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# Building a Bridge Between Basic Social Psychology and the Study of Mental Health

## A Review of

## The Social Psychology of Mental Health: Basic Mechanisms and Applications

Diane N. Ruble, Philip R. Costanzo, and Mary Ellen Oliveri (Eds.) New York: Guilford Press, 1992. 365 pp. ISBN 0-89862-136-4. \$40.00

doi: 10.1037/033693 🕕

Reviewed by

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Using social psychological theory and research to gain insight into mental health processes is a good idea. It is also an old idea. In 1921, Morton Prince and Floyd Allport asserted that most problems for which clients seek professional help are interpersonal in origin, whereas therapeutic gains are largely the product of interpersonal processes. So they renamed the *Journal of Abnormal Psychology* the *Journal of Abnormal and Social Psychology* and encouraged interdisciplary studies of health and dysfunction (Weary, 1987).

But the bridge between social psychology and the scientific study of mental health was never completed. The *Journal of Abnormal and Social Psychology* passed into history in 1965. In 1966, Goldstein, Heller, and Sechrest surveyed the connections between social and mental health and concluded that the social psychology of psychotherapy did not exist. By 1987, Strong, an advocate of social and clinical psychology, concluded that "not one innovation in therapeutic practice has resulted from applications of social psychology to therapeutic psychology" (Strong, 1987, p. 185).

What can be done to revive the social psychology of mental health? The solution offered by the cadre of social psychologists who contributed chapters to Ruble, Costanzo, and Oliveri's *The Social Psychology of Mental Health: Basic Mechanisms and Applications* takes to heart Goldstein, Heller, and Sechrest's (1966) principle of extrapolation. Goldstein and his coauthors attempted, in their classic *Psychotherapy and the Psychology of Behavior Change*, to "construct and present several series of research hypotheses, relevant to a variety of major psychotherapeutic variables, using primarily nonpsychotherapy research findings as our extrapolatory source" (Goldstein et al., 1966, pp. 4–5). Similarly, Ruble and her colleagues return again and again to

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basic processes that intrigue social psychologists, that permeate their theoretical accounts of social phenomena, and that have implications for mental health.

These themes emerged during discussions by the contributing authors held when they were members of a National Institute of Mental Health advisory panel from 1987 to 1990. A sense of autonomy, for example, is highlighted as both a thematic principle in social psychology and a key contributor to mental health. Costanzo examines socialization practices that result in the development of feelings of autonomy, Gore examines the role that perceived control plays in the stress process, Ruble and Thompson discuss the health-promoting consequences of intrinsic (or mastery) motivation, and Cooper and Aronson consider the relationship between perceived choice and therapeutic outcomes. The development and maintenance of identity, of self, is another unifying theme throughout many of the chapters. Jones reviews classic research on the impact of prejudice on racial identity, Higgins reminds us that the self is essentially social in nature, and Deaux draws on contemporary analyses of the self to identify sources of adjustment and difficulty that arise from selfdefinitional challenges. The impact of expectations on mental health is a third oft-repeated theme in most of the chapters. Nearly all discuss how expectations about the self, other people, and relationships can generate self-fulfilling perceptual, cognitive, and behavioral biases. Cooper and Aronson, for example, look at the impact of the need for consistency on attitudes, and Clark and Bennett examine how expectations about the nature of a relationship (will it be communal or based on exchange?) have a significant impact on satisfaction with the relationship.

This stress on underlying social psychological processes gives *The Social Psychology of Mental Health: Basic Mechanisms and Applications* more unity than most such edited volumes. Social psychology, as a field, encompasses so many topics that it often seems lacking in a central core and clear implications for mental health. By stressing underlying processes, its application becomes more focused and less piecemeal. Moreover, highlighting processes and phenomena rather than conceptual models minimizes the amount of theoretical baggage needed to make the trip from social psychology to mental health settings.

This unity is purchased at some cost to scope. The view offered by some of the authors is unabashedly social psychological. Points are often buttressed with references to studies in social psychology even when material from non-social psychological sources is relevant. Work published in the *Journal of Social and Clinical Psychology* and the *Journal of Abnormal Behavior* is cited twice. Work published in the *Journal of Counseling Psychology* is cited once. Social psychologists delight in studying autonomy, identity processes, and the impact of expectations on perceptions, judgments, and behavior; but so do counseling psychologists, clinical psychologists, health psychologists, and others (e.g., Brehm, 1976; Dorn, 1984; Leary & Miller, 1986; Maddux, Stoltenberg, & Rosenwein, 1987; Snyder & Ford, 1987). In fairness, however, this view is consistent with the goal of extrapolation. These chapters are not comprehensive summaries of existing work in the field in

general. Rather they are examples of social psychological work on topics that have implications for mental health issues.

The fruits of this extrapolation are more plentiful in some areas than others. Clark and Bennett, for example, illustrate how social psychological studies of communal and exchange relationships reinforce clinical studies of distressed couples. In other cases the authors must struggle to forge the link. Groups, prejudice, discrimination, and socialization have a significant impact on mental health, yet the social psychological work on these topics does not lend itself easily to practical application in the mental health arena. Moreover, and as is often the case with extrapolation, some of the conclusions offered are very global: "These data give support to the notion that effective coping may involve flexible use of many coping resources" (p. 44); "individuals seek to establish agency over their outcomes and when doing so they become better able to predict and control their future behavior, affects, and choices" (p. 69); "attributional biases appear to differ across individuals who show adaptive versus maladaptive interpersonal, achievement-related, and parenting behaviors" (p. 85); "this review indicated that group membership is a powerful determinant of mental health in both children and adults and suggested that any serious effort to understand mental health must consider the psychological benefits and risks associated with group membership" (pp. 149–150); "the research indicates that [prospective] clients need to have at least the perception of decision freedom in order for the therapy to be effective" (p. 295). Would mental health practitioners be inspired by these conclusions to rethink their approach to issues of epidemiology, diagnosis, treatment, and prevention? Or would they conclude that the bridge between social psychology and mental health is still too weak to traverse?

*The Social Psychology of Mental Health: Basic Mechanisms and Applications* thus succeeds in illustrating just how practical basic research on social psychological processes can be. But even though it drives home Lewin's (1951, p. 169) dictum "there is nothing so practical as a good theory" it also suggests that the bridge between social psychology and mental health is still wobbly. Researchers are often quick to remind practitioners that a good theory is useful, but Lewin also insisted that basic researchers must strive to develop theories and conduct research that can be used to solve important social and psychological problems.

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