theory and research in social psychology elucidate processes involved in behavioral and emotional problems. Our task was more formidable than it first appeared. Recent years have seen an explosion of interest in the interface between social and clinical-counseling-abnormal psychology, and we were forced to choose at every juncture among topics for inclusion. Thus, we thought it important to state up front the criteria (or, if you will, the biases) that guided our writing.

First, this book has a decidedly social psychological orientation. Although every page deals with phenomena of interest to clinical and counseling psychologists (and counseling and psychotherapy research appears throughout), our emphasis is on how basic interpersonal processes are involved in the genesis, diagnosis, and remediation of psychological difficulties. Thus, although we believe strongly that the literatures we review provide useful perspectives for the practicing psychologist, we have not tried to write a book on how to do counseling and psychotherapy. Nevertheless, trained therapists will find much of value in the book and will be able to incorporate the insights offered here into their own modes of dealing with troubled individuals.

Our goal throughout is to show how central topics and perspectives in social psychology can help us better understand and treat certain sorts of psychological difficulties. We have sampled broadly from areas of interest in social psychology, including attribution, social cognition, impression management, relationships, the self, attitude change, expectancy effects, and self-esteem, to name some of the more central. In many instances we discuss work that has explicitly integrated social psychological perspectives into studies of clinical phenomena, whereas in others we speculate about the interpersonal aspects of psychological problems and their treatment on the basis of basic research.

In several chapters, we provide a brief introduction to basic social psychological constructs before delving into the implications of those constructs for abnormal, clinical, and counseling psychology. We ask those readers who

are well versed in social psychology to bear with us during these brief introductions; we thought it would be helpful to readers who are less familiar with work in social psychology if we provided a bit of background on such topics.

We feel strongly that social psychology has much to offer to our understanding and treatment of dysfunctional behavior, and that, in turn, counseling and clinical psychology can shine considerable light on the interpersonal processes that interest social psychologists. The potential for dialogue among these areas is extensive but has barely been tapped, and we hope that this volume will serve as a further impetus to cross-fertilization among these fields.

We would like to express our deepest thanks to Jane Reade, Teresa Hill, and Jodi Steiner for typing the reference list, to Robin Kowalski for her work on the author index, to Jim Maddux for extraordinarily helpful comments on an earlier draft of the manuscript, and to the staff at Springer-Verlag for their unflagging encouragement and support.

Winston-Salem, North Carolina — Mark R. Leary
Huntsville, Texas — Rowland S. Miller

Contents

Chapter 1

Introduction

Since the earliest days of psychology, researchers and therapists alike have recognized that interpersonal processes play a role in the development and treatment of emotional and behavioral problems. Although his theory of psychoanalysis is often described as *intra*psychic, even Freud traced many of his patients' difficulties to their social relationships with parents and lovers and wrote extensively about the interpersonal complexities of the relationship between therapist and patient.

In recent years, a wide range of theoretical and therapeutic approaches have increasingly emphasized the importance of social factors in understanding and treating dysfunctional or "abnormal" behavior. It is now widely accepted that many psychological problems are caused or exacerbated by interpersonal events. Not only is mental health customarily defined in terms of socially relevant criteria such as social competencies, effective relationships, and self-esteem (Orford & Feldman, 1980), but the issues, stresses, doubts, and problems for which people seek professional help are often social in nature. As we will see, phenomena as diverse as depression, anxiety, schizophrenia, alcoholism, and hypochondriasis may be developed, exacerbated, and prolonged by people's social interactions and relationships.

Further, the identification or diagnosis of psychological difficulties, whether by a highly trained professional or by anyone else, is necessarily a social process, involving one person's perception and categorization of another. Indeed, the mere identification of an individual's behavior as abnormal or deviant requires a comparison with the behavior of relevant others (Artiss, 1959; Langer, 1982). As Carson (1969, p. 225) observed, "personality disorder . . . is a matter of how one *behaves* (including what one *says*) in the presence of others; its definition is public and social in nature."

Finally, the treatment of dysfunctional reactions necessarily entails interpersonal processes, involving a therapist and a client or group of clients. Thus, a full understanding of what happens in the course of counseling and

psychotherapy requires an appreciation of the interpersonal dynamics involved (Frank, 1973; Strong, 1968; Strong & Claiborn, 1982). In fact, C. Hendrick (1983) flatly stated that "psychotherapy is first and foremost a species of human interaction" (p. 67).

Given that the role of interpersonal processes in the development and treatment of psychological problems has been recognized for some time, one might expect an intimate connection to exist between psychologists interested in dysfunctional behavior (predominantly clinical and counseling psychologists) and those interested in interpersonal processes (social psychologists). Not only do theory and research in social psychology seem to be relevant to understanding, diagnosing, and treating behavioral and emotional problems, but knowledge of the nature and treatment of such problems would be likely to elucidate phenomena of interest to social psychologists. However, for reasons we will discuss momentarily, a schism has existed between the two fields for many years, slowing the development of what would appear to be a meaningful and productive interchange.

There exists today, however, a new current moving toward the study of dysfunctional phenomena by social psychologists (Leary, Jenkins, & Shepperd, 1984; Weary & Mirels, 1982), the integration of social psychological principles and findings into clinical practice (Brehm, 1976; Maddux & Stoltenberg, 1983a), and the collaboration of clinical and social psychologists in research (Haemmerlie & Montgomery, 1984), graduate training (Harvey & Weary, 1979), and even therapy (Harari, 1983; C. Hendrick, 1983). In this introduction we provide an overview of this emerging area, first by describing the history of the rocky relationship between social psychology on the one hand and clinical, counseling, and abnormal psychology on the other, and by enumerating factors that have hindered a meaningful exchange between them. We then examine the changes within psychology that have precipitated the recent interest in the interface among these areas. The chapter then concludes with a brief overview of topics in which social psychological perspectives have been applied to clinically relevant phenomena, and with a preview of the remainder of the book.[1]

---

[1] Throughout the book, we will generally not distinguish between the fields of clinical and counseling psychology, nor between clinical and counseling psychologists or psychotherapists and counselors. This is not meant to imply that there are no important differences among these fields (see Osipow, Cohen, Jenkins, & Dostal, 1979; Watkins, 1984), but the differences are generally not germane to the purpose and scope of this book. Further, we often use the terms *therapist* and *counselor* in a generic sense, thereby including not only clinical and counseling psychologists (narrowly defined), but all professionals who provide psychological services, such as school psychologists, social workers, psychiatrists, members of the clergy, and even lay helpers.

Why So Long?

Despite clear indications that the development, diagnosis, and treatment of dysfunctional behavior are influenced by social psychological processes, a meaningful dialogue between social and clinical-counseling psychologists has been slow to develop. Not only have practicing clinicians and counselors paid little attention to relevant work in social psychology, but researchers interested in psychopathology and psychotherapy have shown little inclination to borrow from social psychological theory and research. On the other side of the fence, social psychologists have been equally remiss in ignoring theory and research dealing with dysfunctional behavior and have seemed reluctant to foray into clinically relevant areas.

The extent of the schism between the two camps was starkly portrayed by the bifurcation of the *Journal of Abnormal and Social Psychology* into the *Journal of Abnormal Psychology* and the *Journal of Personality and Social Psychology* in 1965. Morton Prince established the *Journal of Abnormal and Social Psychology* in 1921 in an attempt to promote work at the interface of abnormal and social psychology (Hill & Weary, 1983). He maintained that researchers in social and abnormal psychology were interested in many of the same phenomena and believed that a journal that focused on abnormal *and* social behavior would provide both an outlet for such work and an impetus for its development. Gordon Allport, who was editor of the journal from 1938 to 1950, shared this sentiment, but observed that most of the journal's articles dealt with topics in either social *or* abnormal psychology and rarely attempted to capitalize upon the integration of the two fields. For this and other reasons, the decision was ultimately made to split the journal in two (Hill & Weary, 1983). Thus, even a journal devoted expressly to the interface between social and abnormal psychology was unable to stimulate research at the nexus of the two fields. As Goldstein (1966, p. 39) observed at about that time, "for the most part, researchers interested in psychotherapy and their colleagues studying social psychological phenomena have gone their separate ways, making scant reference to one another's work and, in general, ignoring what appear to be real opportunities for mutual feedback and stimulation."

Historical Considerations

There appear to us to be three broad reasons why it has proven difficult to integrate social psychological perspectives with abnormal, clinical, and counseling psychology. The first of these is historical. The World-War-II era had a profound effect on social, clinical, and counseling psychology, setting them upon the separate paths we know today (C. Hendrick, 1983; Reisman, 1976; Steiner, 1979).

Clinical psychology. Before the war, clinical psychologists were chiefly diagnosticians, blocked from doing psychotherapy by the powerful monopoly of psychiatry. The enormous need created by the war for psychological services forced the psychiatric establishment to admit psychologists as therapists, but the money and the institutional structure provided by the Veterans Administration and the National Institute of Mental Health still tied clinicians to psychiatric settings. Sarason (1981) feels that this was a grave mistake: "Clinical psychology became part of a medically dominated mental health movement that was narrow in terms of theory and settings, blind to the nature of the social order, and as imperialistic as it was vigorous" (p. 833). Immersed in medical settings, surrounded by psychodynamically oriented psychiatrists, and serving mainly patients with severe disturbances, clinical psychologists tended to deemphasize interpersonal processes and problems in their work.

In addition, as a function of both self-selection and training, clinical psychologists of the day were trained primarily as diagnosticians and therapists and only secondarily (if at all) as researchers. Although the Boulder Conference (Raimy, 1950) endorsed the importance of training clinical psychologists both as "scientists" and as "practitioners," the emphasis in clinical psychology has remained on assessment and treatment (Sheras & Worchel, 1979).

Social psychology. Social psychology, by contrast, increasingly emphasized basic research in the years following World War II, often ignoring potential applications of its findings and displaying little interest in applied topics, including those relevant to adjustment and psychopathology. This had not always been so. Under the guiding presence of Kurt Lewin, often regarded as the father of contemporary social psychology, the new specialty focused on broad social problems with an "action-orientation" toward *solving* those problems (Lewin, 1948). Although Lewin emphasized the importance of theory and rigorous experimentation, he also stressed the importance of addressing real-world problems. Indeed, among his other interests, Lewin himself explored processes involved in dysfunctional phenomena such as childhood emotional disturbances and mental retardation.

However, after Lewin's untimely death in 1947, social psychology became more experimental and laboratory based, focusing primarily on the behavior of single individuals (Steiner, 1979). Moving from applied field research to the readily controlled confines of the laboratory, experimental settings became more sterile and the focus of investigations more minute as social psychologists began testing specific details of emerging theories in earnest. In addition, social psychologists employed the ever-present college undergraduates as research subjects in increasing numbers. Moreover, to some observers, social psychologists seemed to be "deliberately insulating themselves from clinical, sociological, anthropological, and a variety of other sources of knowledge about human behavior" (Jones, 1983, p. 11). The

pendulum has begun to swing back, and contemporary social psychology no longer relies so heavily on controlled experiments on university students; nevertheless, the field remains wedded to experimental approaches to research based on a somewhat positivistic notion of the philosophy of science (Gergen & Gergen, 1984).

Professional Identities and Stereotypes

These disparate histories have resulted in very different professional identities for social and clinical psychologists, accompanied by different objectives, priorities, theoretical bases, skills, and methodological perspectives. Clinical and counseling psychologists, particularly those who do not work in academic settings, tend to be interested primarily in service delivery, and have little interest in the research process that so fascinates many social psychologists. This difference in orientation arises both from self-selection into graduate programs and from differing emphases in graduate and postgraduate work. The result is that the two groups (practitioners and researchers) do not understand each other's professional world view and hold unflattering stereotypes of one another that foster misunderstanding and poor communication.

Practicing psychologists often perceive the empirically oriented social psychologist as out of touch with issues of real relevance to psychological adaptation and dysfunction. They point to the sterile, contrived, unrealistic settings in which much social psychological research is conducted, to the use of artificial and deceptive methodologies, to the nonrepresentativeness of research samples, and to the clinically meaningless (though statistically significant) findings. Further, practicing clinical and counseling psychologists often contend that, because of the methods and samples employed, the results of social psychological inquiry "can't be generalized to the real world."

Social psychologists' stereotypes of the practicing psychologist are probably no more flattering. Clinical and counseling psychologists often are perceived as nonscientific (if not antiscientific) professionals who prefer to base psychological treatment on intuition and untested armchair theories rather than on empirical fact. Further, clinical-counseling psychologists are often berated for their lack of methodological and statistical sophistication. Social psychologists respond in frustration that quality research often requires the controls possible only in laboratory settings, that external validity is a minor concern when testing hypotheses (Mook, 1983), and that single research studies should *never* be generalized to the real world regardless of how and upon whom they are conducted. The social psychologists maintain that the purpose of experiments is not to create real-world settings in the lab, but rather to test theories, which, when deemed reasonably useful, are then applied to real-world settings.

In fact, these stereotypes are partially accurate and are to some degree,

proudly fostered by each of the two groups. Many clinicians and counselors do endorse nonempirical, intuitive approaches to understanding human behavior and derogate the importance of research. In turn, many social psychologists, by choice, have little experience or interest in clinical settings, study relatively microcosmic phenomena in controlled studies, and ignore, if not avoid, applications of their work. Thus, given these different professional identities, unflattering stereotypes, and negative attitudes, it is not hard to understand why each group finds it difficult to understand and trust the other's contributions to psychology.

Practical Problems

Aside from the barriers arising from historical and professional factors, there have been practical problems in stimulating an interface between psychologists interested in social behavior and those interested in people with psychological problems. For one, the structure of most academic departments (in which most clinically relevant research is conducted) does not encourage collaboration among faculty, either within or between subspecialties. As a result, there is little departmental incentive for social and clinical-counseling psychologists to collaborate.

Further, as Hill and Weary (1983) observed, the researcher who tries to cross disciplinary barriers often faces a loss of professional identity. This is particularly true for younger researchers who have not yet established their careers. Riding the fence between social and clinical psychology, for example, may leave them without full recognition by either area (Harari, 1983).

A further problem is that of becoming knowledgeable in two disparate areas (Leary, 1983a). Both time constraints and a myopic view of psychology have led clinical and counseling psychologists to fail to appreciate the real breadth and utility of social psychology, and social psychologists to fail to understand clinical problems and practice. This problem becomes apparent when social psychologists draw naïve connections between their work and areas of clinical or counseling psychology, and vice versa. Not only do the members of each group tend to read and publish in different publications and belong to different organizations, but they are highly specialized within their own fields. Rigid training of new students only widens the gap, as few students obtain training outside of their primary area (Harvey & Weary, 1979; C. Hendrick, 1983; Maddux & Stoltenberg, 1983a).

In sum, a conglomeration of historical, professional, and practical barriers exist between factions within psychology that appear on the surface to be "made for each other." These barriers have created a situation in which the parties involved lack full appreciation of each other's work, view one another with skepticism and distrust, and have little professional contact. Even so, the last ten years have seen an increasing interest in the interface between social psychology and clinical-counseling and abnormal psychology, as well as improved dialogue between experimental social psychologists on