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Editor's Introductory Note

The abstracts included in this issue of the LVPCA *Newsletter* come to us by permission from the authors from presentations at the Second Joint Meeting of Cheiron (International Society for the History of Psychology) and the European Society for the History of the Human Sciences. The meeting was held at Dawson College, Montreal, Quebec, Canada 18-22 July 2012. Historians of psychology and related fields presented a wide range of topics, including papers on psychiatry, measurement, biography, media, gender and feminism, and psychology and culture. These two historical analyses, one by Ian Nicholson and the other by Stephen Gibson, were presented in the session titled "Critical Perspectives on Obedience to Authority" that reviewed the legacy of Stanley Milgram's famous obedience study of 1963.



**"'Oh God Let's Stop It': Rethinking Milgram in an Age of Interrogations"
Ian Nicholson (St. Thomas University)**

Stanley Milgram's Obedience to Authority experiment is the most famous study in American psychology and perhaps in all of social science (Blass, 2004). Time has done little to diminish the study's extraordinary celebrity and indeed since 9/11 and the subsequent launching of the 'War on Terror' its fame and apparent relevance has increased. The subject of innumerable media references and popular recreations, the study has been repeatedly mobilized by well-known psychologists such as Philip Zimbardo who discussed Milgram's work at length in an attempt to explain how "ordinary people sometimes turn evil" (2007a). Not content with merely drawing on the alleged insights from the original Milgram experiments, other scholars have discussed with a discernible enthusiasm their efforts at reviving Milgram in the laboratory and reopening the [experimental] study of extreme social behaviors" (Dambrun & Vatine, 2009, p.760; Burger, 2009. Torture, it would appear, is very much in vogue and for many psychologists there is no better way to approach the subject than Milgram.

Although there is no question that the obedience experiment provides a readily digestible and highly visual 'explanation' that plays well in a rapid fire media environment, it is

important to be suspicious of anything around which so much 'certainty' and 'received wisdom' coalesce. The need for caution before such a revered monument to psychology's revelatory power is all the more pressing given the discipline's recent history in 'enhanced' interrogations. As a number of scholars have noted, psychology has been heavily involved in interrogations at Guantanamo Bay and other CIA "black sites" around the world (Soldz, 2008; Summers, 2007). While this involvement has been subject to a vigorous critique and protest by a number of groups and individuals within the discipline, the intellectual, ethical and historical distinction between Milgram and Milgram-style psychologists doing experiments *on* torture from 'black-site' based practitioners *of* torture has gone largely unexamined, a rather curious omission given that it was not so very long ago that Milgram's own research was itself being denounced as abuse and effectively banned in American psychology (Baumrind, 1964; Blass, 2000). Most commentators simply assume that there is an obvious divide between the two groups and that historical and current simulations of 'torture' in the psychology laboratory are benign and provide an ethically robust and intellectually transparent window into 'real' torture in the field – psychological and otherwise.

One notable exception to this careful compartmentalization of 'torture' psychologists is Jan DeVos (2011) who draws an intellectual and ethical parallel between Milgram and US military and CIA psychologists involved in interrogations. DeVos poses the provocative argument that "Milgram's experiment seems to be the prelude to the alliance of psychology and torture; he prepared the setting for Guantanamo" (p.293). On the face it, this appears to be a questionable and ahistorical claim. As Blass (2007) has noted, there is no evidence to support the allegation that Milgram's work was funded by the CIA. However, at issue for DeVos is not the matter of a financial or personal connection between Milgram and a specific intelligence or military organization. For DeVos, what is of interest is the canonical role that Milgram has come to play in academic and popular discussions of interrogations, torture and abuse. He argues that the extraordinary celebrity of the Obedience study has, perhaps inadvertently, contributed to the establishment of an intellectual and moral context in psychology that legitimizes a kind of controlled, 'ethical' dehumanization while sanctioning the idea that transgressive psychological methods are sometimes necessary to "extract the truth from subjects" (p.293).

Given the magnitude of the controversy over psychology's involvement in interrogations and the gravity of the alleged abuses at Guantanamo, DeVos' position constitutes an extraordinarily serious charge, but in light of recent archival work on Milgram and in the face of ongoing efforts to reintroduce "extreme social behaviors" back into the psychological laboratory it is an argument worth considering. Was Milgram's work as ethically benign and intellectually insightful as it is typically claimed to be? Is there an intellectually warranted connection to be made between psychology's lionization of the Obedience research and the leading role the field has come to play in interrogations? Finally, do psychological 'reenactments' of torture help to validate and 'normalize' the very thing that they purport to denounce (see Zizek, 2008).

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**""The Last Possible Resort': Rhetoric and Standardization in
Stanley Milgram's 'Obedience' Experiments"
Stephen Gibson (York St. John University)**

The present paper uses previously unpublished data from Stanley Milgram's (1963, 1965, 1974) obedience experiments in order to draw attention to a hitherto neglected procedural innovation of the 'voice- feedback' condition. Although it has been noted before that transcribed excerpts from the studies presented in Milgram's (1974) book, *Obedience to Authority*, complicate the notion of the experiments as employing a heavily standardized procedure (1995; Russell, 2009), this observation has yet to be followed up by detailed empirical analysis. However, recent work using data from the Stanley Milgram Papers archive at Yale University (e.g. Gibson, 2011; Millard, 2011; Nicholson, 2011; Perry, in press; Russell, 2009, 2011) has highlighted the wealth of material from the studies yet to be published – let alone subjected to a full analysis. The present paper uses transcripts and audio recordings of experimental sessions to show that, in three sessions in the 'voice-feedback' condition, the experimenter responded to a participant's attempted defiance by leaving the room, apparently to speak to the learner, before returning to assure the participant that the learner was willing and/or able to continue. This paper documents the usage of this tactic, and highlights the negotiation surrounding the use of the tactic between Milgram and his confederate, John Williams, who played the role of the experimenter. It is shown that the subsequent use of this tactic did not conform to the conditions for its use agreed by Milgram and Williams. Moreover, the tactic seems to have been dropped both from subsequent experimental conditions and Milgram's published accounts of his work. These observations are discussed in relation to research on standardization in the sociology of scientific knowledge, and in terms of their implications for theory and research on dis/obedience. Specifically, it is suggested that they highlight the centrality of rhetoric in the obedience experiments (see also Gibson, 2011), and should serve as an injunction to pay closer attention to the role of language and interaction in the studies than has hitherto been the case.

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**Clinical Applications of Mindfulness and ACT:
Developing a New Relationship with Thoughts and Emotions
Roger K. McFillin, Psy.D.
Philip J. Pellegrino, Psy.D.**

Cognitive-Behavioral Therapy is one of the most extensively researched forms of psychotherapy and is widely accepted as an empirically supported treatment for a range of emotional disorders. Despite its effectiveness, there remains a portion of the clinical population who fail to respond to traditional CBT interventions. One such explanation for negative outcomes may reflect the sometimes unrealistic assertion that we can have such great control over our thoughts and emotions. Acceptance and Commitment Therapy (ACT) has evolved as an alternative evidence-based treatment within the cognitive-behavioral umbrella (Hayes, Strosahl, & Wilson, 2011). Although both ACT and CBT identify the influence of cognition and behavior on human suffering, ACT's philosophical and theoretical approach emphasizes "acceptance" of unwanted thoughts and emotions over conscious control mechanisms. Unlike classic CBT, which partially focuses on changing maladaptive ways of thinking, ACT aims to help clients develop a new relationship with their thoughts and emotions. ACT proposes that avoidance of distress, otherwise known as experiential avoidance, has the paradoxical effect of increasing suffering. For example, problematic substance abuse, emotional eating, excessive worry, self-abuse, and gambling are common clinical presentations of experiential avoidance. ACT guides clients toward committed actions and behaviors that are in line with their personal values. New experiences may challenge previously held maladaptive belief systems. One may argue this is the actual mechanism of change in traditional CBT, where new learning modifies dysfunctional thought processes.

An integral aspect of ACT is the clinical application of mindfulness strategies. *Mindfulness* refers to a set of skills that include bringing one's awareness to the present moment and observing thoughts, emotions, and sensations non-judgmentally. These skills seek to develop a new attitude toward distress by teaching acceptance of painful thoughts and emotions previously avoided. In contrast, thought suppression, cognitive disputation or experiential avoidance seek to control and/or avoid experience versus accepting experience. Mindfulness approaches teach clients to stay present with painful experiences, which allow them to choose valued behavior strategies.

Dr. Jon Kabat-Zinn developed a program based on mindfulness called Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 1990). This program was originally designed to treat chronically ill medical patients with severe pain. Based on Eastern Meditation practices and philosophies, Dr. Zinn's 8 week MBSR program has been widely studied and found to be helpful for a variety of conditions. For more information on current research support please refer to Center for Mindfulness, in Medicine, Healthcare, and Society at the University of Massachusetts Medical School www.umassmed.edu. For Mindfulness interventions in our area, Center for Integrated Behavioral Health in Bethlehem offers a Mindfulness Based Stress Reduction program that follows Dr. Zinn's model. Please visit www.centerforibh.com or call 610-865-4300 for more details.

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PRIVATE PRACTICE OPPORTUNITY/POSITION AVAILABLE

The **Center for Integrative Psychotherapy PC** has a position available for a clinical psychologist or licensed professional counselor with a valid Pennsylvania license in good standing. The position is part-time or full-time and flexible in terms of hours and days. The practice has a cognitive-behavioral approach and serves adolescents and adults with a wide variety of disorders, but with an emphasis on Anxiety and related disorders (Body Dysmorphic Disorder, Separation Anxiety Disorder, Trichotillomania), Depressive Disorders, Somatoform Disorders and couples therapy. Ideal candidates would have a training and experience in CBT. However, additional CBT didactic and competency training are available if needed. Candidate must have acceptable child abuse and criminal clearances. We are looking for an enthusiastic clinician who shares our passion for helping people and for evidence-based practice. Participation in insurance panels is a plus since most of our patients are covered by insurance plans. Compensation is competitive and is on a fee for service basis. The practice offers a strong referral base, furnished office with a computer and high-speed internet access, computerized billing and scheduling, full-time administrative and clerical support, testing materials, biofeedback equipment, professional liability insurance, and annual educational stipend. The applicant must have the ability to collaborate in a professional collegial team work including participating in a weekly case conference, didactic seminars, and data collection for clinical studies. The office is located at 1251 S. Cedar Crest Blvd (across from the Lehigh Valley Hospital) and is easily accessible by car and public transportation. Please apply electronically by sending: (a) a letter of interest describing your professional goals, (b) curriculum vitae, and (c) name and contact information for two references or two reference letters from a professional associate/colleague on their letterhead. E-mail of CIP Director, Jesús A. Salas, Psy.D., ACT: jsalas@cip-cbt.com. You can also fax the information to 610-432-0973. For more information, please visit our website at www.cip-cbt.com.

I am seeking an LPC supervisor to gain my required hours of supervision. I have passed the NCC test.

I am currently practicing as a fee-for-service clinician so my income is limited at this time.

I would be interested in discussing details of supervision with a qualified LPC.

Thank you.

Sarah E. Taylor, MS - Haven Behavioral Health Services.
essetaylor@aol.com -- phone number 610-398-2424.



WELCOME NEW MEMBERS!!



Heather Evans, LCSW (Member)
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Heather received her Bachelor of Social Work and Bachelor of Science in Bible from Philadelphia Biblical University and her Master of Social Work from Rutgers University. She has worked in various settings providing therapy and counseling to children, adolescents, and adults. Heather currently has a private practice in Coopersburg and provides individual, family, and marital therapy once a week at Lighthouse Psychiatry. She is also the co-founder of VAST, The Valley Against Sex Trafficking. Heather's specialties include child, adolescent, and adult counseling; mood disorders; PTSD; and Women's Issues. She is interested in providing supervision to Masters level students.

Annie Yocum, PsyD (Member)
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Annie received her Bachelor of Arts degree in Psychology from Wheaton College and her Doctor of Psychology from Widener University. She has worked in various settings providing counseling and therapy to children, adolescents, and adults. Currently, Annie is a Mental Health Clinician II at the Edna Mahan Correctional Facility for Women. She has also provided group therapy for adult male sex offenders. Her specialties include expressive therapies, forensic interventions, group therapy, personality disorders, and PTSD.



NAMI-LV

NAMI-LV is the National Alliance on Mental Illness located at 802 W. Broad Street in Bethlehem. It is a non-profit organization comprised of individuals with mental illness, family members, friends, and mental health professionals. NAMI's mission is to improve the services and the quality of life for people with mental illness.

NAMI offers support groups, educational classes and advocacy all free of charge. We do encourage membership in our organization but it is not required. A family membership is \$35.00, an individual with limited can become a member for \$3.00 and a professional membership is \$100.00. As a member of the largest family based mental health advocacy organization, you will join other NAMI members who are working to improve services available to individuals who have a mental illness. You will receive our NAMI –LV Newsletter which will provide you with mental health information, workshops, opportunities for those with mental illness and our upcoming fund raisers.

We offer 3 types of educational classes:

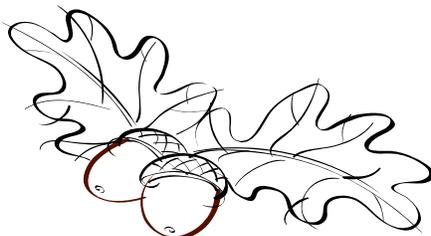
Peer to Peer is for any individual with a mental illness who is interested in establishing and maintaining wellness. Coping strategies and empowerment are just some of the subjects covered. The course consists of 10 classes and is taught by two professionally trained “Mentors”.

Family to Family is for anyone who has a mentally ill adult relative or friend. The program provides information on the characteristics of mental illness, treatments, coping and communication skills, and navigating the mental health system. This class is 12 weeks and the teachers are professionally trained family members.

NAMI Basics is for parents and caregivers of children and adolescents with a mental illness. This program provides the fundamentals of caring for you, your family and your child with mental illness. This is a 6 week class and is taught by parents who have been professionally trained.

Support groups for individuals with mental illness and their family members are held throughout the Lehigh Valley. We have monthly support groups for families who have an adult loved one with a mental illness and a monthly group for parents with a child who has a mental illness. We offer both monthly and weekly support groups for individuals with a mental illness.

More information on our services can be found on our website at www.nami-lv.org, by calling our office at 610-882-2102 or requesting brochures.



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OC Psychological Counseling in Fountain Valley Orange County CA clinical psychologist and therapist, has over 20 years of experience specializing in treating patients with a therapeutic approach.Â Tonja S. Duvardo, Psy.D. Clinical Psychologist, Therapist, And Counseling in Fountain Valley Orange County CA. Clinical psychologist and therapist in Fountain Valley, Orange County CA with over 25 years of experience specializing in treating adults in inpatient as well as outpatient clinical settings with a compassionate therapeutic approach. Connector. Depression.