

FROM ETHICAL NEUTRALITY TO MORAL RESPONSIBILITY:
THE RENEGOTIATION OF A SOCIAL CONTRACT

A Supporting Paper
Presented to
the Faculty of the Department of Psychology
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In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
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The completion of this paper, and with it hopefully the attainment of my degree, represents the fulfillment of a 'contract' which I frequently despaired of reaching. I am grateful for the encouragement and understanding which I received from all of my professors when illness forced me to abandon temporarily my academic work. The 'contract' entailed, as all contracts must, some challenging obligations; but it has been made worth while by present and potential future rewards.

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I would like to dedicate this paper to my mother, who did not live to see its completion. Without benefit of formal training, she was for many years a wise and trusted counselor to her family and a host of friends.

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ABSTRACT

The recent change in the behavioral sciences from a professional attitude of ethical neutrality to one of moral responsibility is viewed as an instance of the renegotiation of the social contract with society. The phenomenon is analyzed within the theoretical framework of contract psychology, as proposed by Pratt and Tooley (1964).

The nature and terms of the contract are defined on the basis of evidence from the professional literature, and the implications of the terms of the contract for its functioning are explored. The contract is found to be dysfunctional for society, and a contractual crisis is inferred from evidence of challenges to the philosophical basis of the contract.

Indications of renegotiation of the contract are found in proposed alternative models of man, and affirmation of moral values and social responsibility on the part of the professional community. The conclusion is reached that the contract has been successfully renegotiated and is now functioning under new terms.

TABLE OF CONTENTS

CHAPTER	PAGE
I. THE CONCEPTUAL FRAMEWORK	1
II. THE NATURE OF THE CONTRACT	6
The Historical Background	6
The Parties to the Contract	10
The Terms of the Contract	12
Summary	14
III. THE PHILOSOPHICAL BASIS OF THE CONTRACT . . .	15
The Psychoanalytic Model	16
The Medical Model	17
The Scientific Model	17
Comparison of the Models	19
Implications for the Social Contract	24
IV. THE CONTRACTUAL CRISIS	26
Challenge to the Models	26
The Challenge of Alternative Models	34
Summary	35
V. CHALLENGES TO THE DOCTRINE OF ETHICAL NEUTRALITY	36

CHAPTER	PAGE
Challenges to Value-Free Therapy	36
Challenges to Value-Free Science	38
Summary	40
VI. THE SHAPE OF THE NEW CONTRACT	42
Interest in Studies of Morality and	
Conscience	42
Professional Involvement in Social	45
Action	45
Recapitulation	48
BIBLIOGRAPHY	52
FOOTNOTES	61

CHAPTER I

THE CONCEPTUAL FRAMEWORK

Within the past two decades a significant change in professional attitudes has occurred within the behavioral sciences. Whereas formerly an attitude of strict ethical neutrality was advocated with regard to all social and moral issues except those narrowly related to professional codes, in recent years there have been increasing indications of attitudes of social and moral responsibility on the part of the professional community (Benne, 1965; Hersch, 1969; Kelman, 1965; Krasner, 1965). This development represents such a striking contrast with earlier attitudes that it invites an explanation.

In an article entitled "Contract psychology and the actualizing transactional field," Pratt and Tooley (1964) have suggested that the professions which constitute the behavioral sciences operate within the framework of a three-party social contract with their clients and with society. Under the terms of the contract, society issues a contractual mandate to the professions, in return for which the professionals offer specialized services in public and private practice. The stewardship which the professionals enjoy is "selective and accountable"; the public mandate may be rescinded if the contract

becomes disadvantageous to society. The responsibility for the clarification of society's contractual mandate, and its withdrawal and corrective renegotiation when necessary, rests with "an enlightened citizenry."

Contract psychology appears to offer an appropriate theoretical framework for the analysis of the change in attitudes which has occurred within the behavioral sciences. It is the premise of this paper that the phenomenon represents an instance of the breakdown and renegotiation of the social contract. This hypothesis is elaborated as follows:

Early in the twentieth century a three-party social contract was negotiated which involved the professional community of the behavioral sciences, their clients, and society. The purpose of the contract was to meet the needs and provide for "the actualization of potentialities" of all parties to the contract. To that end, each participant agreed to assume certain obligations and responsibilities.

The underlying philosophical basis of the contract was a model of the nature of modern man. This conceptual model represented the ideology of the several disciplines of the professional community, but it was endorsed by the other contracting parties as an acceptable picture of human nature.

A doctrine was derived by implication from the conceptual model which prescribed the appropriate attitudes and conduct for the professional community. This doctrine was also authored by the professionals and accepted by the other parties to the contract.

In practice the contract was found to be dysfunctional for two of the contracting parties, in that it was not conducive to the actualization of their potentialities, and withdrawal of the contractual mandate by society was implied. In the face of this implied threat, the professionals reevaluated and challenged the model of man upon which the contract was based. It was alleged that the model was faulty, in that it presented an unbalanced view of the nature of man and appeared to set him at odds with society. Reforms and alternative models of man were proposed as a basis for corrective renegotiation of the contract.

Since the doctrine which prescribed appropriate attitudes had been based upon the conceptual model, it too was challenged and found to be in error. A new doctrine of appropriate attitudes and conduct was also proposed by the professional community as a basis for renegotiation of the social contract.

It now appears that the social contract has been restated in terms which are more nearly congruent with reality. The new

conceptual models of man present a more balanced picture of man's personal and social characteristics, and the new doctrine of attitudes and behavior affirms principles which appear to be more conducive to the actualization of all parties to the contract.

This paper will undertake to define the characteristics of the contract which led to the contractual crisis and the necessity for the renegotiation of the contract. It will then attempt to define the terms under which the contract is functioning in society today. This analysis will focus upon applied realms of the professions in question, and particularly upon the discipline of psychology.

Pratt and Tooley (1964) believe, with other authors (London, 1964; Singer, 1965), that every concept and procedure employed in the social-behavioral sciences is based, either explicitly or implicitly, upon a philosophical concept regarding the nature of man. To the extent that the conceptual model misses the mark by failing to capture the distinguishing essence of man, the theories and practices derived from it will also fail to provide valid explanations of human behavior or to attain appropriate goals. Noting that many past and present models of man have "reduced, mechanized, caricatured, dehumanized and demoralized man" (p. 397), Pratt and Tooley have predicated their theory upon a positive view of man as an autonomous,

responsible, social being, whose life and personality are defined by his interactions with other men and whose potential is limited only by the range of contractual alternatives available to him in the particular society in which he lives.

Much evidence could be adduced in proof of the existence of such a social contract as that hypothesized here, but the fact that some sort of functional agreement did exist is supported by documentation of the tremendous expansion of professional services and scientific research which has occurred since the beginning of the century, as presented by Coleman (1964:621-634). The focus of this paper is upon the factors which determined the nature of the contract and their effect upon its functional role. It is therefore appropriate to turn to a consideration of these factors, presented within the theoretical framework of contract psychology.

CHAPTER II

THE NATURE OF THE CONTRACT

Since the social contract was the product of a particular period in history, the historical background is to be considered before proceeding to an examination of the nature and terms of the contract and the conceptual models upon which it was based. It is believed to be self-evident that the contract under investigation was an implicit, voluntary agreement and that contractual transactions were carried on within a number of contract spheres.

The Historical Background

Since the dawn of civilization, society has faced the problem of dealing with those of its members whose behavior deviated significantly from broad social and cultural norms. References to such persons occur in the earliest cultural records, and suggest that some form of psychiatry has been practiced since the Stone Age (Selling, 1943). Although the kinds of behaviors which have been labeled as deviant have varied from age to age and from one culture to another, diagnosis has always been derived from some implicit model of man which constituted a normative standard (London, 1964;

Singer, 1965). Treatment of the behaviorally deviant, although sometimes less rational than the behavior it was designed to cure, has generally been aimed at changing behavior in the direction of closer conformity with the accepted norm.

Responsibility for bringing about most kinds of behavioral change has traditionally been entrusted to the family and to religious and educational institutions. But certain deviant behaviors have always been highly resistant to change, so that society has sought specialists to whom responsibility could be delegated for treating or controlling such behavior (Ford & Urban, 1967). Prior to the twentieth century this task had been delegated to the medical profession and/or the religious authorities (Coleman, 1964), but by the end of the nineteenth century society was acutely in need of new approaches and new techniques for dealing with mental disorders. Bockoven (1956) has documented the conditions which led to the abandonment of earlier successful forms of therapy and resulted in marked deterioration in the treatment of mental disorders. Except for a fortunate few private patients who were treated in their homes, persons suffering from functional psychological disorders received only custodial care in huge, crowded asylums. There was little expectation of their recovery, in spite of—or perhaps because of—promising developments in the field of psychiatry.

Singer (1965) has observed that changes in conceptual schemes which describe the presumably unchanging universe cannot occur unless there exists an inner freedom to question the status quo. Such a state of inner freedom seems to have existed for some men as the nineteenth century was drawing to its close. Historians Brinton, Christopher, and Wolff (1962) have noted that there were two divergent philosophical currents in the intellectual mainstream of the Western world at that time. One of these was the rational, scientific, optimistic outlook which was the legacy of the Age of Reason and the Era of the Enlightenment; the other was a reactionary trend of anti-rationalism and an awareness of the limitations of human reason.

The status of the behavioral sciences reflected both viewpoints. Psychology was in its infancy, but the work of such pioneers as Bernheim and Liebeault, Pavlov and Watson held promise of finding scientific explanations for all of human behavior (Coleman, 1964). Meanwhile, within the psychiatric discipline, the discovery of the organic pathology underlying certain mental disorders had generated confidence that research would soon discover a 'cure' for 'mental illness' based upon the identification of specific organic pathology or disease entities (Adams, 1964).

Over against these developments stood the work of Sigmund Freud, which reflected the darker philosophic current. While Freud's construction of a logical explanation for the development of neuroses represented a rational undertaking, the explanation itself emphasized the darker recesses of the human mind, where "demonic," irrational forces held sway (Ford & Urban, 1967). This paradoxical fusion of the rational with the irrational appears in retrospect to have been a singularly appropriate product of the times.

Following Freud's lectures in the United States in 1909 at the invitation of G. Stanley Hall, his theory concerning the origin of neuroses and his technique of verbal psychotherapy became the center of vigorous controversy. Freud himself was the target of personal vilification for at least a decade, but eventually his theory and methods gained a following, and within the next decade psychoanalysis was widely accepted as a therapeutic technique (Jones, E., 1953-1957).

Thus by the early years of the twentieth century, the three disciplines of psychology, psychiatry, and psychoanalysis, while maintaining their separate identities, had become a loosely connected professional community engaged in the scientific study of human behavior and the specialized treatment of psychological disorders.

Society, because of its urgent need for solutions to a perennial problem, was receptive to the innovative services offered by the emergent disciplines. The stage was set for the negotiation of a mutually advantageous social contract.

The Parties to the Contract

Before proceeding further with discussion, it seems advisable to define more clearly the parties to the contract. The first party represents American society. There are admittedly grave dangers inherent in any attempt to deal with complex phenomena in simplistic terms, yet some unifying concept seems to be essential for dealing with events which appear to transcend the individual and to assume significance only when they are viewed within a broader context. Even the most cohesive society is composed of individuals who differ greatly from each other in many dimensions, yet taken together they constitute a corporate entity. Many characteristics of American society in the first half of the twentieth century were obviously quite different from those of the same society during the latter half of the century. One of the salient characteristics of contemporary society is its pluralism, which increases the risks involved in reification. The term is used in this paper for its obvious heuristic value.

The second party to the contract consists of the professional community of the behavioral sciences, composed of the three disciplines described above, with the addition of clinical psychology and psychological counseling around the middle of the century. The particular concern of the discipline of social work with the disadvantaged members of society has caused its direction to diverge from that of the other behavioral sciences in ways which preclude its inclusion in this analysis. In view of the widely divergent characteristics of sub-groups within each of these disciplines, and between the disciplines themselves, the same caveat is applicable to the use of the collective term as that mentioned with the use of the term, 'society.'

The third party consists of the clients, patients, and other users or recipients of the services of the professional community. Pratt and Tooley (1964) prefer the term, 'client,' as one which assigns priority of consideration to the client and avoids the role connotations of other terms. Although the members of this group are also members of society, they stand in a special relationship to the professionals and are more intimately involved in the transactions of the contract. Transactions between clients and professionals might be conceived as sub-contracts which must be satisfactorily completed in order for the principal contract to be fulfilled.

The Terms of the Contract

The terms of the contract must, of necessity, be inferred from the nature of the transactional actions which occurred during the first few decades of the contract's existence. The idea of a contract, by definition, presupposes an exchange of benefits and obligations. If the contract is to facilitate the actualization of the potentialities of all participants, it is to be expected that all will share more or less equally in benefits and obligations.

First, a look at the obligations. Society agreed to legitimize and institutionalize the diagnostic, therapeutic, academic, and scientific activities of the professional community. This is inferred from the fact that members of the professional disciplines were permitted to practice in public clinics and hospitals as well as in private settings, that psychological and psychoanalytical theories were taught in public as well as private colleges and universities, and that public funds were used to support research in the field of mental 'illness' under the provisions of the National Mental Health Act, which was passed by Congress in 1946.

The professional community for its part accepted society's mandate to provide diagnosis and treatment of psychological disorders and to carry out the academic and scientific roles which the institu-

tional structures required. Although written about the period at the end of World War II, Hersch's (1969) description of the professional situation at that time is probably representative of the earlier period as well:

The patient was readily defined as the person who suffered from mental illness, or somewhat more broadly as the individual who appeared at the clinic or hospital seeking professional help. The therapist was essentially the psychiatrist, but he was soon joined in this role by the psychologist and social worker. The process of treatment was basically psychotherapy, . . . The goals of treatment were the reduction of inner distress, the cure of mental illness, or, more ambitiously, structural personality change. . . . The theory guiding professional work was undisputedly psychoanalysis. . . . The role of the mental health professional was defined by the clinical tasks of diagnosis and treatment. (1969:912)

It is obvious that in order for the obligations of the professionals to be fulfilled, some members of society had to assume the role of clients, in which role they were also obliged to surrender a certain amount of autonomy and to provide suitable remuneration for the services received. The fact that large numbers of people did assume these roles is attested to by the fact that by mid-century the demand for psychological services had far outstripped the supply (Albee, 1959).

The benefits which the participating parties expected to receive in return for assuming their contractual obligations may be

inferred from the nature of the obligations. Society expected to find a workable solution for one of its chronic problems, and indirectly to enjoy the prestige and benefits attendant upon sponsorship of scientific research. The professional community expected to acquire legitimate authority, suitable settings, and appropriate subjects with which to pursue its interests, and to receive material remuneration, social status, and prestige. The clients, for their part, expected to receive expert professional assistance with their most urgent psychological problems, and indirectly to participate in the benefits of research.

Summary

The historical influences which shaped the social contract have been reviewed, and the participating parties defined. The terms of the contract, consisting of the obligations assumed and the benefits expected by each party, have been considered. No obvious flaws or imbalances in the terms of the contract, which would predispose it to failure, have yet appeared.

CHAPTER III

THE PHILOSOPHICAL BASIS OF THE CONTRACT

It was stated earlier that the norm against which human behavior is measured always consists of an implicit model of man (London, 1964; Singer, 1965), and that the model which is chosen determines the success or failure of theories and practices derived from it. London has also commented that a "superordinate" moral code which depicts man's relationship to society is also involved. An examination and evaluation of the model of man which formed the basis of the social contract should therefore presumably yield some insight into the probability of the success or failure of the social contract.

For this purpose, the three models of mental disorder which were favored by the disciplines of psychoanalysis, psychiatry, and psychology are presented and compared. Although all three are models of 'illness,' they depict by implication the model of 'normal' man. The implications of this composite model for the fulfillment of the contract are then considered. The first to be considered is the highly influential psychoanalytic model.

The Psychoanalytic Model

This model was based upon the theories proposed and elaborated by Sigmund Freud over a period of many years (1893-1938). In this concept, the experiences of infancy and childhood are of supreme importance for the individual's subsequent emotional development (Freud, 1905). The dynamic forces of man's behavior are derived from the biological urges of sex and aggression, which continually demand satisfaction. The reality principle, in the form of superego or conscience, demands that these sexual and aggressive instincts be controlled. Caught between these two implacable forces, man is wracked by "inborn," "inevitable" conflict. His only choice lies between "a threatened external unhappiness" and "a permanent internal unhappiness" (Freud, 1930:166). His only way to relative psychic comfort is through the sublimation of his biological instincts into socially acceptable channels.

In the Freudian concept, man is not born free with the right to pursue life, liberty, and happiness; he is shackled by biological urges that can never be fully expressed and that set him in constant and grievous conflict with his society. Life for him must be a constant and unending struggle to reconcile, both within himself and between himself and others, forces that are inherently antagonistic. (La Piere, 1959:40)

The Medical Model

This model was the legacy of the psychiatric discipline to the behavioral sciences. It has been enormously influential also, as the terminology of 'mental health' and 'mental illness' indicates. As Szasz (1960), Adams (1964), London (1964), and Shoben (1963) have noted, the medical model consists of an analogy based upon the assumption that biological health and psychological health are parallel conditions. In this view, man is seen as primarily a biological organism, victimized by disease-inducing conditions beyond his control. Disease is defined as "any marked deviation, physical, mental, or behavioral, from normally desirable standards of structural and functional integrity" (Ausubel, 1961:56). Ausubel claims that the same principal categories of symptoms are found in behavioral and bodily disease, and that in both instances they stem from underlying genetic and environmental stresses.

The Scientific Model

In this model, which was favored by psychologists, the concepts and assumptions of the physical sciences were applied to the study of man as a result of the desire of the behavioral sciences for "scientific respectability" (Adams, 1964). Man was thought to live

in "a clockmaker's universe" in which his behavior was controlled by the same laws which governed inanimate mechanisms (Le Shan, 1962). This model, which was based upon the conditioning experiments of Ivan Pavlov, appears to correspond so closely with the "learning theory" model presented by Eysenck (1959) many years later that the later, more systematized presentation is utilized here. However, it should be noted that the term "learning theory" was not applied to the model until a later date. It is called the "scientific" model here because of the emphasis placed by its adherents upon its alleged scientific characteristics (Adams, 1964). This model places all of behavior on a continuum by postulating that neurotic symptoms consist of learned patterns of maladaptive behavior, which have been conditioned as the result of the accidental pairing of particular responses with random environmental stimuli. Some people will acquire conditioned responses more easily than others. Persons who are easily conditioned are likely to acquire neurotic symptoms, while those who are conditioned only with difficulty may manifest psychopathic behavior. No unconscious causes are postulated in this model; the neurosis consists of the symptom itself (Eysenck, 1959).

A comparison of these models is now appropriate to determine whether they possess common characteristics.

Comparison of the Models

Although the three models appear superficially to be quite different, they hold in common several salient characteristics.

1. All three make the assumption that man's behavior is determined by influences beyond his control. Freud's own words state this position clearly with regard to the psychoanalytic model: "We do not live, we are lived by unknown and uncontrollable forces."¹ In the medical model, man's behavior is determined by genetic and environmental stresses. Ausubel (1961) has stated that "it is just as unreasonable to hold an individual responsible for symptoms of behavior disorder as to deem him accountable for symptoms of physical illness" (p. 58). In the scientific or learning theory model, man's behavior is determined by situational stimuli which impinge upon him. Ford and Urban (1967) have summed it up in these words:

Consistent with the theoretical tradition from which this system grew, the learning postulates characterize man as a robot. At its base, all behavior is acquired and then continues to operate in a thoroughly automatic, involuntary, and situation-determined way. (p. 269)

It is evident that all three models present a strongly deterministic view of man which implies that he is a passive creature, devoid of moral responsibility for his own behavior. The extent to

which this view was accepted in the behavioral sciences was revealed in a study by Allport and Plos (1960) which found five times as many terms indicative of passivity as there were terms implying self-directed activity in psychological and psychiatric language.

2. All three models accent the negative rather than the positive aspects of human nature. Ford and Urban (1967) have described the psychoanalytic view in these words:

Freud's picture of man is basically an ugly one. Man is pushed by demonic, destructive, animalistic forces. Psychological energies of sex and aggression must be controlled. All the contributions of our complicated society are simply consequences of the controlled diversion of the two major instincts. (p. 177)

In the medical model, the implication that the 'patient' is helpless to defend himself against 'mental illness' tends to minimize the positive capacities of human nature. Szasz (1960) has commented that when man's biological needs have been met, he faces the problem of what to do with himself; the 'myth' of mental illness permits him to avoid this task.

The contention of the scientific model that all of behavior is automatically and completely controlled by specific antecedent external events denies the possibility of autonomous intellectual creativity or positive action. It is apparent that all three models accent the negative aspects of human nature.

3. All three models are implicitly asocial or individualistic.

To quote from Ford and Urban (1967) again:

The individual would be a far happier person, Freud's theory implies, if his sexual and aggressive energies could be directly expressed through uncontrolled reflexive behavior. It is only because this leads to unsatisfactory environmental consequences that the individual must control them, although when they are controlled and diverted, a portion of their influence is lost. Freud once commented that it was saddening to "know" that contributions of society had come at the expense of these primary events (instincts). (pp. 177-178)

The medical analogy, as Adams (1964) pointed out, implies that 'mental illness' is something which "happens to" the individual person instead of being the result of his social interaction with other persons.

As for the scientific view, it is difficult to conceive of social relationships among robots. Clearly, all three models present an individualistic view of man.

The comparison of the models thus far has revealed that all three presented a deterministic, negativistic, individualistic view of man. This view implied that man was not morally responsible for his behavior, that he was incapable of autonomous creative activities, and that his interests were inevitably in conflict with those of society. A further comparison of the models is now appropriate in order

to determine the characteristics of the doctrine which was developed from them.

The derivation of the doctrine of attitudes and conduct. Each of the three broad theoretical positions either implicitly or explicitly prescribed the proper attitude of the behavioral scientist. The psychoanalytic position was explicitly stated in Freud's writings. Ford and Urban (1967) have reported some of these rules as follows:

He (the therapist) should not reciprocate the patient's affectionate feelings, or presumably his hostile ones. He should not introduce conventional morality into his discussions. He should maintain complete neutrality both affectively and intellectually. . . . It gives the patient a feeling of safety, for he need not fear that the therapist will retaliate, no matter what he says. (pp. 169-170)

Entirely apart from the question of its desirability, this position is logically defensible if the premises of Freudian theory are accepted. However, the doctrine of ethical neutrality was extended to other aspects of the therapeutic situation with little or no logical basis.

Le Shan (1962) has stated it thusly:

A basic tenet of psychotherapy has been that moral values have no place in the process. Nothing is morally "right" or morally "wrong." "No judgmentalism" was equated with "no ethical values." (p. 474)

Freud's negative view of the effects of conscience on the development of neurotic guilt came to be interpreted by his followers as a denial of

the positive value of ethical and moral standards.

The medical analogy also advanced potent arguments for the doctrine of ethical neutrality. Noting the tradition of the medical profession for treating "the good and bad alike," London (1964) has described the extension of this argument into the field of psychotherapy:

Psychotherapists have been nobly moved to adapt this tradition to their own practice. In so doing, they argue that the mental therapist is no moralist . . . and that he has no right, in the course of his practice, to make value judgments of his client, to moralize or preach at him, or to try to dictate to him some "good" way of life. His purpose is to alleviate the . . . mental anguish, . . . not to change his way of life along moralistic . . . lines. (p. 3)

The attitude of ethical neutrality was also considered to be intrinsic to the scientific role. Krasner (1965) has referred to this view as "the belief that the experimentalist is scientifically oriented and objective in his views. He is somewhat cold and aloof and remains in his laboratory above the strife of real life battle" (p. 25). The 'scientific' attitude toward "feeling, beauty, and moral values" as "mere illusions in a world of facts" has also been cited by Adams (1964:423).

It is apparent that all three models supported the doctrine of ethical neutrality as the proper attitude of the behavioral scientist, and that this doctrine was interpreted in such a way that moral and

ethical concerns tended to be excluded from the therapeutic situation. The net effect of these views was to disparage the positive functional role of value standards in human behavior.

Implications for the Social Contract

The findings regarding the doctrine of ethical neutrality, together with those earlier described regarding the models of man, have important implications for the functioning of the social contract. Society had granted the contractual mandate to the professionals with the expectation that they would assume the obligation of diagnosing and treating the clients who suffered from psychological distress or whose behavior was markedly deviant from societal norms. But how was deviancy to be determined if ethical and moral norms were deemed irrelevant? If the client's distress happened to be related to moral conflict, but moral problems were inadmissible in therapy, how was he to be helped? Further, if the individual was not responsible for his deviant behavior, who was? The therapist could hardly be held accountable if he disavowed moral responsibility, but if he were not accountable, who was?

The characteristics of the professional ideology clearly suggest that contractual transactions carried out under such terms would tend to be dysfunctional for the clients and untenable for society. It

is to be expected, then, that a contractual crisis would occur, with the threat of withdrawal of the public mandate unless the terms of the contract were revised to bring about more satisfactory fulfillment of the obligations assumed by the professionals.

It is necessary to fall back upon inference once more to demonstrate that such a contractual crisis did in fact occur. If evidence of the critical evaluation of the conceptual models and the derived doctrine can be found, together with alternative proposals and corrective formulations, the conclusion would seem to be justified that dissatisfaction with the contract did indeed exist. The next chapter deals with such evidence.

CHAPTER IV

THE CONTRACTUAL CRISIS

Several authors (Szasz, 1960; London, 1964; Pratt & Tooley, 1964) have alluded to the difficulties to be encountered in deciding who is to evaluate the 'esoteric' services of the professional community. In order to avoid the ramifications of this problem, this presentation relies upon criticisms and evaluations emanating from within the professional community itself. This approach rests upon the assumption that such evaluations reflect pressures for change from external sources. These evaluations are presented in the form of criticisms of, and challenges to, the various conceptual models of man and the premises of the doctrine of ethical neutrality derived from them.

Challenges to the Models

The psychoanalytic model. A voluminous literature which is critical of the psychoanalytic model has accumulated over the years. Although this model was widely endorsed by the professional community, it should be noted that it was never unanimously accepted. The first dissenting voices were raised by defectors from the psychoanalytic

ranks. Three of Freud's early associates, Alfred Adler, Carl Jung, and Otto Rank, eventually broke with him and went on to develop theories of their own.² Although there were major differences among the approaches of these three men, it appears that all three rejected Freud's narrow biological determinism and emphasized experiential, situational, and socio-cultural factors as sources of motivation.

These early protests were followed by the modifications of Freudian theory which were developed by the Ego-analysts in the late 1940's and early 1950's. Among this group were Heinz Hartmann, Anna Freud, Freida Fromm-Reichmann, David Rapaport and Erik Erikson. They presented their views as logical extensions of psychoanalytic theory, but they acknowledged that it was "inappropriate" to attribute all of human behavior to instinctual impulses and emphasized the "ego-functions" with which the person learns to deal constructively with his environment (Ford & Urban, 1967).

The attack upon the Freudian model was continued by Karen Horney (1939, 1945) and Harry Stack Sullivan (1953), both of whom took issue with biological determinism and insisted that most, if not all, of human behavior is learned in the context of human relationships. In Sullivan's words, quoted in Ford and Urban (1967), "People make people sick; it takes people to make them well" (p. 523).

Other theorists took issue with the explanation of the development of neurosis as a result of inevitable conflict between the hedonism of the individual and the proscriptions of society. Runestam (1958) suggested that repression (and hence neurosis) is not the result of moral forces that are too strong, but of moral forces which are too weak to dominate instinctual impulses. Following this same line of reasoning, Mowrer (1960, 1967, 1972) has been one of the most persistent critics of Freud's negative view of conscience. Noting that if the neurotic were truly dominated by the superego he should not be at odds with it, Mowrer (1960) has proposed that neurosis develops because the individual has not listened to the voice of conscience and has actually behaved in ways which his conscience disapproves. Neurotic guilt is therefore not the result of unfulfilled incestuous fantasies but of actual 'sinful' deeds, and can only be expiated by repentance and confession.

Sahakian (1970) commented that "Psychoanalysis presented and re-presented is virtually the same position that existed twenty, thirty, or more years ago" (p. 105). It is perhaps for this reason that criticisms which have been brought against it have tended to vary more as a function of the critic's frame of reference than as a function of time. Bailey (1956), a psychiatrist, leveled a somewhat peevish

diatribe at Freud accusing him of neglecting man's social nature, ignoring spiritual values, disdaining women, and neglecting the intellect. O'Connell (1962), from the mental hospital viewpoint, has charged psychoanalysis with responsibility for the poor prognosis and eventual chronicity of hospitalized patients. Krasner (1965), from the behaviorist orientation, criticized the 'myth' of "the unconscious" as "a crutch to explain behavior whenever we may not know the variables which control a specific behavior" (p. 24).

However, one of the most telling—and most ingenuous—indications of the failure of the psychoanalytic model has come from within the ranks of the faithful. Le Shan (1962) claimed that a revolution in theory and technique had taken place on all levels of psychoanalytically oriented psychotherapy. He cited five basic tenets of psychoanalysis which were in the process of being drastically modified or discarded. These tenets were as follows:

1. **Psychic determinism.** Le Shan commented that this tenet had led psychotherapy into two difficult positions: the excusing of the patient from responsibility for both his desirable and undesirable behavior, and the therapist's refusal to recognize that his own behavior was determined in the same way as his client's. Le Shan cited "a growing respect for the active, organizing, decision-making qualities of the organism" (p. 474).

2. Value Judgments. Le Shan commented that it was not possible to keep values out of therapy; it was only possible to attempt to convince the client that therapy was "above" morals or ethics.

3. The personality of the therapist. Le Shan noted that the client can hardly learn to deal effectively with other persons if he encounters a "faceless mirror" in the therapist.

4. The delay of major decisions during therapy. Le Shan commented that this tenet was based upon "the fundamental lack of respect for the ego" (p. 476).

5. Behavior rests upon a balance of pathological forces. Le Shan commented that the devaluation of positive behavior was carried to such lengths that the client lost his right to be believed.

It is obvious that the disavowal of these five basic tenets, as defined and described by Le Shan, constituted a sweeping repudiation of psychoanalytic theory and practice. Yet Le Shan ingenuously commented in closing that "The new developments do not appear to be in any way a discarding of Freud's brilliant and hard-won insights" (p. 479).

The medical model. The medical model seems to have been relatively immune to attack for many years, perhaps because it was used most extensively in treating the functional psychoses, for which no other satisfactory concept had been devised. Menninger

(1958) appears to have been among the first to question the wisdom of the disease analogy in the diagnosis and treatment of mental disorders. Menninger denied the existence of natural mental disease entities, and proposed that 'mental illness' be considered as "an impairment in self-regulation, whereby comfort, production and growth are temporarily surrendered for the sake of survival at the best level possible . . ." (p. 89).

Sahakian (1970) commented that "the medical model exculpates the neurotic from all guilt" (p. 44). Szasz (1960) and Mowrer (1960, 1967) have attempted to rectify this situation. Szasz denounced the concept of "mental illness" as a "myth" which obscures the issue of the individual's responsibility for dealing with moral conflict. Mental illness, in Szasz's view, is simply the manifestation of the unavoidable stress which everyone faces in the daily encounter with "problems in living." Since such disorders must of necessity be defined in ethical and psychosocial terms, it is fallacious to seek medical remediation. Mowrer has carried this reasoning a step farther with his insistence that the neurotic is guilty of sin, and cannot possibly be restored to 'health' by medical or psychoanalytic therapy.

Once the integrity of the medical model had been breached, a barrage of criticism was leveled against it. Many writers (O'Connell,

1962; Kelly, 1962; Adams, 1964; Shelly & Bassin, 1965) called attention to the unfortunate effects of the 'sick' role in reinforcing the 'patient's' passivity. E. J. Shoben (1963) concluded that the very "mythological" character of the medical analogy had probably contributed to its durability because of its rich associations with the symbols and prestige of the medical profession.

The scientific model. Like the medical model, the scientific model has been remarkably durable and has seemed to be more firmly entrenched than ever as the result of the reported successes of behavior therapy (Ulrich, Stachnik, & Mabry, 1966; Tharp & Wetzel, 1969). However, it is possible that the durability of the model is at least partly due to the fact that there has been no single definitive scientific model of man; rather, there has been a lively competition among many models based on theories of learning.

Rather than attempting to refute the many different versions of learning theory models, all of which may be of demonstrable value in limited application, one significant development is reported here which appears to call into serious question the concept of man as an "empty organism" under complete control of environmental stimuli. Segal and Lachman (1972) traced the development of a number of trends in the field of behavioristic psychology which finally opened

the data base to new conceptual paradigms for the study of psychological phenomena. According to Segal and Lachman, it was the attempt to explain linguistic behavior in terms of changes in the probability of responses which culminated in the collapse of behavioristic theory and opened the field to the study of such higher-order complex mental processes as paraphrasing and the composition and understanding of an almost infinite number of sentences. The coup-de-grace was administered by Chomsky (1959) in a devastating review of B. F. Skinner's (1957) treatise on verbal behavior. Segal and Lachman hail the shift from the S-R paradigm to paradigms more nearly adequate for conceptualizing complex mental phenomena as a momentous scientific revolution.

It is interesting to note that even Skinner has discredited the view of man as a robot, while continuing stoutly to maintain that human behavior is controlled by the contingencies of reinforcement. Skinner (1972) defends his views in these terms:

Man is not made into a machine by analyzing his behavior in mechanical terms. Early theories of behavior . . . represented man as a push-pull automaton, close to the nineteenth century notion of a machine, but progress has been made. Man is a machine in the sense that he is a complex system behaving in lawful ways, but the complexity is extraordinary. His capacity to adjust to contingencies of reinforcement will perhaps eventually be simulated by machines, but this has not yet been done, and the living system thus simulated will remain unique in other ways. (p. 202)

The challenge of alternative models. One of the most effective challenges to the conceptual models was posed by the development of the discipline of counseling psychology. This discipline, which came into existence around the middle of the century, affirmed the positive characteristics of human nature from the start. According to Blocher (1966), the counselor is explicitly not amoral nor morally neutral; he does not consider his client to be 'mentally ill'; and the aim of his counseling is the maximization of human effectiveness.

Some of the "models of human effectiveness" which were proposed within the counseling framework are E. J. Shoben's "normal personality" (1957), Maslow's "self-actualizing person" (1962), Rogers' "fully functioning person" (1962), Allport's "mature personality" (1963) and Heath's "reasonable adventurer" (1964). All of these models, according to Blocher (1966) emphasized consistency in behavior, commitment to goals and purposes, control of emotional impulses and responses, competence in problem solving, and creativity in thought processes.

Each of the models implied a system of therapy based upon an optimistic view of the individual's capacities. Carl Rogers' technique of nondirective counseling was probably the most influential of these. Mowrer's integrity therapy (1967) and Glasser's reality therapy (1963), both of which emphasize the client's moral responsibility, are other

examples of recent trends. All of these models rejected the negativism and determinism of the older models.

Summary

Evidence has been reviewed which indicates that each of the conceptual models was weighed in the balance and found wanting. There were indications of corrective reforms and new directions within each of the three disciplines of the behavioral sciences, while the advent of psychological counseling brought with it an array of models of human effectiveness to replace the older models.

Pratt and Tooley (1964) predict that a faulty model will generate faulty doctrines. If this is true, the doctrine of ethical neutrality should also have been challenged and repudiated. That evidence is now to be considered.

CHAPTER V

CHALLENGES TO THE DOCTRINE OF ETHICAL NEUTRALITY

The development of the doctrine of ethical neutrality has been reviewed earlier. Only slowly did the realization dawn that this anti-moralistic stance was in itself a value judgment (Wolf & Schwartz, 1959; Le Shan, 1962). In the past two decades, a rising chorus of voices has challenged the doctrine. The first challenges to be presented here are related to the issue of values in therapy; following that, the issue of value-free science is considered.

Challenges to "Value-Free" Therapy

There were several reasons why the doctrine of ethical neutrality in therapy came to be challenged. First was the realization that most of the problems which brought the client to the therapist were moral concerns or value conflicts (Buhler, 1962; Le Shan, 1962; London, 1964; Mowrer, 1967; Szasz, 1960). Szasz (1960) argued that "the bitter pill of moral conflict in human relations" (p. 53) was the root of all psychopathology; hence the task of the therapist is to help the client to clarify and evaluate his contradictory goals and values. Brammer and Shostrom (1968) found that many clients wanted the

therapist to tell them how to live in ways which would give meaning and purpose to life. London (1964) asserted that 'mental health' cannot even be defined without reference to moral values, nor can the problems with which the clinician deals be understood outside the context of values.

A second reason was the realization that the client's values provide the key to understanding him. A person is what he believes (Anderson, 1963); he loses his identity if he is viewed apart from his values (Le Shan, 1962). His search for guidelines by which to make essential moral choices is one of the most important tasks of life (Kelly, 1962; Shoben, 1963); it is therefore important that the therapist assist him with his search. The loss of identity which arises from the inability to make moral commitments has been brilliantly described by Allen Wheelis (1958) as the malaise of modern man:

The individual is caught in a dilemma: if out of the multitudinous choices of modern life he commits himself to certain values and with them builds a durable identity, he is apt to lose contact with a rapidly changing world; if he does not commit himself, but maintains an alert readiness to move with the current, he suffers a loss of the sense of self. Not knowing what he stands for, he does not know who he is. This occasions the anxiety which is coming to be the name of our age. (p. 32)

A third reason for the challenge was the realization that the therapist was no more able than his client to divorce himself from his

values. His decision to become a therapist, his selection of clients, his methods of treatment, his choice of goals and the effectiveness of his therapy were all reflections of his value system (Wolf & Schwartz, 1959). More importantly, as Szasz (1960) and London (1964) have forcefully argued, the therapist acts as a moral agent as an intrinsic function of his role; he cannot stand apart from what he does in the therapeutic transactions. In London's view, the so-called moral neutrality of the therapist is actually a libertarian position, from which the therapist denies his responsibility for the behavior of his client. If the therapist justifies his role by claiming to influence behavior, he must also assume responsibility for the nature of that influence.

Challenges to "Value-Free" Science

Krasner (1965) and Kelman (1965) have both drawn parallels between the situation in the behavioral sciences and the situation in nuclear physics following the use of the atomic bomb. The physical scientists were confronted with the realization that their work could not be regarded as ethically neutral because of the ends for which it was used, and their agonizing reappraisal of their responsibility brought the members of other scientific disciplines to a sober questioning of their own roles. For behavioral scientists, the issue of

the manipulation of human behavior loomed as their Hiroshima, and became the center of their ethical controversy. Krasner (1964, 1965), Benne (1965), Kanfer (1965), Kelman (1965) and Ulrich (1967) have all contributed thoughtful articles dealing with the issues involved in behavior modification.

Out of this controversy came a new perspective upon the nature of the scientific enterprise. Sanford (1965) declared that science itself was a system of ethics which rested upon basic assumptions in which the pursuit and communication of truth were regarded as the highest values. Benne (1965) also noted that the social scientist cannot justify the worth of his scientific enterprise without going beyond purely scientific operations and into evaluative ones:

Any interpretation of psychology or of any other behavioral science as a human enterprise entails implicit or explicit prescriptions concerning the appropriate and right activities of the behavioral scientist qua behavioral scientist. The definition of psychology thus rests on moral as well as intellectual assumptions. (p. 3)

Walker (1969), writing from the standpoint of the experimentalist, also came to the conclusion that science is not value-free. He called attention to the ethical questions posed by massive support of research from politically controlled funding agencies. Walker also noted that although the psychologist faces special ethical problems because his research often involves human subjects, it is not the

object of the study which makes one kind of science a social activity and another asocial: "No part of science is categorically free of social values" (p. 864).

Baumrin (1970) went so far as to argue that science is actually immoral if it subtracts energy and resources from efforts to solve urgent human problems without being able to predict beneficial results in the immediate future.

Krasner (1965) acknowledged that the behavioral science professions had come to a "period of crisis" with regard to their professional image and role function in society. If the behavioral scientist were to function as a controller of behavior, he would of necessity be directly confronted with responsibility for the social implications of control and would become involved in controversy over such basic philosophical issues as free will and determinism. Krasner argued that the behavioral scientist could no longer hide from his social and moral responsibility behind convenient "myths," but must be prepared to accept his full measure of responsibility.

Summary

The evidence presented above indicates that the doctrine of ethical neutrality, both in therapy and in science, has been challenged and repudiated by the professional community itself. On the

basis of this evidence and the evidence of the repudiation of the conceptual models of man, the conclusion appears to be justified that the social contract experienced a period of crisis which threatened for a time to destroy it.

But the extent of the criticism and reevaluation suggests very strongly that vigorous efforts were underway to renegotiate the contract on more acceptable terms. It is now in order to attempt to discover the nature of the new agreement.

CHAPTER VI

THE SHAPE OF THE NEW CONTRACT

If there is any doubt that a major change has occurred in recent years in the professional image of the behavioral scientist, a quick review of recent professional literature should dispel the doubt. The very proliferation of new journals, dedicated to a variety of special interests, is in itself an indication of the turmoil and ferment. No doubt there are many factors at work in the contemporary yeasty mix, but at least two trends are discernible which may be construed as evidence of a new emphasis upon moral and social responsibility. The first of these consists of a renewal of interest in studies of morality and conscience; the second consists of apparently massive professional involvement in direct social action. There is also an interesting epiphenomenon consisting of professional affirmations of faith or statements of belief on particular social or moral issues. A few examples of each of these trends are now to be considered.

Interest in Studies of Morality and Conscience

Mowrer (1972) attributes at least a part of the responsibility for the new interest in conscience and morality to the development of

community psychiatry and psychology, which prompted a more "respectful" approach to the functions of conscience. Instead of seeking to weaken the bonds of conscience, behavioral scientists began to ask questions about the development of conscience which could presumably be answered through empirical research.

As a result of this new attitude, early theories of the acquisition of moral values have been revived and tested (Johnson, 1962; Burton, 1963; Crowley, 1968); data from cross-cultural studies have been introduced (Grinder & McMichael, 1963), and variations of learning theory have been applied to the study of conscience (Hill, 1960; Bandura & Walters, 1963).

Mowrer (1972) also called attention to a worldwide rebellion against traditional moral absolutes and the coercive methods used to maintain them. In place of the old rules and regulations, Mowrer endorsed "a growing emphasis upon morality by consent, by mutual commitment, by voluntarily accepted "contracts" (Preface, p. viii).

Kanfer and Phillips (1970) have also drawn upon contract psychology as a framework for the conceptualization of conscience. They postulate that conscience consists of an internalized contract with the self to perform certain behaviors and to avoid others. Reinforcement from the self as well as from others is contingent upon compliance

with the contract.

Among those who have argued for a new moral order based upon research into human values are Maslow (1971), London (1964), and Skinner (1972). Maslow conceived of spiritual and esthetic needs as being on a continuum with basic biological needs. In keeping with his general emphasis upon the hierarchical nature of values, Maslow postulates that a healthy "lower animality" is a precondition for the emergence of the "higher animality" of moral values. London called for a secular morality, presided over by a "secular priesthood" of behavioral scientists, mediating a "theology" based upon scientific "truths" determined in the laboratory. According to Skinner, "Man is not an ethical or moral animal. He has evolved to the point at which he has constructed an ethical or moral culture" (p. 175). For Skinner, the ultimate source of values is to be found in the things which promote the survival of a culture.

The relativism and sterility of some of these views is not to be debated here. The point is that the question of moral standards has been admitted to the realm of scientific respectability, a development which makes possible a productive dialogue with philosophy and theology, with perhaps a synthesis of more challenging standards than those suggested here.

Professional Involvement in Social Action

The extensive nature of this phenomenon is indicated by the fact that the theme chosen for the national convention of The American Psychological Association in 1969 was "Psychology and the Problems of Society." It is also significant that since 1968 there has been such a proliferation of social interest groups within the APA that changes are now underway to transform the Association from a unified membership organization to a decentralized federation of relatively autonomous member organizations.³

Of the ninety-seven theme-related addresses presented at the convention, the twenty-two invited addresses focused on urban problems, compensatory education, problems of the disadvantaged, violence, student protests and drugs, and the effects of institutional structures in society upon human relationships. Only a few of these can be considered here.

Miller (1969), in his presidential address, declared that the most urgent social problems are human problems which society has brought upon itself. He called upon psychologists to promote a new concept of man which would emphasize his social nature, instead of the current individualistic, competitive view. Miller alleged that such a concept of man could be the basis of a psychological revolution,

which would make its impact felt through demonstrating what is humanly possible and desirable. To bring about such a revolution, Miller urged psychologists to "give psychology away" to all who would use it.

Methods of bringing political pressures to bear upon social problems were discussed by Fraser, Naftalin, Carter, and Guttentag (all 1970); while Peterson (1970) and Heist (1970) called attention to youth-related problems. Weisner (1970) called for the formation of a new profession of social engineering to focus the skills of all the human sciences upon social problems. Spaner (1970) alleged that psychologists are activists whether they admit it or not, since they are actively maintaining the status quo if they are not actively promoting beneficial change. Spaner provoked a storm with his suggestion that therapists should equip their disadvantaged clients with the necessary skills for challenging the establishment, yet Levin (1970) reported that she had been actively engaged in helping her disadvantaged clients to do just that. However, she served as a consultant to civic groups rather than as a therapist.

Etzioni (1970) and McGowan (1970) noted that many of the techniques of therapy are inappropriate with disadvantaged clients, and called for innovations which would make therapy both more accessible to and more productive for the poor.

The sense of concern and commitment which prevailed at the

convention was eloquently expressed in James Miller's report (1970) of a longitudinal intervention program with disadvantaged families:

In working with families from disadvantaged backgrounds, we have taken the stand that there is nothing quaint about poverty, nothing socially uplifting about hopelessness, nothing inspiring about ignorance, and nothing culturally valuable about despair. We have assumed that to have freedom of choice one must have the skills to make decisions. . . . To be socially competent, one must be able to compete effectively for the rewards society has to offer This intervention research then is value oriented in the sense that it is based on the notion that social competency emanates from the development of adequate cognitive skills and the sustaining motivational states upon which self-development depends. (p. 195)

The extensive evidence of social activism within the professional community which was manifested at the APA convention underscores Benne's (1965) prophetic words from an earlier period:

Social issues, rooted in conflicting philosophies of life, are no longer just "out there" . . . to be studied and commented on by social scientists in their customary role of observers and students of human behavior and events. They are now seen as present also within agonizing day-to-day choices which the behavioral scientist must make in his research, his teaching, and his advice-giving to men of action and practice. (pp. 3-4)

With the recognition of the two recent trends of social activism and renewal of interest in value systems, the presentation of the evidence in support of the postulated renegotiation of the social con-

tract has come to an end. A recapitulation of the argument is now in order.

Recapitulation

It has been the thesis of this paper that the striking change which has occurred within the behavioral sciences in recent years, from a professional attitude of ethical neutrality to one of moral responsibility, is the manifestation of the renegotiation of a social contract between the professional community, their clients, and society. An attempt has been made to demonstrate the validity of this thesis within the conceptual framework of contract psychology, as suggested by Pratt and Tooley (1964).

An attempt was made to define the nature of the social contract through a review of the historical situation in which it came into existence and an analysis of the professional ideology upon which it was based. It was found that the contract rested upon a concept of man which emphasized the negative and anti-social characteristics of his nature and stripped him of moral responsibility.

It was further found that the attitude and conduct of the members of the professional community were based upon a doctrine of ethical neutrality, which had been derived from the concept of man which represented the professional ideology.

The concept of man and the doctrine of ethical neutrality raised alarming questions for society, for they implied that social norms were of dubious worth and that both the clients and the professionals were beyond social accountability. This rendered the social contract dysfunctional for society, and a crisis occurred in which the withdrawal of the public mandate from the professional community was threatened. The occurrence of the crisis was inferred from the evidence of widespread challenges by the professionals to the conceptual models and the doctrine of neutrality, presumably in response to external pressures.

As a result of the challenges, it was found that the concept of man upon which the contract was based was in error, in that it failed to take account of man's positive attributes and over-emphasized his negative characteristics. The evidence indicated that it was repudiated as the basis of the contract, and new alternative models of man were proposed which emphasized man's active, creative capacities and his social characteristics.

Evidence was presented to demonstrate that the doctrine of ethical neutrality was also challenged and found to be counter-actualizing for all parties to the contract. The doctrine was repudiated and the moral and social responsibility of the clients

and of the professional community was acknowledged.

Recent developments within the professional community were cited which suggest that the questions regarding normative standards and social accountability which precipitated the contractual crisis have been resolved. It appears that the social contract has been successfully renegotiated and is functional once more. The evidence suggests that the current terms of the contract include a reaffirmation of society's standards of value; more balanced, optimistic models of man; and a doctrine which prescribes moral responsibility as the appropriate attitude for the contemporary behavioral scientist. The ethically neutral, morally uncommitted behavioral scientist of the forties and fifties has become the ethically partisan, morally responsible social activist of the sixties and seventies.

Johnson, Dokecki, and Mowrer (1972) have referred to the "recent confusion and ferment in the realm of human morality and ethics" as a process of "coming loose" (p. 439). Their comment was prompted by Gabriel's remark to Jehovah in The Green Pastures⁴ that "Everything that we nailed down (on Earth) has started to come loose." It is the premise of this paper that the "coming loose" process, as far as the behavioral sciences were concerned, represented dissatisfaction with the social contract and the attempts to

renegotiate the agreement. For the moment, it appears that things have been at least partially "nailed down" again. If the present agreement rests upon concepts which accurately reflect the nature of contemporary man, it may be of long and productive duration.

But if the concept has missed the mark, we may be sure that things will start "coming loose" again. For that is the nature of the contractual process.

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FOOTNOTES

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¹Quoted by L. Le Shan, Changing trends in psychoanalytically oriented psychotherapy, Mental Hygiene (1962), 454-463. In O. H. Mowrer (Ed.), Morality and mental health (Chicago: Rand McNally, 1967), p. 473.

²Information on Jung was taken from I. Progoff, Jung's psychology and its social meaning (New York: Julian, 1953). Material on Adler and Jung was taken from D. H. Ford and H. B. Urban, Systems of psychotherapy. New York: John Wiley, 1967.

³The American Psychological Association, Policy and Planning Board. Structure and function of the APA: Guidelines for the future, American Psychologist, 27(January 1972), 1:1-10.

⁴M. C. Connelly, The Green Pastures; based on a novel by Roark Bradford (1930), in F. W. Chandler, Twentieth Century Plays (Revised and enlarged), (New York: Nelson, 1941).