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Handbook of Social and Clinical Psychology: The Health Perspective

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HANDBOOK OF SOCIAL AND CLINICAL PSYCHOLOGY

The Health Perspective

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FOREWORD: MATURING OF AN INTERFACE

We were quite pleased to be asked to write the foreword for this first handbook of social and clinical psychology. Ever since the early handbooks in social and clinical psychology (e.g., the *Handbook of Social Psychology*, the *Clinical Psychology Handbook*), the connotation for such a volume has been that of a major collection of chapters authored by eminent scholars and representing state-of-the-art reviews of a mature body of scholarship. The present *Handbook of Social and Clinical Psychology* meets that criterion and in so doing makes an important statement about how far this integration of scholarship has come, albeit in stuttering steps, since developments in the first quarter of this century presaged such an explicit movement (e.g., the beginning of the *Journal of Abnormal and Social Psychology* in 1921). We believe that the editors Snyder and Forsyth have achieved a superb feat not only by bringing together a set of leading scholars of clinical, counseling, and social psychology, who in turn have produced interesting and useful manuscripts, but also because their volume comes at a time when interest in the possibilities of cross-fertiliza-

tion among these boundary fields is at an all time high in psychology. In this foreword, we will briefly examine what we believe are two basic questions involved in this integration and reflected in the present volume.

HOW FAR HAVE WE COME?

We may not be able to define precisely the boundaries of social-clinical/counseling psychology in 1989. Nonetheless, we should be able to recognize clear-cut signs that this interface has emerged as a background for developments such as a first handbook. As Snyder and Forsyth describe in the opening chapter, the historical course of this interface work between social and clinical (emphasizing "generic clinical") psychology has involved many landmark events. Certainly, the broadening of the *Journal of Abnormal Psychology* into the *Journal of Abnormal and Social Psychology* by Morton Prince and Floyd Allport in 1921 was a key historical event (Hill & Weary, 1983). Similarly, other publications signaled degrees of progress toward greater cross-disciplinary

stimulation, including seminal works by Gold-stein, Heller, and Sechrest (1966), Carson (1969), and Brehm (1976). Still, we believe that Snyder and Forsyth are correct in suggesting that the most fervent period of "interfacing" among these fields has occurred in the last decade. That decade has seen another string of influential and explic-itly integrative works, including books by Sheras and Worchel (1979), Weary and Mirels (1982), Strong and Claiborn (1982), Leary and Miller (1986), Maddux, Stoltenberg, and Rosenwein (1987), Snyder and Ford (1987), and Higginboth-am, West, and Forsyth (1988). Also, the *Journal of Social and Clinical Psychology* (Harvey, 1983) came on the scene early during this period and likely served as a catalyst for the vigor on display.

Over the first half of this century, many leading scholars cogently displayed the natural interplay among these fields of thought in their theoretical and empirical work. In addition to the historical works described by Snyder and Forsyth, a host of classic writings established a cogent foundation for integration. Several of the neo-Freudians (e.g., Horney, 1937) emphasized social processes in the etiology of psychopathology. Snyder and Forsyth are correct in pointing to Kurt Lewin's key role in providing a model of how to bridge theory and practice in psychology (see Patnoe, 1988). If Lewin had lived well into the epoch after World War II when clinical psychology started to grow and expand its horizon, it is tantalizing to imagine the scope of his contributions to this interface (and given Lewin's breadth, no doubt extending the interface to include other topics such as public policy). As Hill and Weary (1983) note, one of Lewin's students was Jerome Frank, who is a ma-jor figure in the theoretical analysis of psycho-pathology (e.g., Frank, 1961). So in many ways, Lewin's presence has been and continues to be felt in this domain of integrative work.

But the foundation is even deeper than these currents suggest. It extends to the field of socio-logical social psychology. Much of Erving Goff-man's writing, which embraces Meadian social be-haviorism (Mead, 1934), and symbolic interaction theory are highly relevant to contemporary work on self-evaluation (Shrauger & Schoeneman, 1979; Shrauger, 1982) and to work on labeling processes (e.g., Goffman's 1961 classic, *Asylums*). This latter work has been influential in the devel-opment of a major strand of current work on stigma (e.g., Jones, Farina, Hastorf, Markus,

Miller, & Scott, 1984) that represents another promising venue for social-clinical psychological research.

What conclusions can be drawn from this histo-ry of nourishment and the current situation of quite active interaction among these fields? It is a maturing, if not mature, domain with great prom-ise because of the strength of its foundation. We also would suggest that Snyder's (1988) point about who represents the domain is right on the money, to wit: There are (and have been) many professionals working at this interface, but who do not know it. Indeed, it is a crowded intersec-tion. We would, however, offer a slight modifica-tion of this point: There are many scholars who have adopted interdisciplinary (or intradisci-plinary) approaches to understanding psycho-pathology and problems in living because such approaches provide broader methodological and conceptual perspectives. Further, these scholars may not know it, and that lack of recognition may not adversely affect progress at the boundary points. The ideas and methods deriving from this interdisciplinary work will continue to represent key contributions to the social-clinical/counseling interface, whether or not these scholars recognize the merit of this interface.

Yet, as many of us have experienced, increased specialization in psychology often has led to bias about which area is doing the most important work or has the highest "scientific" status and, in general, intellectual dogmatism (Harvey & Weary, 1979). Integrative and interdisciplinary endeavors are partial antidotes to such tendencies. Thus, even if the social-clinical/counseling psychology interface is seen as a somewhat arbitrary symbol of interdisciplinary movement in the social and behavioral sciences, we believe that it is a critically vital one in serving as a necessary counter to pro-vincialism in understanding psychopathology and problems in living.

HOW FAR WILL WE GO?

As Fritz Heider (1976) once said about the im-portance of attribution (and the attribution theo-retical perspective), "It is all-pervasive. I think it can go anywhere" (p. 18). We are tempted to make the same statement for the movement depicted in this volume. Certainly, Snyder and Forsyth reveal perspicacity in suggesting that the health scene is the greatest common ground for further integra-

tions. The health arena (including work on pre-vention) is where a great many clinical/counseling and social psychologists now work. No end appears in sight partially because of increasing greater appreciation of their work by medical scientists, physicians, and the general public. The credence achieved by wholistic perspectives involving concern with social psychological processes in medicine portends well for decades of useful work by interdisciplinary teams of scholars, prominently including social, counseling, and clinical psychologists. This interdisciplinary health movement is a fait accompli in 1989 and is represented well in the chapters in this handbook.

Possible future steps to make the interface more clearly overlapping, as Snyder and Forsyth wisely suggest is necessary, might include the creation of a professional society with a newsletter, placement service, and other accoutrements focusing on these boundary areas, and formal lobbying for the creation of federal training grant programs that more explicitly involve social-clinical/counseling doctoral training (health training grants probably move programs some degrees in this direction as Snyder's own program at the University of Kansas has well-illustrated for several years).

The promise of greater development of and integration across the interface between social and clinical psychology comes across loudly and clearly in the final and interesting section of this volume, "The Interface Toward the Year 2000." At the same time, many of the issues that may stall clearcut, major integrative work also are revealed in the commentaries as well as in Snyder and Forsyth's accompanying, interpretive analysis. High on the list of issues is the never-ending problem of needing more and better theoretical work. The greatest inspiration of Lewin, first and foremost, was that of the power of theoretical analysis—even if the question was an applied one and concerned how to get people to eat more liver during a time of scarcity of other meat. Also, there is the practical issue of implementation of interdisciplinary training. As Hendrick and Hendrick and others note, some progress is being made toward relaxing artificially imposing training barriers. Nonetheless, there writers, as well as the editors of this volume, correctly observe that there are many obstacles which may preclude doctoral students' ease of movement across training areas in most psychology departments. Given the current disparate directions exhibited in organized psychology, we fear

that this training issue may continue to loom large despite the obvious intellectual and logical merit of greater cross-training across many areas of psychology.

While both of the above issues are formidable, the note of "challenges to be met" sounded by Snyder and Forsyth is the attitude that would be most productive for the future, we believe. Too much has already "gone down," to use a term of our time, for this movement to be significantly impaired in the future. There simply are too many scholars and practitioners endorsing the interplay, writing about it, and showing its value in their work for any imminent demise of the movement. Or to state this point in a voice more resonant with that of the editors, in Forsyth's wonderful concluding allegory, it might be argued that the third little pig survived because he or she had a more diversified portfolio of ideas!

Thus, in the end, we take our hats off, especially to editors Snyder and Forsyth, for such a major undertaking as this first handbook is and to each of the contributors and others working at this interface for providing the ideas and energy for one of the most exciting movements in psychology today.

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PREFACE

In 1986, Don Forsyth journeyed from Virginia Commonwealth University to undertake a sabbatical in the Department of Psychology at the University of Kansas, Lawrence. Don was sitting in his office on the fifth floor of Fraser Hall trying to organize his new workspace, when a knock at the door signaled his first business. In walked a fellow wearing jeans and a Jayhawk T-shirt, who introduced himself as a senior who had heard about the "new guy." Forsyth listened patiently for a few minutes to his visitor's rambling ideas for independent study projects, all the while thinking about the strangeness of this undergraduate Jayhawk. The undergraduate began to smile, and thereafter broke into raucous laughter. Sensing the unraveling of the masquerade, the senior introduced himself again, this time using his real name. This is how Don Forsyth and Rick Snyder met.

The rest is, as they say, history. Don, for all his social psychological blustering, was a closet clinician at heart. Rick, for all his apparent dedication to clinical psychology, was increasingly seduced by the power of social psychological theory building. In subsequent discussions, it was apparent that traditional boundaries between clinical and social psychology were being crossed freely without passports. Indeed, it was as if both of us were citizens of "Interfaceland." In a few short months, we had sketched an outline for what we believed would be the next logical step in the evolution of the social/clinical interface. This handbook represents that step.

Our colleagues immediately began to tell us about the Brobdingnagian nature of the task that we were beginning. We heard about the difficulty of getting 40 people to agree to write chapters and commentaries. Furthermore, we were warned about how authors would be one or more *years* late in delivering their chapters. All in all, a lot of crepe-hanging about the hazards of the project was brought to our attention. Of course, we stubbornly maintained that this need not happen with this project. Happily, it did not. Authors readily agreed to write, and the various drafts were delivered in a timely fashion. Although it is tempting to attribute this fortunate outcome to our editorial acumen, it is more accurate to give the credit to

the present handbook authors for their remarkable attention to alacrity and quality. It has been a pleasure to work with this outstanding group of scholars, and we would like to deliver a full dose of praise and gratitude to them.

Our thanks also are extended to Jerry Frank and Arnold Goldstein at Pergamon for their unflagging support for this project since its inception. Arnold Goldstein was one of the founding fathers of the social/clinical interface, and his role in the past and present evolution of the interface deserves special acknowledgment.

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