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Toward a Human Rights Agenda: Social Issues That Have Shaped Psychology in the United States

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The history of psychology is comparably brief relative to many other fields of study. Within this brief history, beginning in the late 19th century, there have been tremendous, impactful shifts and the coalescence of multiple events that have shaped the development of psychology, which has likewise impacted society. Rapid social, political, cultural, and technological changes have dramatically altered the experience of each successive generation, and the science of psychology has adapted to each change to remain relevant, effective, and innovative. The impact of these widespread changes has affected the ways in which psychologists study human behavior and practice psychotherapy. In many cases, psychology and psychologists have been the catalyst for change, discovering and dispensing evidence to support change and serving as advocates and activists for progressive social change.

Issues related to human rights and social justice have markedly influenced the evolution of psychology. Since psychology's infancy, great strides have been made toward advancing the rights of historically marginalized groups, including women, children, people of color, people with disabilities, and the lesbian, gay, bisexual, and transgender (LGBT) community. The psychology literature both reflects and contributes to these advancements. Historically, psychological theory and research was based primarily on the study of White men (Hegarty & Buechel, 2006). However, in the last 40 years, there has been an increase in the number of psychological studies that capture the experiences of diverse groups of people (Jackson, 2006). Accordingly, psychological theory has become more representative of the U.S and other Western populations, as well as Eastern and global cultures. This movement toward a more inclusive study of human behavior is, in large part, a response to national efforts such as the Civil Rights and Gay Liberation Movements. Although psychological research remains biased toward privileged groups (Organista, Marin, & Chun, 2010), the evolution in psychology represents an important acknowledgment of the changing demographics, enhanced understanding of the impact of privilege and oppression, and the need for social justice.

In this chapter, we will review major social movements and events that shaped the landscape of psychology. We will examine how psychological fields of study, theories, and practice, as well as psychology's governing body, the American Psychological Association (APA), have impacted and been impacted by these social movements. Of particular note, this chapter will explore the impact of various social movements on psychology within the United States (U.S.). Although these social movements have often reflected more global phenomena, the discussion will be limited to those social issues that significantly impacted psychology in the U.S. While we acknowledge the many additional global social issues that have shaped the practice of psychology over time, they are beyond the scope of this chapter.

Early 20th Century

The early 20th century brought about significant change to the field of psychology, stemming from a shifting sociopolitical landscape and impacted, as most societies are, by the effects of war. By 1905, first-wave feminists had made a significant impact (Moss, Stam, & Kattevilder, 2013),

challenging gender inequality and demanding a political voice for women (Collins, 2009). It was also in 1905 that Mary Whiton Calkins was elected as the first woman president of APA. Not only did her occupation of this role defy commonly held beliefs among researchers in psychology about the cognitive abilities needed for leadership (Moss et al., 2013), but Calkins blazed an early path to challenging traditional gender roles in the U.S. and revolutionizing the way in which women participated in psychology (Collins, 2009; Furumoto & Scarborough, 1986).

World War I

Within 10 years of Calkins's inauguration as APA President, another movement had gained momentum, with psychologist and pediatrician Arnold Gesell publishing an article endorsing eugenics as a plausible measure for ensuring the preservation and propagation of superior genetics (Gesell, 1913; Harris, 2011; Moss et al., 2013). With large numbers of able-bodied, socially highly-regarded men being sent overseas to fight during the First World War (1914-1918) and a declining birthrate among the college-educated and Anglo-Saxon population, concerns began to arise that individuals left behind were "mentally defective" or "feeble-minded" and would begin to procreate, marring the genetic pool and begetting future generations lacking in moral and mental character (Moss et al., 2013, p.106). During this time, feeble-mindedness served as an umbrella term, used not only to describe degrees of intellectual disability, but also to reflect mental health disorders, criminal acts, sexual promiscuity, and other behaviors deemed immoral (Moss et al., 2013). Not only were eugenic writings being widely distributed, but they were concurrently resonating with the general public, affirming and proliferating the beliefs that some held during this time period (Harris, 2011). Although terminology changes consistently within the field of psychology, often altered to engender more inclusive language, the aforementioned example illustrates the ways in which popular consensus and cultural forces influence the ways in which mental health and illness are defined (Clegg, 2012; Kawa & Giordano, 2012). Furthermore, the religious climate, political agenda, and relationships between dominant and underrepresented groups equally propagated the ways behaviors were interpreted and categorized (Clegg, 2012). While psychologists have sought to identify concrete boundaries that define mental health and characterize mental illness, an historical look highlights numerous events during which diagnoses and treatments were based generally on cultural values, norms, attitudes, and opinions (Clegg, 2012; Mayes & Horwitz, 2005).

World War II

Psychology is often employed to describe social phenomena, determining ways human behavior can be predicted and eventually influenced (King, 2013). World War II (1939-1945) prompted a series of events, several of which provoked the curiosity of researchers and many of which created a need for services (McCarthy, 2014; Pickren, 2007; Scull, 2010). In 1961, Stanley Milgram embarked on a series of experiments sparked by the proceedings of the Nuremberg Trials (Piña e Cuñha, Rego, & Clegg, 2010). Adolf Eichmann, an officer in the German army, was tried for crimes against humanity and his role in the extermination of thousands of Jews. During his trial he asserted his role was one of obedience rather than malice (Piña e Cuñha et al., 2010). Milgram questioned Eichmann's defense, doubting the power of authority in obedience and set out to complete a study testing the premise that German soldiers were simply more agreeable than others when given orders (Milgram, 1965). Within a year, Milgram began experimenting, encouraging participants to exert manufactured physical punishment through the use of a dial and noting their responses. Milgram's results not only refuted his hypothesis, but they demonstrated that human beings are highly prone to being influenced by individuals believed to be in positions of authority (Milgram, 1965). These landmark experiments fueled ethics debates related to deception,

informed consent, risk to participants, and emotional distress (Blass, 1999). Milgram's work also shed light on the importance of power within the therapeutic relationship and advanced the field of social psychology (Blass, 1999).

The Second World War similarly brought about cultural changes that inevitably impacted psychology. Although women had historically worked within the home, the mass deployment of men generated a need for women's employment outside the home as a way of providing for their families and supporting the troops (Denmark & Paludi, 2008). This shift in division of labor generated a new perspective for exploring vocational options and career development for men and women, while simultaneously continuing to raise questions about traditional gender roles (Denmark, Klara, Baron, & Cambareri-Fernandez, 2008; Shields, 2007). Psychologists were compelled to consider the ways in which cultural context influences the experience of gender and the ways in which gender is performed, exemplified by the image of Rosie the Riveter as a juxtaposition of strength, autonomy, and traditional femininity (Collins, 2009).

As World War II ended, the department of Veterans Affairs (VA) experienced an overwhelming influx of soldiers returning home with *combat fatigue* or *war neurosis* (Pickren, 2007; Scull, 2010). Although the aforementioned terms have since been replaced with *post-traumatic stress disorder*, the VA system faced an inordinate demand for mental health services to help soldiers with the adjustment of returning to civilian life and coping with the trauma that many experienced (Pickren, 2007; Scull, 2010). As a result, the federal government and the National Institutes of Health (NIH) sanctioned resources to fund the Servicemen's Readjustment Act, informally known as the G.I. Bill (McCarthy, 2014; Pickren, 2007). The G.I. Bill entitled all veterans to tuition remission and vocational services, fueling a shift toward applied psychology to meet the demands for services and sparking interest in the development of a new specialty, vocational counseling (Pickren, 2007; Scull, 2011). Although the early 20th century was marked by initial unrest, upheaval, and widespread injustices, the foundation was set for the catalytic revolution ushered in by the decades to follow. The discipline of psychology reflected, responded to, and initiated change that resulted from the pivotal social and cultural shifts in this time period.

Mid-20th Century

The mid-20th century may be the most influential time period in advancing the study and practice of psychology toward a human rights agenda. With the convergence of second-wave feminism, and the Civil Rights, Gay Liberation, Antiwar, and Disability Rights Movements, the mid-20th century, particularly the 1970s, was an era in which the U.S. was immersed in discussions of equality, the value of human life, and the rights of people both foreign and domestic. Though opinions varied greatly as to the legitimacy of these movements, the conversation had begun and widespread social and political activism emerged and proliferated. While many prior changes in psychology improved understanding of various groups of people, perhaps no other time period is defined by such a significant shift in the cultural milieu (reference). As a result, the APA initiated a number of significant actions toward human rights during the mid-20th century. Between the late 1960s and early 1980s, the APA voted to conduct business only with organizations that did not engage in discrimination, hold no APA conventions in states that had not ratified the Equal Rights Amendment (ERA), included sexual orientation as a prohibited type of discrimination, and reaffirmed human rights and dignity as an important concern of the APA, among many other related decisions (Rosenzweig, 1988). Accordingly, this shift in the cultural milieu seemed to serve as a catalyst for the social justice focus that remains an integral part of psychology to this day.

Civil Rights Movement

The Civil Rights Movement of the 1950s and 1960s can be largely attributed to the work of the National Association for the Advancement of Colored People (NAACP) in *Brown v. Board of Education of Topeka* in 1954 (“Civil Rights,” 2014). While the NAACP formed and began fighting legal battles and training civil rights attorneys in the early 1900s, well before what became the Civil Rights Movement (NAACP, 2015), their work on *Brown v. Board* and related cases launched the most significant period of change and movement toward equality for the rights of people of color in U.S. history (Garrow, 1994). The ruling in *Brown v. Board of Education* determined that “separate but equal” had no place in public education (*Brown v. Board*, 2010) and violated the 14th amendment of the Constitution (NAACP, 2015). The decision compelled U.S. schools to begin integrating Black and other students of color with White students (*Brown v. Board*, 2010).

Following the decision in *Brown v. Board*, due to strong opposition from many White citizens, Black activists organized in order to ensure that the ruling was implemented in schools across the country. Individual Black citizens began to resist discriminatory practices as exemplified by Rosa Parks’ refusal to offer her seat on a city bus to a White person and, on a larger scale, the emergence of Martin Luther King, Jr. as a national leader of the Civil Rights Movement (“Civil Rights,” 2014). An escalation of demonstrations and protests against segregation and other forms of racism, particularly in the South, continued through the late 1950s and early 1960s. After a number of incarnations, pressure from the now-massive Civil Rights Movement resulted in the passing of the *Civil Rights Act of 1964* introduced by President Kennedy the previous year (Hall, 2005; Loevy, 1997). The *Civil Rights Act* prohibited racial segregation in any setting and discrimination by employers and schools (“Civil Rights,” 2014).

During the early Civil Rights Movement, two Black psychologists, Mamie and Kenneth Clark, published several studies in 1940s and 1950s that suggested Black children internalized negative racial attitudes toward the Black community. In these studies, when offered a choice between a Black or White doll, Black children typically chose the White doll (Clark & Clark, 1940). When asked to color a person of the other sex the way the child would like them to be, more than half of the Black children colored the person White or an irrelevant color, rather than brown or black (Clark & Clark, 1950). These studies and the implication that children of color were emotionally harmed by segregation and negative racial attitudes were important contributions to *Brown v. Board* and its predecessors (Iijima-Hall, 2014).

As Black citizens in the United States organized together and gained rights previously denied them, psychologists began to attempt to describe the process by which Black individuals developed a Black identity. Thomas (1970) and Cross (1971) developed identity models describing stages comprising what they termed the Negro to Black conversion. Models generally began with an identity largely defined by the European American perception of Black culture, moved through a period of anger and resistance to White culture, and ended with the internalization of a Black identity and a commitment to social activism related to advancing the interests of Black citizens (Cross, 1978). Such identity models were made possible by the change created by the Civil Rights Movement and likely helped to normalize the complex experiences of Black people as they navigated a rapidly changing culture.

Second-Wave Feminism

From the mid-1960s through the early 1980s, the Women’s Liberation Movement, representing the second wave of feminism, was active and influential in the U.S. In 1966, on the heels of the Civil Rights Movement, Betty Friedan and others founded the National Organization for Women (NOW)

with the intent of advocating on behalf of women in the manner consistent with the NAACP's advocacy for the Black community (Collins, 2009). A major focus of NOW was to ensure that sex discrimination in the workplace, which was prohibited by the recently-passed Civil Rights Act, was enforced (Collins, 2009; Loss, 2011). While NOW continued to reform public policy in the interest of women, other women's organizations formed to address other concerns such as reducing the sexual objectification of women and advocating the rights of women of color. Outside of these larger organizations, smaller, more intimate, consciousness-raising women's groups began to organize all over the country to explore gender and the traditional roles and expectations of womengroups (Loss, 2011; Sharf, 2008). In fact, most U.S. women identified with the movement during the height of its popularity (Gordon, 2013). Despite some variation in the intention and focus of these organized groups of women, feminists held the desire for respect, equality, and justice for all people in common (Worell & Remer, 2003).

This desire for justice and equality began to influence the psychology of women in the mid-20th century. Prior to second-wave feminism, very few writings on the psychology of women were published. The few works that were published painted women as inherently different from -- and inferior to -- men and were written largely by men from an androcentric perspective (Denmark et al., 2008; Hegarty & Buechel, 2006). However, in the 1970s and early 1980s, formative scholarship on the psychology of women, authored by women, begin to appear, including Jean Baker Miller's *Toward a new psychology of women* (1976) and Carol Gilligan's influential *In a different voice* (1982).

Both Miller (1976) and Gilligan (1982) were critical of the ways in which women's personalities and relational traits were devalued by male-dominated psychological theories and literature. Gilligan's work served to incorporate and value the important role of care and compassion, traits traditionally viewed as feminine, in the moral decision-making process of both men and women (Sharf, 2008). Miller's writings provided a foundation for feminist psychotherapy. Many women in the feminist movement opposed psychotherapy, noting that the problems women faced were largely political in nature and the result of systemic oppression (Loss, 2011). Additionally, traditional theories of psychotherapy, such as Freud's psychoanalytic theory, were inherently patriarchal and reinforced the perception of women as inferior to men (Friedan, 1963). Miller (1976) called for a validation of the value of women's tendency toward relationships and theorized this was due to the necessity for women to reach out to others to cope with systemic sexism. Feminist therapies, such as relational-cultural therapy (RCT), frame women's and men's desire for meaningful connection with others as adaptive and healthy (Jordan, 2010).

The women's liberation movement of the mid-20th century provided the necessary momentum for psychologists to begin examining the gendered nature of psychological theories and common knowledge. Psychologists began to incorporate the voices and perspectives of women in research and practice in order to better explain the phenomena it explored and treated. As a result, feminist psychologists were able to provide scientific legitimacy to the hard-fought battles of feminist activists.

Gay Liberation Movement

While Freud is often credited with creating the terms *heterosexual* and *homosexual* (Nadal, 2013), the term homosexual was coined in 1868 and first used publicly in 1869 by Karl-Maria Kertbeny in his attempt to reform German sodomy laws (Wilkinson & Kitzinger, 1994). The words did not become a part of popular culture until 1930 when a *New York Times* critic used them in a published book review. From this point forward, not only the word heterosexuality, but also the concept of heteronormativity, became prevalent in U.S. culture, peaking during the post-World War II focus on

the traditional, nuclear family (Katz, 2010). As the fear of communism rose in the 1950s, the expectation for men to present as hypermasculine increased as well. Therefore, gay men, who were perceived as less traditionally masculine, became associated with the Communist party (reference). Thus began an era of largely unwarranted attention from the Federal Bureau of Investigation (FBI; Charles, 2010), as well as increased legal intrusions against gay people (Carter, 2009).

One such group investigated by the FBI was the Mattachine Society (Charles, 2010). Founded in 1951 in California and later spreading to other major U.S cities, including Philadelphia and New York City, the group was established in response to the increased negative perception of gay people during the mid-20th century. Known as homophile activists, members of the Mattachine Society and other gay and lesbian organizations publicly protested discrimination against gays, hosted public lectures (Hall, 2010), and were able to end the routine entrapment of men in gay bars in New York City in the late 1960s (Gorton, 2009). While these groups accomplished important work for LGBT people, they remained relatively small and were largely unknown by the majority culture (Carter, 2009).

Although smaller groups had organized previously, the birth of the Gay Liberation Movement is attributed to the Stonewall riots of 1969 (Hall, 2010; Nadal, 2013). Police raided the Stonewall Inn, a popular gay bar in New York City's Greenwich Village, on June 29, 1969. As police led patrons out of the bar violence erupted, resulting in a number of arrests and injuries of both patrons and police. While the exact catalyst for the violence is unknown, it is likely that a combination of aggressive police and patrons' anger resulting from repeated experiences of discrimination and profiling were the causes. Immediately following the riots, thousands of demonstrators convened at the Stonewall Inn in defense of LGBT rights, and a movement was born (Hall, 2010).

In the 1970s, LGBT organizing and the visibility of these organizations significantly increased (Gorton, 2009; Hall, 2010). In addition, greater presence in the public consciousness and increased participation in the movement allowed for activism related specifically to changes in public policy. The most notable goals of the movement in terms of public policy were the passage of antidiscrimination laws and the repeal of anti-sodomy laws (Kane, 2010). These goals remained an important focus of the movement in subsequent decades. Sodomy was decriminalized in 2003 (Kane, 2010). By the end of the 20th century, 11 states adopted laws that prohibit discrimination based on sexual orientation (Kane, 2010); that number grew to 23 in 2016 (ACLU, 2016). While public policy change continues to occur gradually, the influence of the Gay Liberation Movement in advancing the rights and increasing representation and visibility of LGBT people cannot be understated.

Regarding its impact on psychology, the Gay Liberation Movement played an integral role in redefining homosexuality as a sexual orientation rather than a mental illness. While Kinsey and other sex researchers in the late 1940s and 1950s provided evidence that same-sex attraction and sexual behavior were far more common than previously thought (Bancroft, 2004; Chiang, 2008; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953; see vignette), in the early 20th century, and with increasing frequency into the 1950s, many psychologists and physicians continued to regard homosexuality as a pathological disorder (Nadal, 2013). In the 1950s, the first incarnation of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 1952) included homosexuality among other mental illnesses such as depression and psychoses. Many suspected homosexuals during this time frame were

involuntarily institutionalized and subjected to a variety of inhumane treatment methods ranging from electro-shock therapy to lobotomies (Carter, 2009; Nadal, 2013).

However, in the 1970s, in the midst of the new and powerful Gay Liberation Movement, the DSM was reviewed for an upcoming revised edition, the DSM-III. Robert Spitzer, a psychiatrist appointed to head up the revisions to this new edition of the DSM, desired a minor change to the definition of homosexuality so that it would be categorized as an abnormal sexual behavior rather than a disorder. Mounting pressure from gay activists, demonstrations outside the American Psychiatric Association's offices, and opposition from the American Psychological Association ultimately resulted in the complete removal of homosexuality from DSM-III in 1973 (Mays & Horwitz, 2005).

Disability Rights Movement

In the mid-20th century as people of color, the LGBT community, and women organized and advocated for their rights, so too did individuals with disabilities. Many of those who served as early activists for disability rights were diagnosed with polio as children, resulting in challenges to or loss of their mobility (Barton, 2009; Patterson, 2012). In 1972, one such man, Ed Roberts, established the nation's first Center for Independent Living (Barton, 2009). In the same year, members of Disabled in Action shut down New York City traffic by positioning their wheelchairs in the center of Madison Avenue in protest of then-President Richard Nixon's veto of a bill providing equal protection for individuals with disabilities (Patterson, 2012). Two years later, in 1973, 120 protestors held a 25-day sit-in at a U.S. federal building in San Francisco in order to pressure President Nixon into signing into law Section 504 of The Rehabilitation Act, ensuring protection against discrimination for Americans with disabilities (Fleischer & Zames, 1998).

Also in 1973, the Consortium for Citizens with Disabilities was founded in Washington, D.C. Their work promoted the eventual enactment of the Developmental Disabilities Assistance and Bill of Rights Act in 1975, and they continue to advocate for people with disabilities via a number of taskforces today. Other significant achievements by disability activists in the mid-20th century include the Architectural Barriers Act of 1968 that mandated federal building be accessible to individuals with physical disabilities (West, 1993), and the Individuals with Disabilities Education Act which guaranteed a free, public education to children with disabilities (Fleischer & Zames, 1998). The work of these early activists paved the way for the passage of the Americans with Disabilities Act (ADA) in 1990 that provides equal protection for and prohibited discrimination against individuals with disabilities. The ADA is also regarded as important legislation in its impact in shifting attitudes regarding persons with disabilities from sympathy, pity, and exclusion to respect and inclusion (West, 1993).

In the 1960s, psychologist Donald Baer's development and study of applied behavior analysis with individuals with intellectual disability (ID) introduced the capability of individuals with ID to live on their own and encouraged a movement toward deinstitutionalization, job training, and education. Further, Baer's studies provided empirical support for legislation advanced by disability rights organizations in the mid-20th century (Routh, 2005).

One of the earliest divisions established within APA was Division 22, the Division of Rehabilitation Psychology. In 1958, Division 22 was organized in order to address psychological and social concerns of individuals with disabilities. Many members of the division were responsible for early psychological research related to disability, including prejudice and stereotyping (APA Division 22, 2015). Since the late 1950s, Division 22 has continued to advocate for individuals with disabilities.

Recently, the division's advocacy interests have included improved health care reimbursement and improved use of technology (Brown, DeLeon, Loftis, & Scherer, 2008).

Implications for Psychologists and the American Psychological Association

Empowered by the movements of the mid-20th century and dissatisfied with the response of the APA, groups of psychologists began to organize and form groups such as The Association for Women in Psychology (AWP) in 1969 and the Association of Psychologists por la Raza, a precursor to the National Latina/o Psychological Association (NLPA) in 1970 (Delgado-Romero, Forrest, & Lau, 2012). The Association of Black Psychologists (ABP) was formed in 1968 with the intention of addressing the overlooked needs of Black clinicians (ABPSI, 2015; Obasi, Speight, Rowe, Clark, & Turner-Essel, 2012), and in 1970 APA elected its first Black President (Iijima-Hall, 2014). Specialized divisions within the APA began to form with the intention of addressing the specialized psychological study of diverse groups, including the Society for the Psychological Study of Ethnic Minority Issues (Comas-Diaz, 2009) and the Society for the Psychology of Women (Russo & Dumont, 1997). Given the clear emphasis on human rights during the mid-20th century as indicated by the convergence of several major social movements, as well as the message sent through organized groups of marginalized psychologists, the APA responded by making multiculturalism a focus as it sought to redefine the practice of psychology in the 1970s (Ivey & Leppaluoto, 1975; Sue, Bingham, Porche-Burke, & Vasquez, 1999). Although these movements began in the mid-20th century and many of their major achievements are typically associated with the 1960s and 1970s, the movements remain active today. As marginalized groups continue to advocate for themselves along with their allies, psychological researchers and practitioners modify their work to best reflect the needs, desires, and work of these activists, as well as the rapidly changing demographics of the U.S.

Late 20th Century to Present

Innovation and Technological Advances

The 1980s were a period of rapid innovation, with the introduction of the personal computer to the general public and the advent of the World Wide Web launched in 1991 (Edgar, 2012). Access to information from anywhere in the world boosted the process of globalization, facilitating communication, and allowing individuals to engage in contact with others from their homes and workplaces. This period demonstrated a bi-directional influence, wherein the general public had greater access to psychological resources, tools, and media, and researchers within psychology had unprecedented ability to collect data from online surveys, reach other professionals through listservs, and search databases (Gore & Leuwerke, 2008). Moreover, the initiation of the Internet altered learning models and theories within psychology (Edgar, 2012). While early scholars had demonstrated a focus on recitation literacy, furthered by the work of behaviorists advocating that learning occurred through a simple stimulus-response method, learning and thinking became better understood and appreciated as complex processes (Edgar, 2012; Watson, 1913). Learning moved toward an extraction literacy model, wherein individuals were believed to make connections to experiences, content, and material around them through interaction, investigation, and context (Edgar, 2012). Learning, in many ways, has developed into an understanding of where and how to search for information, rather than rote memorization of data (Edgar, 2012).

The innovation of online technology and visual/communication devices boomed shortly after the inauguration of the Internet, with the invention of webcams, services for online chatting, and conferencing software (Layne & Hohenshil, 2005). These advances incited a new form of therapy, allowing clinicians to reach clients who were in remote locations and would normally not

have access to a mental health professional, had physical disabilities, or would be unlikely to seek out treatment via a traditional face-to-face session (Shaw & Shaw, 2006). Cybertherapy, teletherapy, and online counseling, among other forms of virtual therapy, fulfill needs that have been difficult to address, while also introducing numerous ethical concerns related to confidentiality, appropriate credentialing, and complexities when working with clients across state lines where codes of ethics vary (Botella, Garcia-Palacios, Banos, & Quero, 2009). In 2013, the APA published the first set of guidelines for psychologists practicing telepsychology (APA, 2013a).

Violence, Terrorism, and Trauma

The late 20th and early 21st centuries were also characterized by a focus on the effects of violence, terrorism, and trauma. A noteworthy increase in school shootings, such as those that occurred at Columbine High School, Virginia Tech, and Northern Illinois University engendered a national dialogue about mental health in youth and young adults, aggression, and the prevention of violence (Jenson, 2007; Stallworth-Clark, 2007). These debates brought into focus the importance of familial variables, community factors, genetic predispositions, and social relationships and networks among youth (Jenson, 2007; Wetterneck, Sass, & Davies, 2004). Moreover, this closer inspection of aggression intersected with a concern about the effect of violent video games that became popularized in the 1990s and early 2000s (Willoughby, Adachi, & Good, 2012). Significant literature emerged from an examination into these topics, with professionals within the field contemplating the efficacy of psychotropic medications on young adults, and identifying cognitive, emotional, and behavioral markers that may be predictors of future aggressive behavior (Jenson, 2007; Wetterneck et al., 2004). More importantly, psychologists were compelled to explore the ways in which professionals could serve as advocates for youth who have little access to resources or who reject seeking out mental health services due to perceived stigma (Stallworth-Clark, 2007). The *2005 Resolution on Violence in Video Games and Interactive Media* guided by the APA is currently under revision with continued interest following into the early 21st century (APA, 2005).

Concurrently with this focus on youth and aggression, additional acts of violence drew the attention of psychologists. In 1995, Timothy McVeigh and Terry Nichols detonated a truck bomb outside a federal building in Oklahoma City, capturing the nation's attention, as hundreds were injured or killed (CNN Library, 2014). Less than a decade later, the terrorist acts of 9/11/2001 resulted in an increased emphasis on social issues, crisis counseling, coping, and grief resulting from traumatic events, as well as problems of religious extremism and persistent marginalization of people of color following the events, including increased profiling and hate crimes (Khan, 2014). With increased inter-group tension, practitioners, educators, and researchers launched new work endeavors delving into peace psychology, conflict resolution, multicultural advocacy, and perceptions of threat (APA, 2014; Anderson & Christie, 2001;). Psychologists were called upon during televised interviews, newspaper articles, and radio addresses to explain the process of terrorism, describe profiles related to people who engage in terrorism, and analyze the fear that had infiltrated into the U.S. collective (DeAngelis, 2009). The APA responded to these events by launching a task force entitled, *Promoting Resilience in Response to Terrorism* in 2002, producing various fact sheets for working with different populations (APA, 2014). Moreover, the APA demonstrated an interest in discussing the complexities that drive terrorist acts, seeking to dispel myths about radical religious groups and to humanize political discussions on cultural differences (DeAngelis, 2009).

Although the APA as a governing body seeks to promote wellness and positive mental health (APA, 2010), it is also important to acknowledge that psychologists have also contributed to world events, oftentimes profoundly influencing rather than merely reacting. Recent documents have emerged,

implicating the participation of psychologists in the development, experimentation, and use of abusive counterintelligence and interrogation techniques during the Second World War through the war in Afghanistan (Soldz, 2008). Declassified documents have revealed that interrogation techniques, such as prolonged isolation, sleep deprivation, sexual and cultural humiliation, and sensory distortion were taught to teams in Guantanamo Bay, Iraqi camps, and camps in Afghanistan where psychologists were employed (Miles, 2007; Soldz, 2008). Subsequent controversy and debate within the field spurred the 2013 *Policy Related to Psychologists' Work in National Security Settings and Reaffirmation of the APA Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*, wherein the APA expressed a desire to support psychologists to dissent in government work environments that employ torturous or abusive techniques and affirm an ethical responsibility to promote human rights and advocate for all detainees (APA, 2013b). This sequence of proceedings illustrates the interrelatedness of political climate in shaping psychology and the ways in which psychology has also influenced societal movements.

Post-Modern Feminism

Post-modern feminism, the third wave of feminism, began taking hold in the 1990s, highlighting the importance of language usage in the ways in which culture is constructed and defined according to the sociopolitical climate (Sewpaul, 2013). Psychologists began to challenge the relevance of most categories, including race, gender, and sexual orientation, among other diversity variables, suggesting that most of these categories are not only inaccurate, but can also be limiting in the ways in which people understand themselves and others (Sewpaul, 2013; Stone & Ward, 2011). This movement further paved the way for social movements that began in the mid-20th century, such as efforts to end racial/ethnic injustices and become more receptive to sexual diversity (APA, 2003; APA, 2000). Most recently, a renewed focus on LGBT rights has led to the formation of a task force to generate the “Guidelines for Psychological Practice with Transgender and Gender Non-Conforming Clients,” currently underway, to address intersections between other diversity variables and gender identification (APA, 2015).

Conclusion

Psychology has a rich history, interwoven with and responsive to the meaningful events and movements that have occurred nationally. As new generations of psychologists emerge, the national landscape continues to shift over time and our collective understanding is enhanced, it is our hope that the field continues to advance its social justice agendas built on the sacrifices, wisdom, and heroic efforts of past generations and interfacing with and responding to new advancements in technology, knowledge, and research.

Vignettes

1. A Brief History of Drug Use in the Context of U.S. Social Movements

Although the problematic use of mind-altering substances likely dates back thousands of years, a formal scientific exploration of addiction did not occur until relatively recently. Early 19th century researchers theorized about the causes of addiction, while late 20th century advances in medical technology allowed scientists to explore brain activity in innovative ways. As with mental health research generally, the psychological understanding of addiction has evolved over time. The evolution in the definition, understanding, and treatment of addiction was driven in part by social issues and problems in the U.S.

In the late 19th and early 20th century, although there was some medical literature suggesting genetic and biological influences, addiction was typically attributed to amorality and an inability to control one's behavior (May, 2001). The rise of addiction in the U.S. may have begun with the liberal administration of morphine to soldiers during the U.S. Civil War resulting in widespread opiate addiction by 1900 (Courtwright, 1978). Later, many veterans returning from World Wars I and II suffered from shell shock, a combination of symptoms that resembled what we now consider post-traumatic stress disorder (PTSD; May, 2001; Stagner, 2014). As these psychological complications due to war were not well-understood at the time, and thus largely untreated, many veterans turned to substances, commonly alcohol, to ameliorate unwelcome symptoms (Bergen-Cico, 2011).

In 1935, during the post-WWI era, in the absence of any standardized treatment recommendations for addiction, Bill Wilson, a man struggling with alcoholism, organized Alcoholics Anonymous (AA) meetings along with other men with identified substance abuse and dependence concerns, some of whom served in WWI. These meetings provided a community of individuals to whom one could be accountable for their problematic substance use in an anonymous context. Bill W., as he has been known in the AA community, together with his co-founders, developed a 12-step model for overcoming addiction and published a book outlining the model in 1939 (Alcoholics Anonymous, 2001; Alcoholics Anonymous, 2015).

While some praised the AA model, many were critical of the text and its lack of a scientific foundation. Psychologist Albert Ellis acknowledged the model's ability to be useful to many people, but challenged the model's emphasis on endorsing a belief in a Higher Power and surrendering to powerlessness as nonbelievers were also capable of achieving sobriety (Ellis, 1992). In spite of the fact that similar criticisms of AA continue to be circulated today (Peele, 2012), coupled with limited evidence of its efficacy (Boston, 2015), AA, and 12-step models based on AA, remain the most common addiction treatment model in the U.S (CASA, 2012). AA's continued popularity may be in part due to the widespread availability of confidential AA meetings across the country and the cost-prohibitive nature of rehabilitation facilities. Although the American Medical Association (AMA) classified alcoholism as a disease in 1956, addiction has remained unlikely to be treated with parity to other medical illnesses by insurance providers (Roy & Miller, 2010).

In the mid-20th century, the use of substances like marijuana and psychedelic drugs increased. As hippie/counter culture made its way into the mainstream in the 1960s, more and more people, particularly young people, began to experiment with drugs like LSD, a hallucinogen (Hamburger, 1969). Though highly controversial, hallucinogens were studied by prominent psychologists Richard Alpert and Timothy Leary at Harvard University (Dass, 1971; Wark & Galliher, 2010) for their ability to alter one's consciousness, shift awareness, and potentially improve creativity

The increase in drug use occurred simultaneously with significant social change in the U.S. initiated by the organization of various marginalized groups as they advocated for equal rights (see chapter). Conservative groups in the U.S. reacted negatively to the rapid changes taking place in U.S. culture. Video and print propaganda was developed to communicate the dangers and lethality of various drugs, including marijuana, in order to dissuade young people from engaging in drug use (Manning, 2013). Leary and Alpert, the Harvard professors studying LSD, were fired as Harvard attempted to protect its reputation in the wake of the backlash (Dass, 1971; Wark & Galliher, 2010). A shift began toward the criminalization of drugs. President Nixon launched the "war on drugs" in 1971, a system of policies upheld by subsequent administrations (Whitford & Yates, 2003). These events resulted in fewer opportunities to study the potential psychological benefits of psychoactive drugs and community mental health programs and instead increased research related to the dangers of

drugs as well as toward increased perception of substance abusers as deviant (Humphreys & Rappaport, 1993).

Around the same time, in the late 1960s and early 1970s, U.S. soldiers in Vietnam returned alarming rates of addiction, often to heroin. As a result, the government funded research to explore the problem and provided resources that allowed for more representative data related to addiction than had been previously available (Peele, 1981). In one study, for example, rats were either isolated or allowed a pleasant, social environment. For each condition, water and morphine solutions were made available to the rats. Social rats were far less likely to choose the morphine solution than rats that were isolated (Alexander, Coombs, & Hadaway, 1978). Likewise, many soldiers in Vietnam used heroin during their deployment, in a challenging and traumatic environment, but successfully discontinued use upon their return to the U.S (Peele, 1981). These studies were initiated in response to the national, social problem and contributed important literature related to the development and treatment of addictions.

In 1978, former First Lady Betty Ford was confronted by her family for her history of prescription drug and alcohol abuse (Clark, 2012). Shortly thereafter, she completed treatment at an alcohol and drug rehabilitation facility and later wrote and spoke publicly about her experience. In a dramatization of Betty Ford's experience made for television, this confrontation by her family provided a model for the modern intervention in which individuals express their concerns for an addicted loved one and encourage her/him to seek treatment (Clark, 2012). The candid nature with which Betty Ford discussed her experience with addiction with the nation sparked a national conversation, further promoting the study of addiction and addiction treatment in particular.

As medical technology became more advanced in the late 20th century to the present, researchers focused attention on brain processes rather than particular substances (Markel, 2012).

Neuropsychologists began to explore the role of the dopamine system in addiction (Berridge & Robinson, 1995). Other researchers used positron emission tomography (PET) scans and other forms of brain imaging to observe the areas of the brain activated when individuals with addiction were exposed to their substance of choice (Markel, 2012; Volkow, Wang, Fowler, Tomasi, & Telang, 2011).

Such studies gave way to a new scientific and medical model of addiction. Psychologists considered the unique combination of genetic, environmental, and behavioral factors in conceptualizing individuals with addiction, placing less emphasis on personal responsibility and morality and increased attention to contextual, biological catalysts undergirding addictive behaviors. The current disease model of addiction may be largely attributed to the major changes in the perception of drugs and drug use in the U.S. throughout the 20th century.

2. Deinstitutionalization: Economics and Psychology

Rapid advancement in psychiatric medications made significant contributions to modern psychology, intersecting with historical events, to forever change the trajectory of mental health practice. The 1940s were a challenging period for the fields of psychology and psychiatry, as both struggled to establish their legitimacy (Kirkby, 2005). With few formal methods of treatment available outside of institutionalization in asylums, psychologists often resorted to electroconvulsive therapy (ECT), insulin comas, and lobotomies to treat patients with chronic mental health concerns (Kirkby, 2005; Smoyak, 2000). Dreadful housing conditions within asylums spurred close investigation into the treatment of patients (Edmondson, 2012), many of whom were residing in overcrowded hospitals (Morrissey & Goldman, 1986) where the nurse and doctor-to-patient ratios often ranged from 1 to 1,320 or 1 to 500, respectively (Grob, 1991; Smoyak, 2000).

Many of these patients had little or no formal sources of financial or social support and were unmarried, with no parents, siblings, or children to care for them in old age (Kirkby, 2005). The lack of available treatments that proved efficacious over time led some to believe that individuals diagnosed with mental illness were simply condemned to live out their lives within institutions, with little hope of reprieve from symptoms or life as functioning members of society (Edmondson, 2012; Morrissey & Goldman, 1986). Ensuing events, however, provided hope for the treatment of long-term and severe psychosis.

During World War II, mental health workers began to note the high numbers of soldiers affected adversely by combat and subsequently developing symptoms and disorders associated with the environmental stressors (Smoyak, 2000). Psychiatrists and psychologists began treating soldiers through a simplistic regimen of food, sleep, and showers within their aid stations, observing great improvement in symptoms (Smoyak, 2000). Psychologists advocated for a similar civilian model, arguing that treatment within a community setting through early identification and intervention held promise as an alternative to asylums (Smoyak, 2000). Through the urging of these professionals, President Truman signed the National Mental Health Act in 1946, providing financial backing for mental health research and the establishment of community treatment centers (Morrissey & Goldman, 1986; Smoyak, 2000). Unfortunately, a lack of consistent training, funding, and staffing led to a chaotic and unsuccessful implementation of the act (Smoyak, 2000).

The 1950s, however, reintroduced the possibility of community treatment centers, with the discovery of psychotropic drugs and milieu therapy (Kirkby, 2005; Morrissey & Goldman, 1986). Phenothiazines, an umbrella group of antipsychotic drugs, were introduced to the U.S. in medical studies in the early 1950s (Edmondson, 2012). Chlorpromazine, often traded under the name Thorazine, was the first drug introduced that had a substantial impact on reducing the hallucinations and delusions often associated with schizophrenia (Smoyak, 2000). Mental health professionals established a definitive relationship between neurotransmitters in the brain and mental illness, substantiating a biological role in mental health and the importance of science in psychology (Kirkby, 2005).

The ability to stabilize patients allowed psychologists and psychiatrists to discharge patients who would typically require lifelong institutional care, treating them through outpatient services (Kirkby, 2005; Morrissey & Goldman, 1986). Not only did this new model provide a scientifically sound treatment approach, it also allowed patients the ability to assert their autonomy by administering their own treatment and seeking support services as needed (Kirkby, 2005). It is estimated that over 550,000 individuals were institutionalized in the U.S. in the early 1950s, with recent statistics estimating that 50,000 to 80,000 individuals were institutionalized in 2012 (Edmondson, 2012). In 1963, the Kennedy administration passed the Community Mental Health Act to provide federal funding for the building of community mental health services, which was accelerated 2 years later following the adoption of Medicaid and Medicare (Smoyak, 2000). The mass discharge of patients, or deinstitutionalization, ushered in a new era of therapy, filled with promise, yet marked by unanticipated consequences (Edmondson, 2012; Morrissey & Goldman, 1986; Wright, 1989).

While many individuals experienced a reduction in psychotic symptoms and were discharged from institutions, a large majority soon realized that they had no stable housing, source of steady income, or sources of social support (Morrissey & Goldman, 1986). Similarly, many individuals with intellectual disabilities lacked the resources or skills necessary for independent living, while elderly individuals were simply transferred to nursing homes in order to meet their basic needs (Larson & Lakin, 2012; Morrissey & Goldman, 1986). In many ways, although the mental health field was

learning more about the biological causes of mental illness, there was a lack of attention to broader sociocultural variables, leaving disadvantaged groups seeking services elsewhere (Wright, 1989). Furthermore, as a result of the Vietnam War, federal funds previously vetted to finance community centers were severely impacted (Smoyak, 2000), and by the 1980s, the Reagan administration had begun to block mental health grants (Jones, 2015). As a result, many of the community treatment centers were never built, reaching a maximum of 754 centers rather than the projected 2,000 facilities (Larson & Lakin, 2012; Smoyak, 2000). By the 1980s, the U.S. was facing an unprecedented bout of homelessness and increasing rates of incarceration in jails and prisons, with many individuals who would previously have been institutionalized finding themselves with nowhere to go (Edmondson, 2012; Larson & Lakin, 2012; Smoyak, 2000). It is estimated that nearly 50% of those incarcerated and 25 to 80% of homeless individuals meet criteria for some kind of mental health diagnosis, but with limited access to treatment, are often incarcerated or chronically homeless instead (Morrissey & Goldman, 1986; USCM, 2013).

In 2009, the American Psychological Association commissioned a Presidential Task Force on Psychology's Contribution to End Homelessness (APA, 2010). Psychologists have emphasized the role of a comprehensive method to treating clients in the community, exploring integrated approaches and acknowledging the complex relationship among political, cultural, and economic influences on services available to clients requiring mental health services (APA, 2010; Wright, 1989). More importantly, psychologists have begun to voice a need for a more active role as advocates during changing economic climates (APA, 2010).

3. Championing the Revolution: Key Developments and Pioneers in Sexual Orientation Justice

In the past two decades specifically, attitudes toward gays and lesbians—and to a lesser degree, toward bisexual and transgender people—have improved dramatically, with support for equal rights—including marriage, the right to adopt and raise children, job opportunities, and openly serving in the armed forces—at an all-time record high among U.S. citizens (Gay and Lesbian Rights, n.d.). Key people who initiated critical events via their activism, scientific inquiry, and advocacy laid the foundation for the changes that continue to occur with palpable speed over relatively short spans of time, though the groundwork was hard-fought and pursued with considerable courage by people whose voices were often silenced, discredited, and challenged.

Although the existence of people with same-sex attractions has been documented for centuries, the science of sexual orientation is relatively new, with the earliest roots in modern science traceable to Germany in the mid-to-late 1800s and the works of writer Karl Heinrich Ulrichs (Bullough & Bullough, 1997). In spite of Ulrichs' measured efforts to gain widespread support for gays and lesbians, homosexuality was deemed a pathology and gays and lesbians were considered sick, a position that endured for more than a century to follow. A view of homosexuality as pathology lent itself well to the medical model with widespread belief that gays and lesbians were in need of treatment and could be cured by psychiatrists and psychoanalysts (Bullough & Bullough, 1997); homosexuality was initially designated a disorder in the first iteration of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1952 (Chiang, 2008).

Early work by Katherine Bem Davis, a reformer, criminologist, and chemist, produced the first significant study of lesbians in the 1920s, which, though largely ignored or disparaged, laid the foundation for the subsequent well-known works of Alfred Kinsey (Bancroft, 2004; Bullough & Bullough, 1997), which have been viewed alternatively with great criticism or as pioneering in their catalytic efficacy toward the movement for greater understanding of gays and lesbians. Kinsey

published his groundbreaking works on male and female sexuality, respectively, around the mid-point of the 20th century (Chiang, 2008), both of which had an enduring impact on sexuality studies more broadly and female sexuality and homosexuality more specifically (Bancroft, 2004; Bullough & Bullough, 1997; Chiang, 2008). His works undoubtedly catapulted scientific inquiry and the legal strides that followed in the ensuing decades, including the creation and distribution of hormonal birth control, increasing support for reproductive healthcare, and gradual yet steady increases in improved attitudes toward gays and lesbians in the latter part of the 20th century and well into the first two decades of the 21st century.

While Kinsey's work made the presence of same-sex behavior and attraction more visible and he insinuated that there were no discernible differences between heterosexuals and gays and lesbians, the lack of appreciable differences had not yet been scientifically established. One of the earliest psychologists with an enduring legacy in advancing understanding of gays and lesbians was Evelyn Hooker, a clinical psychologist who was challenged by one of her students at UCLA to study homosexuality (Shneidman, 1998). Hooker compared two small groups of gay and heterosexual men without a history of psychiatric treatment and demonstrated that their results on well-regarded projective assessment measures could not be distinguished by a group of experts (Chiang, 2008).

While the achievement of increasingly favorable impressions of gays, lesbians, and bisexuals was the result of more than a century of innovative science by biologists, chemists, and psychologists, the present-day movement owes a significant debt of gratitude to others, among them activists Barbara Gittings and Frank Kameny. Gittings and Kameny regularly protested and demonstrated for greater understanding of gays and lesbians beginning in the 1950s and continuing for several decades (Gittings, 2008). Among their greatest achievements was the successful effort in convincing the American Psychiatric Association to remove homosexuality from its list of mental disorders from the DSM, a victory hard-won in 1973.

Juxtaposed with improving individual attitudes toward gays and lesbians, as well as toward bisexuals and increasingly, those who identify as genderqueer and transgender, have been legal victories that have translated into the decriminalization of sodomy, an increase in antidiscrimination policies, and general mobilization of gay and lesbian people, evidenced by greater numbers of bars and businesses run by and for gay and lesbian people and increased visibility in nearly all areas of public life (Kane, 2010). At this writing, following decades of active struggle, marriage equality has been achieved at the federal level and is a hallmark in the quest for full civil rights for gay and lesbian people (de Vogue & Diamond, 2015). While such a victory has resulted in nationwide celebrations for those committed to ameliorating injustice, the importance of tracing the long road to this achievement and paying homage to the heroic efforts of our forebears cannot be overstated.

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